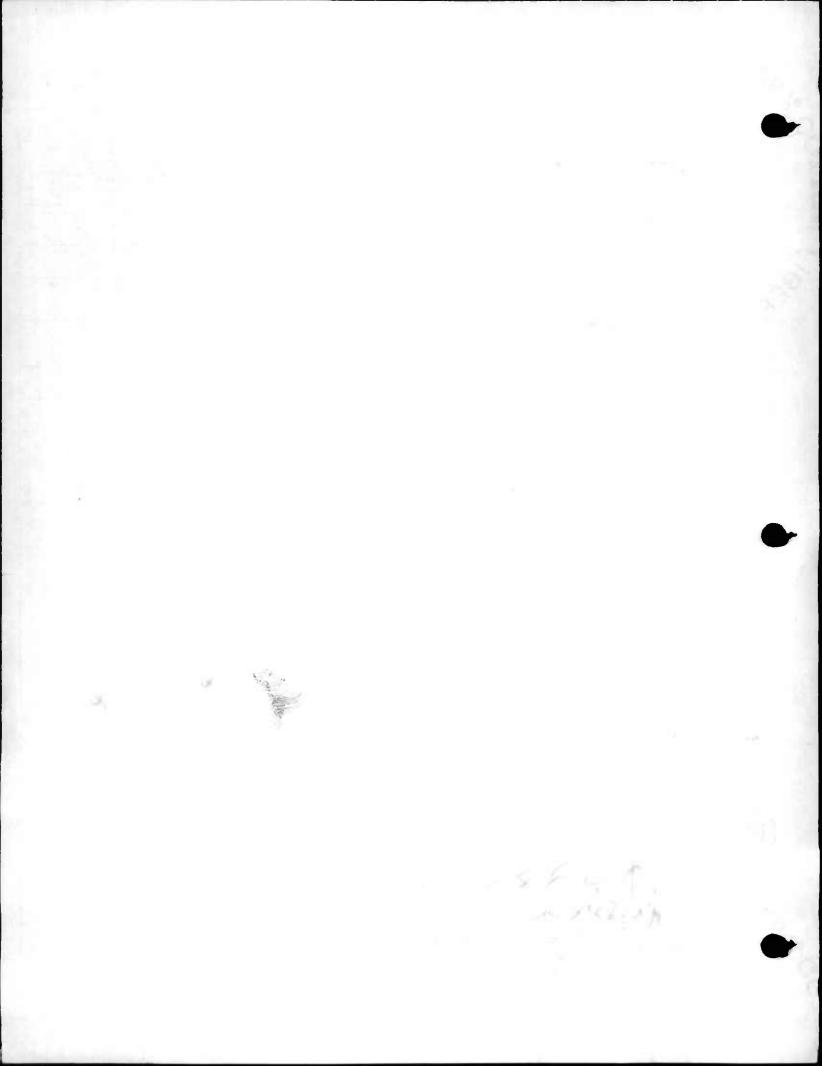
BALTIMORE, MARYLAND 21215-0020

(ISION OF VITAL RECORDS, P.O. BOX 68760,

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-699 5/18/93 t.t

	REGISTRAR				DEATH	REG. NO		
- 9:	1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATH	DAY Y	3. TIME OF DEAT
ij.	DAVID	R.	JACK	SON	(05 07	1993	6:45
	3.14-96-54	401 PM2 0 F			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)		BIRTHPLACE (State or Fo Country)
٠.	Sa. FACILITY NAME (If not institution,		1		LOCATION OF DEA	ТН	9c. COUNTY	OF DEATH
200	HARBOR HOSP		nie.	BALTIMO	ORE			
DI NE	10a. STATE 10b. CC	DUNTY	10e. CITY, 10	OWN OR LOCATION	000 /	7.4		10d. INSIDE CITY LIMITS?
- 10	10e. STREET AND NUMBER	/	- I coga	101.70	OF CODE	uy	10a CITIZEN	1 YES 2 N OF WHAT COUNTRY?
	1307 6	untu	u) It	1	2/23	10	11	LA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1		13. WAS OECEN	IOENT OF NISPANI	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	es or No 14	RACE — American India Black, White, atc.
À	3 Widowed 4 Divorced	IF YES, GIVE WAR O		1 - YES 2		, , , , , , , , , , , , , , , ,		Specify:
	15. OECEDENT'S (Specify only highest		16a. DECEDENT'S USL (Give kind of work	done during most of	of working	16b. KIND OF BU	USINESS/INOUS	TRY
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use rel	dired.)	Danie			
COMPL	17. FATHER'S NAME (First, Middle, Las	00 1 .	Jue	1	IS. MOTHER'S NAM	NE (Fjrst, Middle, Maide	n Symame)	/ 2
w II	James	ack si	2		Clan	oune) 4	meth
9 0	19a. INFORMANT'S NAME (Type/Print)	1 3 An	19b. MAILING ADI	DRESS (Street and	Number or Rural R	oute Number, City or To	wn, State, Zip Co	ode) / VB
- 1	20a. METHOD OF DISPOSITION	det Min	the 130	1111	alin) 15	. 80	Mar Ille
1	1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AND DATE OF D competers cremators or other		W.	5/11/9'2	OCATION - CITY	July 1
	21. SIGNATURE OF FUNERAL SERVICE		Jac Nin		Comment of the State of	11/. 7	NICK	M. Well Bree
		E LICENSEE		22 GAME AND	ADDRESS OF FAC	ury ///	1-1	7011
	23. PART I Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that caure. List only one cause of	used the death. Do not on each line. INTOXICATION AS A CONSEQUENCE OF):	1.50	les ?	Int a	CLL.	t, Approximinterval Bi
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. NARCOTIC DUE TO (OR OUE TO (OR O.	INTOXICATION	1.50	les ?	Int a	Distance arrest	Interval B
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. NARCOTIC DUE TO (OR OUE TO (OR d. OUE TO (OR d.	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	enter the mode	o of dying, such	as cardiac or resp	N AUTOPSY PRMED?	Interval B
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions in death cond	a. NARCOTIC DUE TO (OR OUE TO (OR d. DUE TO dear out t	INTOXICATION AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in the consequence of t	enter the mode the underlying c	o of dying, such	as cardiac or response to the cardiac or respons	N AUTOPSY PRMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF COF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions of the conduction of t	DUE TO (OR d. HOSPITAL:	INTOXICATION AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in the consequence of t	enter the mode the underlying company to the second secon	eause given in F	as cardiac or response	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF CO OF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the	AL HOSPITAL: 1 Inpettent 2 ER/ 28e. OATE OF INJU. AL 28e. OATE OF INJU.	AS A CONSEQUENCE OF):	enter the mode the underlying company to the second secon	cause given in F	as cardiac or response to the control of the contro	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF CO OF DEATH?
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ED BY PHYSICIAN: MEDICAL	SINCER, OF HEART TELL IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigate 3 Suicide 6 Could no determine	AL HOSPITAL: 1 Inpetient 2 ER/ 28. PLACE OF INN building, etc. of FO	INTOXICATION AS A CONSEQUENCE OF): AS A CON	enter the mode 28. PLAC THER: Nursing Home F 28c. INJUR M 1 YES Rt, fectory, office	cause given in F	as cardiac or response to the control of the contro	N AUTOPSY PRIMED? 2 NO INJURY OCCUR and Number or 1307 De 1tv. MD.	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	AL HOSPITAL: 1 Impatent 2 Epp (Month, Day, No. 10 and 10	INTOXICATION AS A CONSEQUENCE OF): AS A CON	enter the mode and the underlying company to the second t	cause given in F	as cardiac or response to the cause(s) and many one to the cause(s) and ma	N AUTOPSY PRIMED? 2 NO INJURY OCCUR end Number or 1307 De 11.v. MD.	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DE C OF DEATH? 1 VES 2 1
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigat 3 Suicide 6 Could no detarmine conditions in the conditions one of the conditions on the conditions on the conditions on the conditions of the conditions on the conditions of	AL HOSPITAL: 1 Inpetient 2 ER/ 28. PLACE OF INN building, etc. of FO	INTOXICATION AS A CONSEQUENCE OF): AS A CON	enter the mode the underlying c 28. PLAC THER: Nursing Home F 28c. INJUR WORK 1 YES tt, fectory, office tt the time, date en	cause given in F	as cardiac or response to the cause(s) and maine, date and place, e	N AUTOPSY RMEO? 2 NO INJURY OCCUR 2 and Number or 19 1307 De 111 No. 1	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF C OF DEATH? 1 PYES 2 1
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	AL HOSPITAL: 1 Impatent 2 Epp (Month, Day, No. 10 and 10	INTOXICATION AS A CONSEQUENCE OF): AS A CON	enter the mode the underlying c 28. PLAC THER: Nursing Home F 28c. INJUR WORK 1 YES tt, fectory, office tt the time, date en	cause given in F	as cardiac or response to the cause(s) and maine, date and place, edges	INJURY OCCUR end Number or 1111 Mp. shiner as stated, and due to the c.	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DE C OF DEATH? 1 VES 2 1
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition of the condition of the cause of the	AL HOSPITAL: 1 Impatent 2 Epp (Month, Day, No. 10 and 10	AS A CONSEQUENCE OF):	enter the mode the underlying c 28. PLAC THER: Nursing Home F 28c. INJUR WORK 1 YES at, factory, office t the time, date en n my opinion, dest	cause given in F	as cardiac or response to the cause(s) and maine, date and place, edges	INJURY OCCUR	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DF COF DEATH? 1 VYES 2 1 RED RED RURAL Route Number, 20 at Ur Avenue GINEO (Month, Day, Year) - 08 - 1993



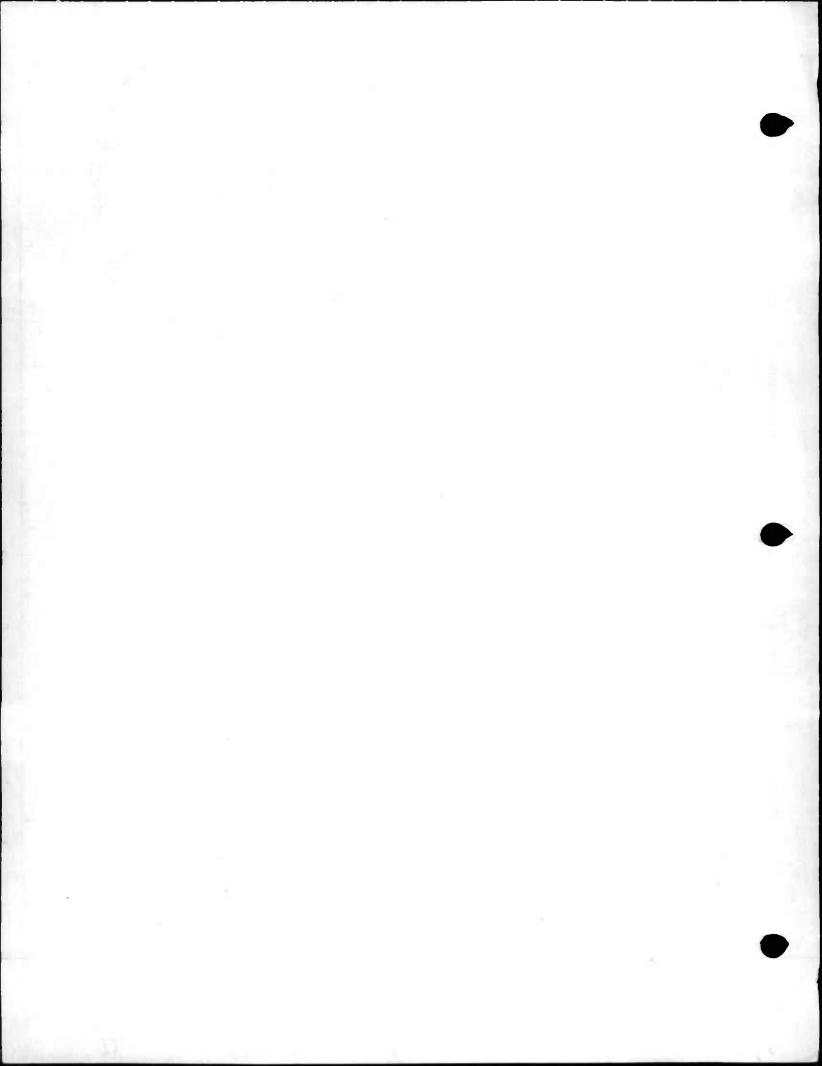
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month,

Day, Year) 1 0 1993

for 1 - STAT	TE ISTRAR	STATE OF MAR	YLAND / DEI Cert	PARTMEN FIFICAT	T OF H	EALTH AND I	MENTAL HYGII	ENE	3	13502
1, DECEDE	NT'S NAME (First, Middle, Last) Jessie				nes		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH 12:27am
216	SECURITY NUMBER 5-34-8486	1 🗆 M 2 🔀 F 5	GE (In yrs. lest birth	RS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 2/08/)	Country)	ACE (State or Foreign
JH .	Maryland Gen		tal			more Cit		9c. COUNT	Y OF DEAT	Н
RESIDE 10a. STATE MD	NCE OF DECEDENT 10b. COUNTY		100	Balt						d. INSIDE CITY LIMITS? K YES 2 NO
10e. STREE	Robert St	reet			101	21P CODE 2 1 2 1 7		10g. CITIZE	N OF WHA	T COUNTRY?
		12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. YES GIVE WAS DO DATES.							4. RACE — Black, W Specify:	American Indian, Thite, etc.
Elemen	15. DECEDENT'S EDUC (Specify only highest grade tery/Secondary (0-12)		(Give kin	ENT'S USUAL of of work done	during mo		16b. KIND OF	BUSINESS/INDUS		STACK
17. FATHER	'S NAME (First, Middle, Last)						ME (First, Middle, Mail	den Surname)		
	elvin Jones MANT'S NAME (Type/Print)		19b, MA	ILING ADDRES	SS (Street a		Sie Route Number, City or	Town State Zin C	(ode)	
Gen	nora Brown						. Balt			223
20a. METH 1 MBuria	OD OF DISPOSITION 1 2 Cremation 3 Remotion 5 Other (Specify)	oval from State	206. PLACE AND D	ATE OF DISPO	SITION /Na		DATE 20c	LOCATION — CH	ty or Town,	
21. SIGNAT	Willie &	. Lowe	el. D	22	UN:	TY FUN	ERAL HO	ME		MD 21
IMMEDIA disease	L Enter the diseases, or c shock, or heart fellure. TE CAUSE (Final or condition in death)	Arterio	on each line. Scleroti	ic car	er the mo	de of dying, suc	h as cardiac or re	spiratory arres	it,	Approximate Interval Between Onset and Death
If any, in cause, E CAUSE (I that initial	elly list conditions, ading to immediate nter UNDERLYING Disease or injury ated events	DUE TO (OR	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT	CE OF):						
	In death) LAST	ı,								l
$-\frac{1}{2}$	Other significant condition Sepsis Probable di tus post aort	sseminated	intrava	scula			PER	AN AUTOPSY FORMED? 3 2 NO	CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CA	SE REFERRED TO MEDICAL	20 022002	az bypac		28. PL	ACE OF DEATH (Ch	eck only one)			
1 Y	ES 2 XNO	HOSPITAL: 1 1 topatient 2 □ ER/	Outpatient 3 🗆 De	OA 4 No		5 Residence	6 Other (Specify)			
27. MANNE 12 \(\backslash\) Ac	4	28a. DATE OF INJU (Month, Day, Ye	RY 28b	N. TIME OF INJURY	28c. INJ WO 1 🔲 1		28d. DESCRIBE HO	W INJURY OCCU	RED	
2 🗆 0	icide 6 Could not be	26e. PLACE OF INJ building, etc. (URY — At home, fa	arm, street, fa	ctory, office		281. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route	e Number,
4 Ho 29a. CERTH (Check										nd manner as stated.
29b. SIGNA	TURE AND TITLE OF CERTIFIER	10	Curr	inal H		29c. LICENSE NUI	WBER			onth, Day, Year)
30. NAME A	AND ADDRESS OF PERSON WHI	M/L/M	DEATH CTEN CE	SECIE	eld	D210	16	1 71	5193	

29d. DATE SIGNED (Month, Day, D2102 c/o Maryland General Hospital 32. BEGISTRAR'S SIGNATURE

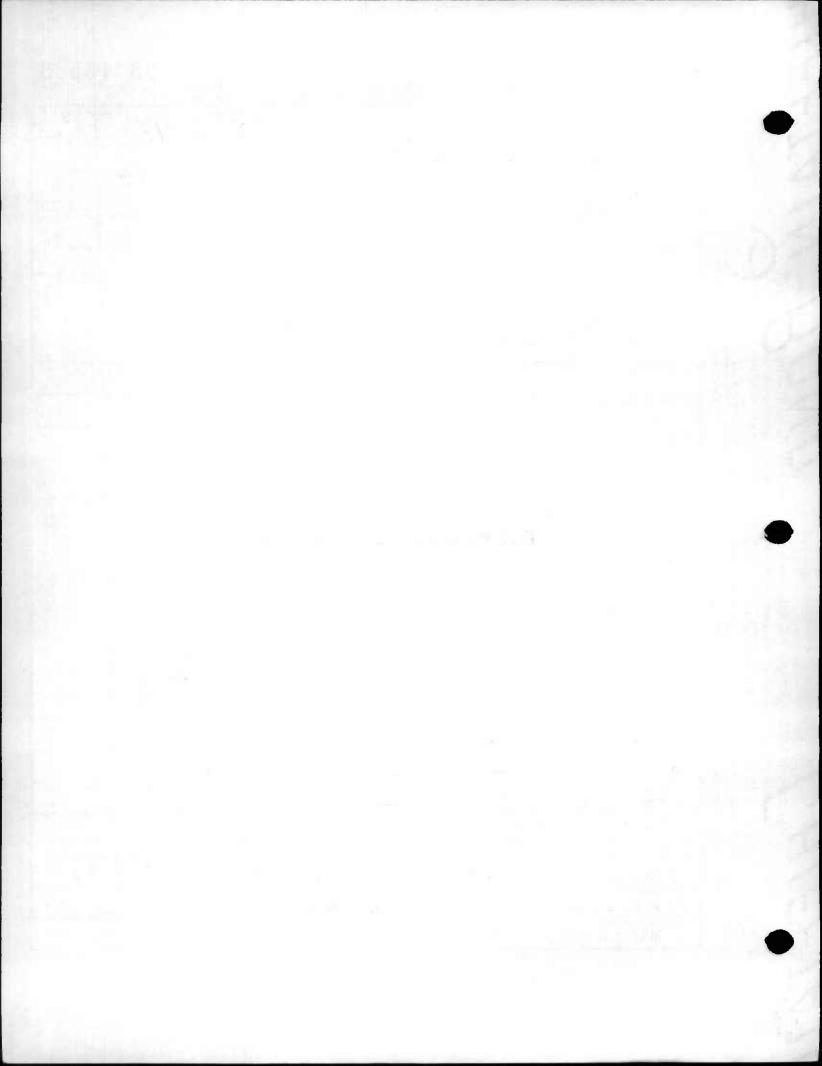


OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

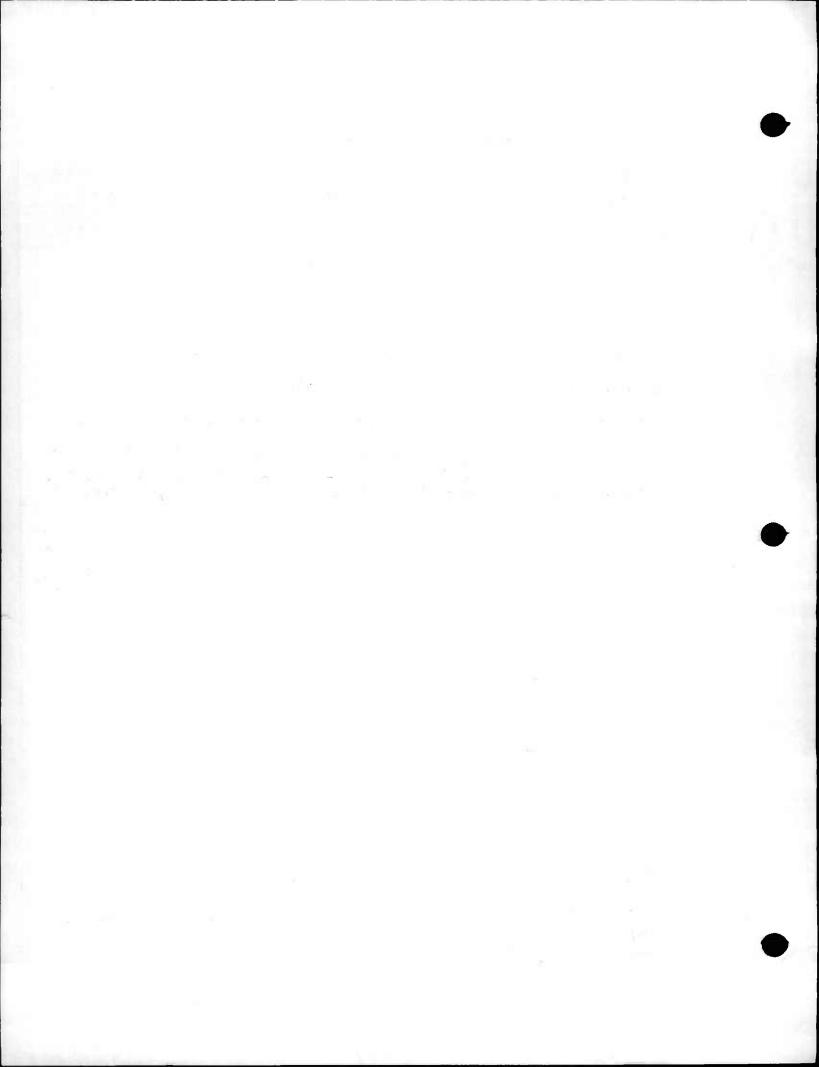
	1. DECEDENT'S NAME (First, Middle, La	Jordan	STELL	A JO	RDAN	DEA		2. DATE OF OEATH MONEY	DAY G	发 n 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-54-44/6		E (In yrs. last I		UNDER 1 YEA	_	24 HRS.	7. DATE OF BIRTH (Mooth), Day, Year) 12/11/19	00	8. BIRTHPL	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, gA B\$ /+ BON SEC	o street and number) DURS HOSPITAL		96	Bal	M OR LOCATI	Di all'ille	ATH	9c. COUNTY OF DEATH		
DIRECTOR	100. STATE 100. COU	NTY		BALT	IMORE						Od. INSIDE CITY LIMITS? [X] YES 2 NO
FUNERAL	100. STREET AND NUMBER 1914 MONROE S'	TREET				2121	_		USA		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XNO		If you	WAS DECENDENT OF HISPANIC ORIGII If yee, specify Cuben, Mexican, Puerto T YES 2 NO Specify:			fes or No-	14. RACE — Black, W Specify: BLACK	American Indian, Vhite, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(G/ve	EDENT'S USI e kind of work Do NOT use re	done during	ATION most of world	ing	16b. KIND OF I	USINESS/IND		
ш	17. FATHER'S NAME (First, Middle, Lest) SAM TUCKER							ME (First, Middle, Meld	on Sumame)		
TO B	19a. INFORMANT'S NAME (Type/Print) MARY MINOR							Route Number, City or 1	òwn, State, Zip	Code)	
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	omer plac	20)	RY CE	METERY	Y		20c. LOCATION — City or Town, State BROOKLYN, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE	HOL	1	>	ESTE		THERS	FUNERAL ACE, BALT			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec of shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BSOPHAGEAL CANCER DUE TO (OR AS A CONSEQUENCE OF):									(531,	Approximate Interval Better Onset and I
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST										
MEDICAL	PART II. Other eignificant condit	but not re	not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						OI OI	ERE AUTOPSY FIND MAILABLE PRIOR TO DIMPLETION OF CAL F DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	20000		THER:	S. PLACE OF I					
BY PHYS	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	1 inpatient 2 ill ER/O	Y T	28b. TIME O	F 28c	INJURY AT WORK?		8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
TED	3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	ne, form, stre	et, factory,	office			LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	ann)	YSICIAN: To the best of my known intersection the basis of examinat									nd manner as state
TO BE C	29b. SIGNATURE AND TITLE OF CERTI	huld	~	MD		1.	290	71	•	5-8	forth, Day, Year)
	R. KRISHNY 31. DATE FILED (MORTH), Day, YEAR)	32 REGISTRAR'S SH	2-(N.	EU.	7AW	57	H 305	BAY	imo	RE 212
	MAY 1 0 199	3 Sia Davido	on-Man	delle							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



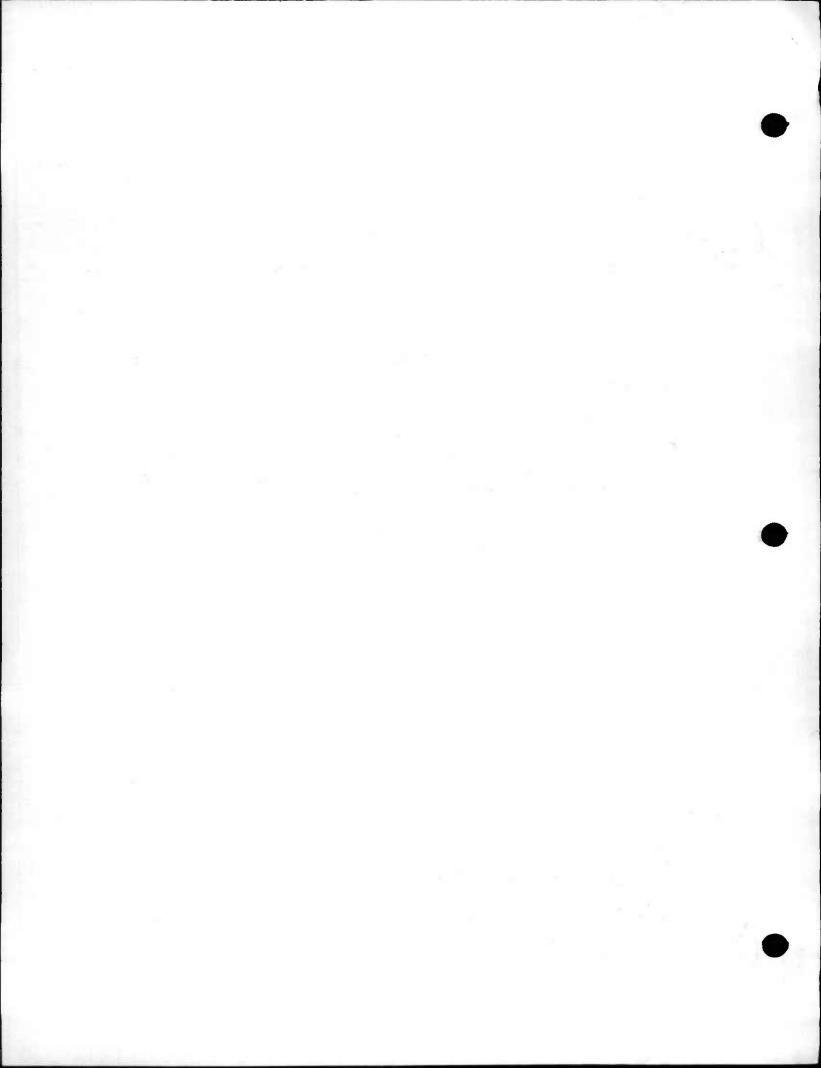
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit
be fifed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	CATE OF DEA	TH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH		3. TIME OF DEATH
- 3	EVELYN Mar	ie KOWALEVI	CZ			05 05	14	93 11:15P M
. 1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDE	R 24 HRS. 7.	DATE OF BIRTH		BIRTNPLACE (State or Foreign
	017 14 0000	1 M 2 F		MONTHS DAYS HOURS	24101	(Month, Day, Year)	- 1	Country)
	217-14-9999	41.	69 YRS.			1/21/192	3	PENNSYLVANIA
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN OR LOCAT	TON OF DEATH	1	9c. COUNT	Y OF DEATH
DIRECTOR	GREATER BALTIM	ORE MEDICAL	CENTER	TOWSON			BAT.	TIMORE
51	RESIDENCE OF DECEDENT	ORE TREETOTIES	OBNIEN	10110011			DILL	THORE
Ä	10e. STATE 10b. COUNT	Υ	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY
ā	MARYLAND BAL	TIMORE	_		Dun	dalk		LIMITS?
4	10e. STREET AND NUMBER			10f, ZIP COD)F		10a CITIZE	N OF WHAT COUNTRY?
2	7513 HOLABIRD A	WE		2122				ited States
FUNERAL	11. MARITAL STATUS							neu sunes
5 1	1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT If yes, specify Cub	OF HISPANIC (on, Mexicon, P	ORIGIN? (Specify Yee	or No- 14	I. RACE — American Indian, Black, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES 2 XNO			01	Specify:
	Λ							WHITE
世	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ina	16b. KIND OF BUS	INESS/INDUS	STRY
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during most of work retired.)				
를	12th Grade		Hous	ewife		Own	n Home	2
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			18. MOT	NER'S NAME	First, Middle, Maiden	Sumemel	
0	William Boddice				orence		03.110110)	
BE	19e. INFORMANT'S NAME (Type/Print)		1					
2			198, MAILING	ADDRESS (Street and Number	or Rural Route	Number, City or Town	n, State, Zip Ci	ode)
. 1	Beverly Kindle		1651	Manor Road	ball	more, ma	ryxanc	1 21222
	10a. METHOD OF DISPOSITION 1 X Burlai 2 ☐ Cremation 3 ☐ Ram	coval from State	PLACE AND DATEO	F DISPOSITION (Name of		DATE 20c. LOC	CATION - CR	y or Town, State
	4 Donation 5 D Other (Specify)	C6/	Gans 00	Faith Cemet	ery 5/	8/93 Ba	ltimor	ie, Maryland
	21. SIGNATURE OF FEMERAL SERVICE LI	CENSEE	0	32. NAME AND ADDRE	SS OF FACILITY	ΓΥ Ω 11	. / 10	ındalk, Inc.
	N. H.	0/	<u> </u>	vuaa-kuck	funer	ac Home	08 01	maack, inc.
	() legon	C/Cer						vryland 21222
Ĭ	23. PART I. Enter the diseases, or	omplications that cause	d the deeth. Do n	ot enter the mode of dy	ing, such et	cerdiac or respi	ratory errea	t, Approximate
	IMMEDIATE CAUSE (Fine)	Liat only one ceuse on e	ech line.					Interval Between
	disease or condition							Onset and Death
{	resulting in death)			DRY FAILURE				19
1			A CONSEQUENCE OF):				15
2	Sequentially list conditions,	b. COPD						13 m
Ĕ	If any, leeding to Immediate	DUE TO (OR AS	CONSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury	c						
E 1	that initiated events	DUE TO (OR AS	CONSEQUENCE OF):				
	reaulting in deeth) LAST	d.						
2								
EDICAL	PART II. Other algnificent condition				given in Pari	t I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
호	PSEUDER	nunas 1	NEUN	MINI		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YES 2	NU	DF DEATH?
Σ								1 TES 2 NO
2								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF D	DEATN (Check of	only one)		
S	1 TES 2 NO	1 Impatient 2 ER/Out	setient 3 🗆 DOA	OTHER: 4 Nursing Nome 5 R	eeldence 6 🗆	Other (Specify)		
Ě	27. MANNER OF DEATN	(Month, Day, Year)	28b, TIME		284	d. DESCRIBE HOW IN	JURY OCCU	RED
BY	1 Natural 5 Pending	(Monor, Day, Year)	INSC	M 1 YES 2	NO			
	2 Outside	28e. PLACE OF INJURY	— At home, ferm, st	reet, factory, office	261	LOCATION (Street e	nd Number or	Dural Payda Number
	4 Nomicide 6 Could not be determined	building, atc. (Spe	city)	,,		City or Town, State)	nd Number of	nurer noute Number,
<u>u</u> ,	and occurren							
릴	290. CERTIFIER (Check only	ICIAN: To the beat of my know	ledge, death occurred	d at the time, date end plece	e, end due to ti	he ceuse(e) end men	ner ee atated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	, in my opinion, death occu	red at the time	, date end piece, end	due to the c	euse(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CENTIEUR							
BE	n R mill	Din mo		29c. LIC	ENSE NUMBER	C	29d. DATE S	IGNED (Month, Day, Year)
2	1110000	mo		00	1331	7	1.	-6-43
- 1	30. NAME AND ADDRÉSS OF PERSON WIN		-					
	N. KOSENBLUM	, MD 6	301 N.	CHARLES	ST	- RAC	TO	21212
ľ	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN	4.004.00	- 17		0.,0		01010
	MAT 1 U 1993	Julia Davids	Mand as					
			······································					



n. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-trans	
ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera- he filed within 72 hours after death with the State Dent of Health and Mental Hunishe prior to hurtal cremation of removal	5
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRI	מה שומם שונחשון ולי ווספו

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND		YGIENI EG. NO.	E 9	3 13505
	ì	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH
ŀ		Vera	Louise	Ki	aa		MONTH	DA		YEAR
			. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	METH	5_199	B. BIRTHPLACE (State or Foreign
		212-32-5516	□ M 2 💢 💢 57		MONTHS DAYS	HOURS MIN.	(Month, Da	y. Year)		Country)
		9e. FACILITY NAME (If not institution, give street			0.000		JAN.12	, 193		SOUTH CAROLINA
l ac		THE PROPERTY NAME (II NOT ITS STORY), GIVE STREET	(and number)		9b. CITY, TOWN	OR LOCATION OF I	DEATH		9c. COUNT	TY OF OEATH
2		University Hosp	pital S.T.	п. П	Balti	more C	itv		_	
l D		10e. STATE 10b. COUNTY	-		Y, TOWN OR LOC					Last mone orth
DIRECTOR		MARYLAND B.	ALTIMORE	1	EST EDM					10d. INSIDE CITY LIMITS?
A F	- 10	10e. STREET AND NUMBER	ALITHORE	W						1 TES XX NO
4 8	П		**** * * * * * * * * * * * * * * * * *			Of. ZIP COOE			10g. CITIZI	EN OF WHAT COUNTRY?
FUNER		720 WESTHILLS PAR				21229				U.S.A.
5	1	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U FORCES? 1 TYES	S. ARMED	13. WAS DE	CENDENT OF HISPA pecify Cuben, Mexic	NIC ORIGIN? (Seen, Puerto Ricar	pecify Year	or No- 1	4. RACE — American Indian, Black, White, etc.
B		3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		S XX NO Spec		,,	- 1	Specify:
۱۵	-	15. DECEDENT'S EQUAT	101							WHITE
ONCE.		(Specify only highest grade con		8e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during n	ion lost of working	18b. KIN	D OF BUS	INESS/INDU	STRY
1 2	I	Elementary/Secondary (0-12)	College (1-4 or 5+)	RECEPT			ATTO	10 DE	AT ED	III T D
g E	ı	9		RECEPT	TONISI				CALERS	SHIP
티상		17. FATHER'S NAME (First, Middle, Last) KIRBY TWITTY				18. MOTHER'S N			Sumame)	
E E						MARTHA				
		19e. INFORMANT'S NAME (Type/Print)				and Number or Flural				
TO BE COM			ON)	6913 W	ASHINGT	ON BLVD.	,ELKRII	GE, M	IARYLA	ND 21227
<u> </u>		20e. METHOD OF DISPOSITION 12. Buriel 2 Cremation 3 Removal	trom State 20b. Pl	LACE AND DATE O	F DISPOSITION //	lame of	OATE			ity or Town, State
HOST.		4 Donation 5 Other (Specify)	ST.	JOHNS of	CEMETER	Y	5/10/	93 E	ILICOI	T CITY MARYLAND
	1	21. SIGNATURE OF FUNERIAL SERVICE LICENS	WE -18		22. NAME /	ND ADDRESS OF F	ACILITY		morro	EINED AT HOME
examiner	1	Lucellecu	retil							FUNERAL HOMES
	콲	23. PART I. Enter the diseases, or com	and the same of all	h- 44- 6	11630	EDMONDSO	N AVENU	E, CA	TONSV	ILLE, MD. 21228
event, the medical		shock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	arl	Ando	mac				at, Approximate interval Between Onset and Death
CERTIFICATION		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							
		0								
티		PART II. Other algnificant conditions c	ontributing to deeth but	not resulting in	n the underlyle	ng cause given in	Part I. 24a	WAS AN A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC							15	YES 3		COMPLETION OF CAUSE
								V	4	OF DEATH?
5 Z										
E X		25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C)	heck only one)			
YSICI,		EXAMINER? 1 YES 2 NO 1	OSPITAL: VER/Outpation		OTHER:	ne 5 🗆 Residence	6 C Other (Ca.	141		
Ē È		27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME		JURY AT	28d. DESCRIB		HIRY OCCU	950
D D		1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY W	YES 2XXNO			_	
ВУ		Accident Investigation	05/05/190 286. PLACE OF INJURY —		14 PI -		Imp	ict -	II Au	to/Auto Rural Route Number,
ZE IS Marked, TED BY PH	П	4 Homicide Could not be determined	building, etc. (Specify)		hway		City or low	vn, State)		And the same of th
	H	29e. CERTIFIER								ational Pike
D BE COMPLETED	i	(Check only	N: To the best of my knowled On the basis of examination s	ge, death occurred nd/or investigation	d at the time, dat n, in my opinion,	e end place, end du death occured at the	e to the cause(e) time, date end	end menr place, end	ner ee stated	l. ceuse(e) end menner ee stated.
E O	1	296 SHEMATURE AND TITLE OF CERTIFIER	1	\wedge		29c. LICENSE NU				SIGNEO (Month, Day, Year)
		(aconto	ate MU)		0.C.		- 1		5/06/1993
₽ 	T	30. NAME AND ADORESS OF PERSON WHO CO	OMPLETED CAUSE OF OEATH	(ITEM 27) (Type,	Print)	0.0.				2/00/T222
		THAKEN LOC	KUIND 1	11 Per	n Str	eet, Ba	ltimor	e.	Marv	land 21201
	r	31. DATE FILED (HOO), Day, Year)	32. REGISTRANS SIGNATURA	/RE		,	2201		u_y	
1		my1 T 0 1333	// " TO TO TO TO TO TO TO	-Handell	•					1



BALTIMORE, MARYLAND 21215-0020

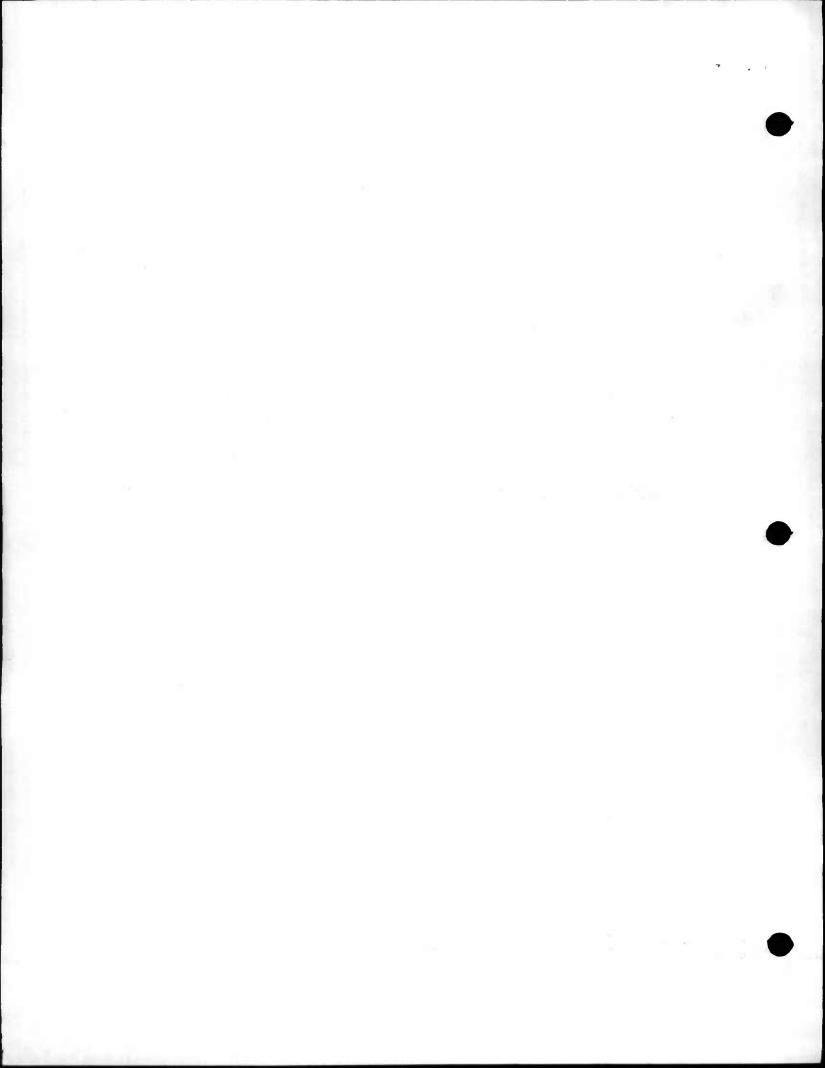
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should active within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPDRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	SIAIE UF MA	KYLAND / CE	DEPAR	ICATE	OF H	DEAT	AND I	MENTAL	HYGIEN REG. NO.	E - ~		0000
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				TIME OF DEATH
		LIZABETH							MAY	8	19	G 3	5:30 PM
	The state of the s	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.		Day, Year)		Country)	ACE (State or Foreign
	220-30-2400 9e. FACILITY NAME (If not institution, give stree	AI	87	Tho.	es CITY	TOWN O	R LOCATIO	OF OF OR)/1910	9c. COUNTY	ARYL	
OR	CHURCH HOSPITA	L				LTIM		ON OF DE	CAIN		9c. COUNTY	OF DEAL	н
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 CIT	Y, TOWN (2010047							
DIRECTOR	MD BAL		IOC. CIT	OVER		ION						d. INSIDE CITY LIMITS? Y TYES 2 1 NO	
	10e. STREET AND NUMBER					101.	ZIP CODE		-		10g. CITIZEI		T COUNTRY?
FUNERAL	106 FULLER AVE	NUE					2120	6			U.:	S.A	
F	11. MARITAL STATUS 1 Never Merried 2 Married	2. WAS DECEDENT E	YES 2 X N	MED	13.	WAS DECI	ENDENT O	F HISPAN	NIC ORIGIN?	(Specify Yea	or No- 14	RACE -	American Indian, hita, atc.
B	1 Mover Merried 2 Merried 3 Wildowed 4 Divorced 1 Nover Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuban, Maxic 1 YES 2 NO Specific Nover Merried 2 Nover Merried 2 Nover Merried 3 Nover Merried 2 Nover Merried 3 No											Specify:	VHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	(ION mpleted)	16e. DEC	EDENT'S	USUAL O	CCUPATIO	N of working		16b. I	KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			of work done during most of working use retired.)					IOCOTI	JA T		
N N	12 YEARS 17. FATHER'S NAME (First, Middle, Last)	4YEARS	N	UKSE	R.N	•	40 040071	15D10 444	ME (First, Mi	IOSPIT			
	WILLIAM A. LUDY								BET A.				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street ar					n, State, Zip Go	ode)	
۴	MARY JOHNSON		1	06 F	ULLE	R AV	ENUE	BAI	TIMOF	RE MAR	RYLAND	2120	06
	20a. METHOD OF DISPOSITION 19 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE AN CEMPTERY, CREAT NEW CA						5/11		BALTII		State
	21. SIGNATURE OF FUNERAL SERVICE LICEN		INEW CA	THEL							FUNER)ME:
	· monting (L Du	05/4	3							ORE M		
	23. PART I. Enter the diseases, of cor	nplications that c	aused the dea	th. Do r	not anter	tha mod	da of dvi	no suc	h sa cardis	C or respl	ratoni arreal		1 Approviments
i	ahock, or haart failura. Lis	it only one cause	on each line.				au or dyr	ng, sac	ii da caron	ic of reapi	atory arrest	,	Approximata interval Between Onset and Daath
		ES (ophoae	al	Ca	nce	v						Onset and Dagui
		DUE TO (OF	RAS A COMSEQ	UENCE O	F):								
NO.	Sequantially list conditions, b.	DUE TO (OI	R AS A CONSEQU	UENCE OI	n:								
CAT	If any, laading to immediata cause. Enter UNDERLYING				,.								
F	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQU	UENCE OF	F):							-	
CERTIFICATION	d.												ļ
AL (PART II. Other aignificant conditions of					derlying	cause g	lven in	Part i. 2	4s. WAS AN			RE AUTOPSY FINDINGS
DICAL	Rheumato	oid p	Arthur	itas					_	PEHFOR		co	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME									_				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				_	00 104							
SICI	EXAMINER?	IOSPITAL:	R/Outpatient 3 [DOA	OTHER MIN	₹:			6 C Other (0	-		
¥	27. MANNER OF DEATH	26a. DATE OF IN.	JURY	26b. TIM	-	28c. INJU	JRY AT	Bidence			IJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Moner, Day,	roul y	ING	M	1 Y	ES 2	NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At hom (Specify)	ie, farm, s	treet, fact	ory, office			281. LOCAT City or	ION (Street a. Town, State)	nd Number or i	Rural Route	Number,
	200 CENTIFIED												
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:												enone e enone e
	29b. SIGNATURE AND TITLE OF CORTIFIER		The state of the s	vestigatio		pinion, de	29c. LICE			nd plece, and			
8	curgarisan	2 MD				ĺ		166			29d. DATE SI	GNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE (-/	0/1	
	C. VERGARA - SO,		100 N	1. B	ROA	DWA	y s	7.	BA	LT.	MO.	212:	3/
	MAY 1 0 1993 Au	32. REGISTRAR'S	SIGNATURE										
j.	- 1000 Ju	ACKARA CONT.	Mandall										



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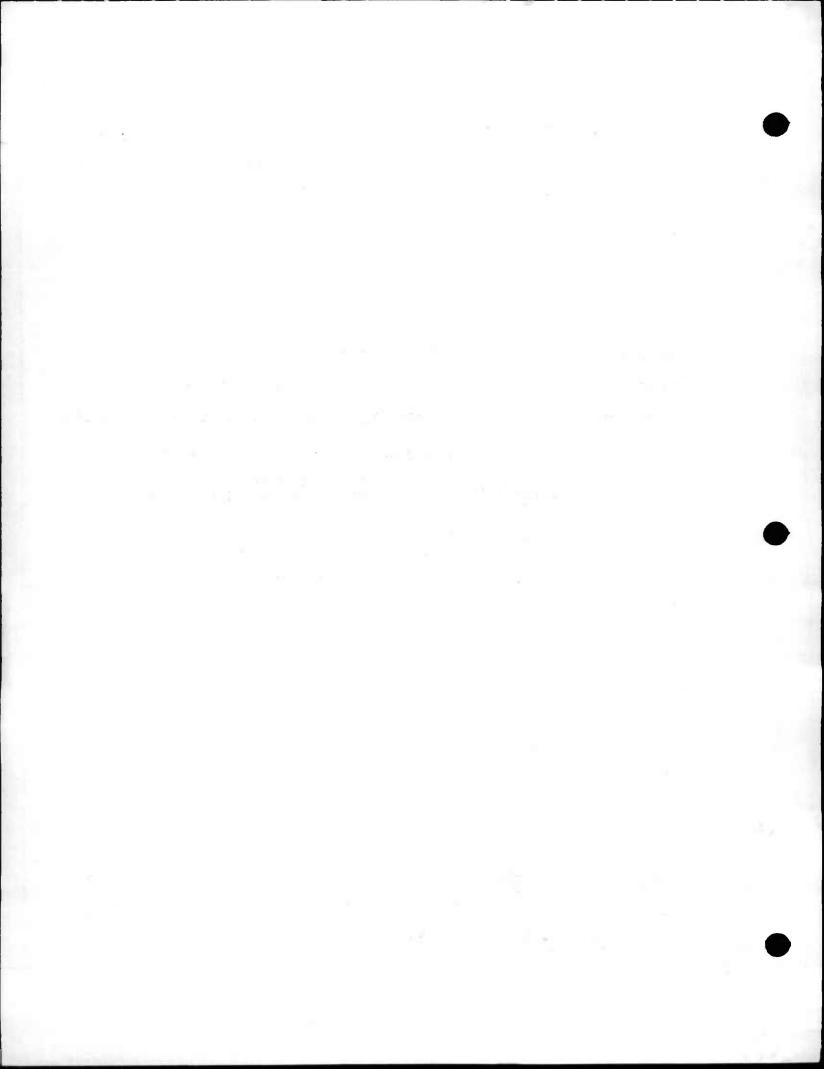
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	Terror After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion or ramoval
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely	The state death with the State Dept. of Health and Mental Hyriene prior to burial, crema-

TO THE HOSE ALL. STROUNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUND.

TO THE THE THE CHARLE ARE THIS CERTIFICATE HAS been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within the Catal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

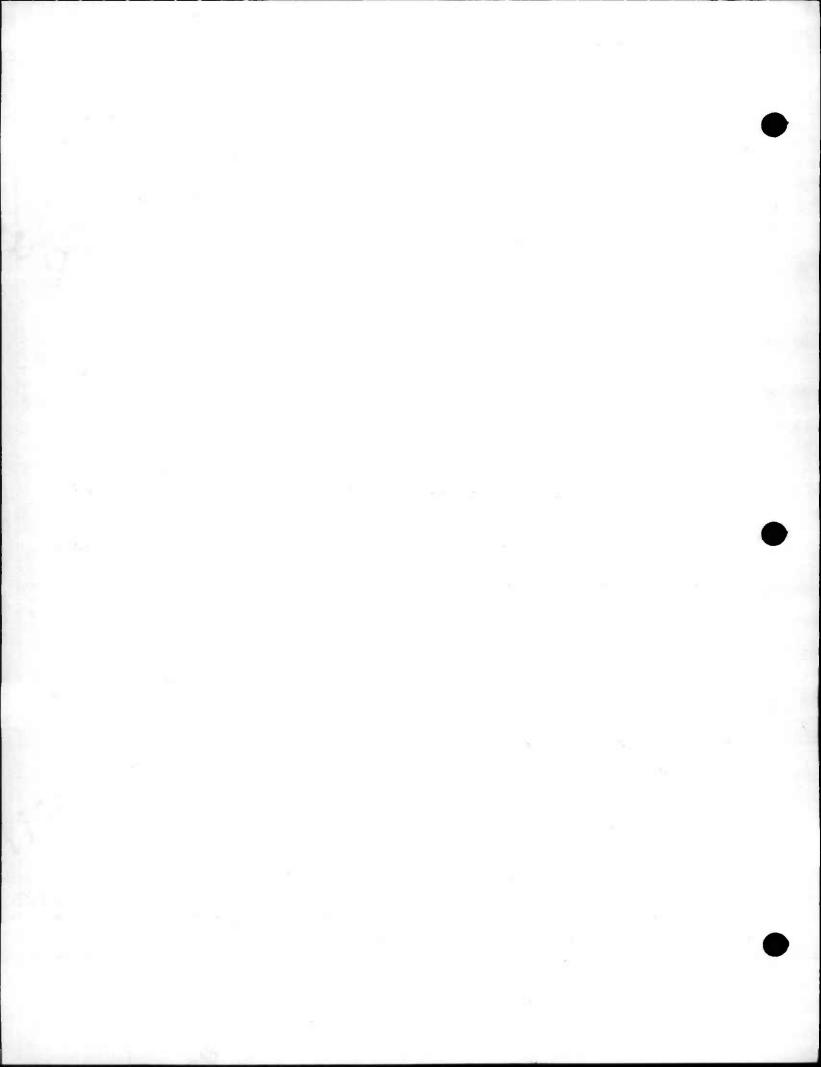
IMPORTANT. If them 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

li	1. DECEDENT'S NAME (First, Middle, Last) ERNEST JAM	ES LANE							2. DATE OF C	DEATH DA		YEAR	3. TIME OF DEATH
	4. SDAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER		7. DATE OF B (Month, De)	IRTH	0 1	8. BIRTH	IPLACE (State or Foreign
Į.	215-01-7363	1 📉 M 2 🗌 F	83	YRS.		DAYS	HOURS	MIN.	DEC.14		09	VI	ŘGINIA
TOR	98. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 99. CITY, TOWN OR LOCATION OF BALTIMORE										9c. COU	NTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	,		10c. CIT	Y, TOWN OR		TIMO	RE					10d. INSIDE CITY LIMITS? 1X YES 2 NO
NERAL	5914 PRINCE GEORG	E STREET				101	zip code	1207				U.S.	VHAT COUNTRY?
ED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2-A	MED IO	H :	res, sp	ENDENT O	F HISPAN n, Mexican Specify	IIC ORIGIN? (Sp n, Puerto Ricen /:	ecify Yea , etc.)	or No	14. RACE Black Speci	— American Indian, t, Whita, aic. f/y: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th GRADE	CATION completed) College (1-4 or 5+	(Gi	ive kind of v Do NOT us	USUAL OCC vork done du e retired.) RE GA	ring mo	st of workin			HAUF	FER	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) ERNEST LANE						N	ELLI	ME (First, Middle E O CO	NNOR			
10	19a. INFORMANT'S NAME (Types/Print) EVELYN LANE		198	5914	PRIN	Street a CE	GEOR	or Runal F GE S	TREET-	ty or Town BALT	r, Stete, Zic 'IMOR	E, M	D. 21207
	20s. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Remark 4 Donation 5 Citier (Specify)	1 /	20b. PLACE A cemetery, cre LOUDON	matory or ot	her place) K CEM	ETE	RY		5/12		LTIM	-	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	and L	-		HUB	BAR		NERA	L HOME			E M	D. 21229
	23. PART I. Enter the diseases, or of ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	case only ona caus	se on alich lina		ot anter th	a mo	da of dyl	ng, such	n as cardiac	or respi	ratory an	reat,	Approximata interval Between Onaet and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	() DUE TO (OR AS A CONSECUTION AS										
	PART ii. Other significant condition	s contributing to	death but not re	eaulting i	n tha Unde	riying	cause g	iven in I	Part i. 24a.	WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	CHF								1 _	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL					28, PL	ACE OF DE	EATH (Che	ick only one)				
25	1 PES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursin	g Home	5 Re	sidence :	s 🗆 Other (Spe	icity)			
87 PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	y, Year)	28b. TIME	M	WOI 1 🗌 Y	'ES 2 [NO NO	28d. DESCRIB	E HOW IN	JURY OC	CURED	
3	3 Suicide S Could not be determined	28e. PLACE OF building, e	INJURY — Al hou rtc. (Specify)	ne, farm, s	treet, factor	, office	,		28f. LOCATION City or Tox	(Street e vn, State)	nd Number	or Rurel R	loute Number,
COMPLE		CIAN: To the best of sx	my knowledge, dea	nth occurre	d at the time	o, data nion, da	and place,	end dua	to the cause(a)	and man	ner en stat	led. na cause(a	end manner ee stated.
4	206. SIGNATURE AND TITLE OF CENTIFIER DULL HOLD	way,	MD				29c. LICE	SA-1	BER		29d, DAT	SIGNED 8	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPVETED CAUS	OF DEATH (ITEM	270	Print)	Fre	P,	Z	R/ti	, ,	MI) 2	2/229
	AN AV 1 0 1993	folia Davido	'S SIGNATURE	24									



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physic	d in by the funeral director, page 5 should be detached for use as the burial
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physic	L URFCOTOR. After this Serffictor has been signed by the attending physical and completely filled by the funeral director, page 5 should be detached for use as the burial burial programment by burns after dark with the Striat float of Market and Barrell Market Market Market Striat float of Market and Market M

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (Fit	rst, Middle, Lest)	STATE OF I	-	CERTIF	ICATE	OF	DEAT	ГН	2. DATE	REG. NO		T	3. TIME OF DEATH
		egina	77		LOWMAN	1				МА	f D	993	YEAR	8:39A
	4. SOCIAL SECURITY NUM		5. SEX		rs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont)	OF BIRTH			LACE (State or Fore
	215-09-563 9a. FACILITY NAME (II not		1 M 2 X F	76	YRS.					05/0	3/16		Mary	land
Œ				T. 0.1				R LOCATIO					NTY OF DE	
DIRECTOR	THE JOHN	O HUPK	IN2 HOSPI	TAL		BA	LIIM	10RE	CITY			B <i>P</i>	LTIM	ORE CITY
H.	10a. STATE	10b. COUNT	_		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	MD 10e. STREET AND NUMBE		imore		Lans	downe	-							1 - YES 2 X N
FUNERAL								. ZIP CODE						HAT COUNTRY?
N N	2112 Gaylav	wn Driv	12 WAS DECEDEN	IT EVER IN II	SARMEN	T 12 N		1227	E HIEDAN	10.001011	200-11-11	U.S		
	1 Never Married 2		FORCES? 1	YES 2	ON	0.11	yes, spe	ecify Cubin	n, Maxicar	n, Puarto F	? (Specify Yes lican, atc.)	or No-	Black,	 American Indian White, atc.
B¥	3 🕅 Widowed 4 🗌 Div	vorced		- CONTRACTOR		_ '	☐ 1E3	2 💢 NO	Specify			_	Specify	white
COMPLETED	15. DE (Specify or	CEDENT'S EDU	CATION completed)	16:	DECEDENT'S (Give kind of ville. Do NOT us	USUAL OC	CUPATIO	ON st of workin	ia .	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
Ä	Elementary/Secondary	(0-12)	College (1-4 or 5		Line W					_				
OM	12 17. FATNER'S NAME (First,	Middle Last)			птие м	orker	-	40.000			ion Br	os.	- Mar	ufactur
š	James Patri		launn								fiddle, Maiden	,		
TO BE	19a. INFORMANT'S NAME		194111		19b. MAILING	ADDRESS	(Street a	nd Number	or Rumi R	gnes	Pende	n State Zin	(Corfe)	
	Julian S. E	Brewer									utus,		21227	,
	20a METHOD OF DISPOSI 1 ABurtal 2 Cremet	ITION	coal from Chat-	20b. PL	ACE AND DATE	OF DISPOSI	TION /Na	me of		DATE			City or Tow	
	4 Donation 5 Othe	er (Specify)		New	y, cremetory or o	dral	Cem	eter	У	5/1	l Balt	imore	e. Ma	ryland
exall	21. SIGNATURE OF FUNER	IAL BERVICE LIC	ENSEL) 1	22. N	NAME AN	D ADDRES	S OF FAC	ALITY A	nbrose	F.H	of	Lansdow
	1	2	_ /\											
	23. Part I. Enter the ahock, or IMMEDIATE CAUSE (Fi disease or condition resulting in death)	maart mury.	List only one cau	ISO ON EACH	line.	271 not antar t	the mod	ammoi	nds]	Fy. 1	Rd. La	nsdo	wne,	Approximatintarvai Bationset and
oseni, inc	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuit that initiated events	itiona, ediata Ying lury	a. Core DUE TO DUE TO C.	OR AS A CO	line.	271 not antar (the mod	ammoi	nds]	Fy. 1	Rd. La	nsdo	wne,	MD 2122 Approximatintarval Bai Onset and
RTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj	itiona, ediata Ying lury	a. Core DUE TO DUE TO C.	OR AS A CO	NSEQUENCE OF	271 not antar (the mod	ammoi	nds]	Fy. 1	Rd. La	nsdo	wne,	Approximatintarvai Bationset and
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CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other aignific PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ititions, ediata ring lury ST Cart condition	a. COTE DUE TO b. DUE TO c. DUE TO d	(OR AS A CO) (OR AS A CO) (OR AS A CO)	NSEQUENCE OF	OTHER:	the model of the m	ammon	nds] ng, auch re iven in F	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	wne,	Approximate interval Bat interv
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CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or inj that initiated events resulting in death) LA: PART II. Other algnific PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 OR Accident 3 Sulcide 8 OR Accident 3 Sulcide 8 OR ACCIDENT OF CERTIFIER (Check only	itiona, ediata ving lury strang condition carties and carties an	a. DUE TO b. DUE TO c. DUE TO d. A CONTRIBUTING TO A CONTRIBUTION TO B CONTRIBUTION TO C. DUE TO DUE TO C.	(OR AS A COI (O	NSEQUENCE OF SEQUENCE OF SEQUE	OTHER 4 Nursi	26. PLJ: ing Nome 28c. INJI. WOY.	Cause g	nds] ng, auch re liven in F	Part i. Ck only one Cly o the cautime, data	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IP TION (Street a r Town, State)	AUTOPSY MED? NO NUMBER OCCURRENCE AND NUMBER OCCURRENCE OCCURRENC	24b. V. C.	Approximatintarial Bat Onset and I I I I I I I I I I I I I I I I I I I
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediate. CAUSE (Disease or Injury of the condition	inei itiona, ediata ring ediata ring strong ring ant condition Carrier TO MEDICAL Pending Investigation Could not be detarmined ATTEYING PNYSIG DICAL EXAMINE E OF CERTIFIER A OF PERSON WHO	a. COY 6 DUE TO b. DUE TO c. DUE TO d	(OR AS A COI (O	NSEOUENCE OF NSEOU	OTHER: 4 Nurse OTHER: 4 Nurse OTHER: 4 Nurse ord at the lim n, in my ope	26. PLJ: ing Nome 28c. INJI. WOY.	Cause g ACE OF DE S Reither ACE 2 and place, reth occure 29c. LICEI	nds] ng, auch re liven in F EATH (Check sidence 8 NO	Part i. Ck only one Cly o the cause of th	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IP TION (Street a r Town, State)	AUTOPSY MED? NO NUMBER OCCURRENCE AND NUMBER OCCURRENCE OCCURRENC	24b. V. C.	Approximatintarial Bat Onset and I I I I I I I I I I I I I I I I I I I
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediate. CAUSE (Disease or Injury of the condition	Pending Investigation Could not be detarmined ATTIFYING PNYSH DICAL EXAMINE F PERSON WHO VINCE TO STATE TO STA	a. COY 6 DUE TO b. DUE TO c. DUE TO d	(OR AS A COI (O	NSEQUENCE OF NSEQU	OTHER: 4 Nursi E OF URY M At the lim n, in my op	26. PL : ing Nome 28c. INJI - ry, office	Cause g Cause g ACE OF DE ACE OF DE	nds] ng, auch re iven in F EATH (Check sidence 8 NO	Part I. Cok only one Colly of the cause of	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IP TION (Street a r Town, State)	AUTOPSY MED? MODERNO NJURY OCCUPANT OF THE STATE OF THE	24b. V 24b. V CURED Or Rural Roo et cause(s) of E SIGNED (A	Approximating and interval Bating and interval



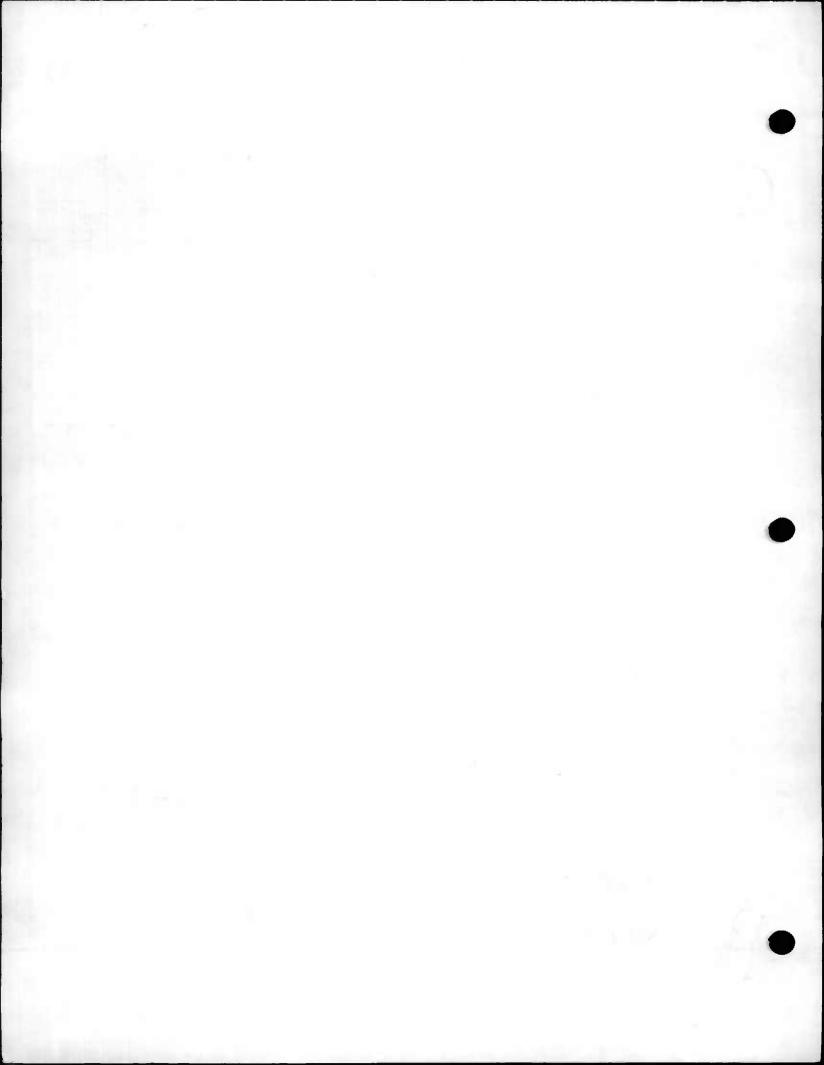
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\(\frac{1}{\infty}\) four ster death. Page 6 may be relatined by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR ROBIN LYTLI	STATE OF MARYL			HEALTH AND I	MENTAL HYGIEN		0 10003
1	1. DECEDENT'S NAME (First, Middle, Last)	YTLE				2. DATE OF DEATH (3. TIME OF DEATH 439 PM
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month. Day, Year)	10.	BIRTHPLACE (State or Foreign Country) ARYLAND
-	9a. FACILITY NAME (If not institution, give street	and number)	43		N OR LOCATION OF O	03/31/194 EATH	9c. COUNTY	OF DEATH
ō l	HOWARD COUNTY GENER	RAL HOSPITA	L	COLU	MBIA		HOWA	AKD
DIRECTOR	10e. STATE 10b. COUNTY		16c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
ᅙ	MARYLAND HOWAR	RD	EL	LICOTT	CITY			1 TYES 2 X NO
FUNERAL	3765 PLUM MEADOW DE	RIVE			101. ZIP CODE 21042			N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XX0	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES XX NO Specif			D. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	1 II/a. Do NOT u	work done during se retired.)	TION most of working	16b. KIND OF BI	JSINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last) ANTHONY	Del NEGRO	ACCOUNT	ANI	16. MOTHER'S NA	AME (First, Middle, Melde		
BE	19a. INFORMANT'S NAME (Type/Print)	Del Hedit		ADDRESS (Stra	et and Number or Rural	Route Number, City or To	wn State Zip Co	orde)
2	RICHARD LYTLE (H	USBAND)	3765	PLUM M	EADOW DRIV	VE ELLIC	OTT CI	TY,MD 21042
	20s, METHOD OF DISPOSITION 1	I from State MI	other place of dispo	ATORY	cemetery, cremetory or 5		TONSVI	y or Town, State LLE, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN	The L		LERO		SELL C WIT		NERAL HOME LE,MD 21228
CERTIFICATION	shock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS		F):	Clenta	ented per	religi	Interval Between Onset and Death
MEDICAL	PART II. Other algorificant conditions of	contributing to death		in the underl	ring ceuse given in	Part I. 24e. WAS A PERFE	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
Sic		IOSPITAL:	tpetient 3 1 DOA	OTHER:	Iome 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Metural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Till IN	ME OF 28c.	INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCU	RED
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spo	IY — At home, farm, ecify)			28t. LOCATION (Stree City or Town, Stat	t end Number or	Rural Route Number,
"	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kno						
OMP	one) 2 MEDICAL EXAMINER:	On the basis of exeminati	on end/or investigati		,			cause(e) and manner as stated.
E COMPLETED	ana)	On the basis of examineti	on end/or investigati		29c. LICENSE NU			Cause(e) and manner as stated. SIGNEO (Month, Day, Year)
BE	296. SIGNATURE AND TITLE OF CERTIFIER	The	no					
w I	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED QUISE OF D	EATH (ITEM 27) (Typ	e, Print)	D31		29d. DATE	SIGNEO (Month, Day, Year)

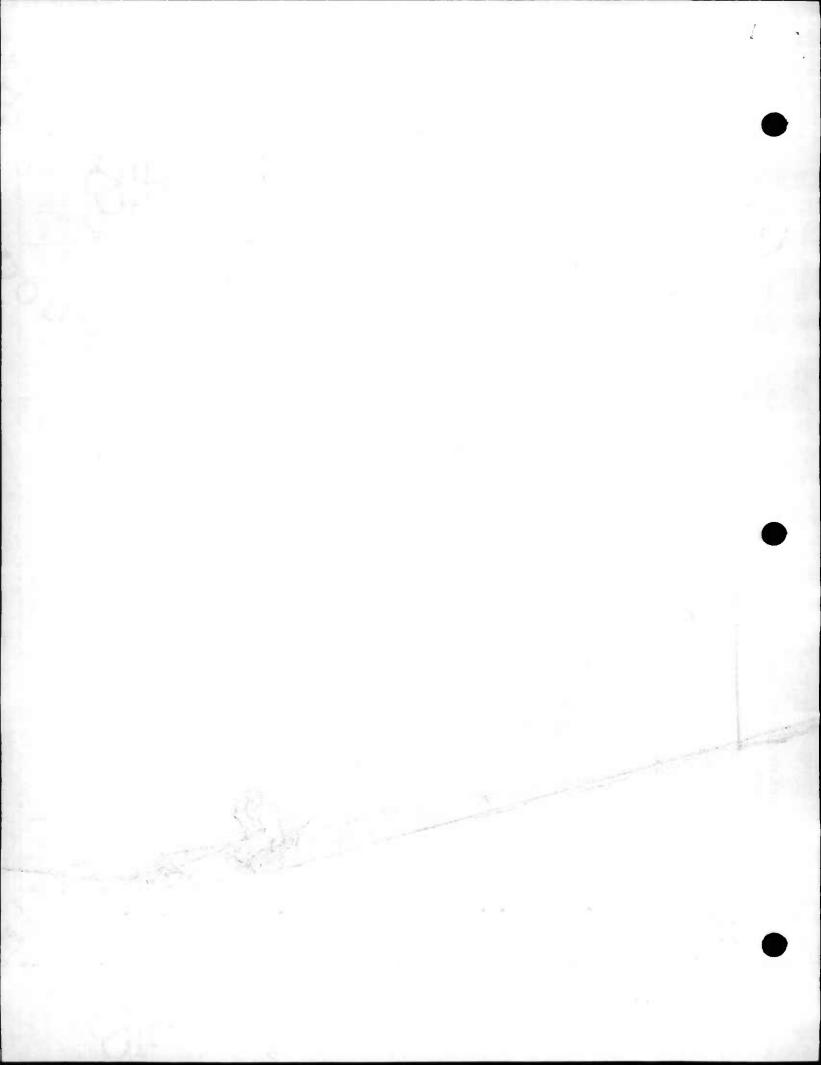




BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician	filled in by the funeral director, page 5 should be detached for use as the burial-tra- ion, or removal.	he medical examinar must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-trape filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REG. NO.
	- 1	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR S. 44 A M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) '# ONDER I YEAR F UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign
Pin		211/30 NOTFOIK VA
3 should	Œ	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH POLITY, TOWN OR LOCATION OF DEATH
2	DIRECTOR	RESIDENCE OF DECEDENT
8)	IRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY JAMITS?
1		1
T T	ER/	2814 & Federal St. 21213 U.S.A
proyector burtal-tra	FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVED IN U.S. ARMED 1 Prover Married 12. WAS DECEDENT EVED IN U.S. ARMED 13. WAS DECEMOENT OF HISPANIC ORIGIN? (Specify Wes or No— 14. RACE — American Indian, 15. White, stc.
4 4	B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 10 Specify: Specify: Specify:
Na Sala	8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working
ě	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)
detached once.	OME	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
E E	ш	Joseph Mamina Carrie Williams
5 should notified	원 원	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
be no	-	ElaiNe Buckson 2012 Hamblewood Rd. Balto Md. 21224
ector, p		20a. METHOD OF DISPOSITION 1 Date 20b. PLACE AND DATE OF DISPOSITION (Name of Carpeter), cremation 3 Removal from State 4 Donation 5 Other (Specify)
al direc		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
tuneral dis		+ Jin + P. 10 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /
filled in by the funeral director, page 5 should be on, or removal.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate
led in		snock, or neart reliure. List only one cause on each line.
>= =		disease or condition
		DUE TO (OR AS A CONSEQUENCE DF):
and print	NO.	Sequentially list conditions, if any, leading to immediate
ysiclar prior	CAT	CAUSE (Olsesse or Injury
attending physician mal Hygiene prior to	CERTIFICATION	thet initiated events resulting in death) LAST
hed by the attending phy th and Mental Hygiene p eny Injury, or other		
by the and Me y Injur	DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIABLE PRIOR TO
signed by the Health and I was eny in	EDIC	1 □ YES 2 THO COMPLETION OF CAUSE OF DEATH?
shov	Σ	1 Tes 2 NO
te has b te Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EVALUATION OF DEATH (Check only one)
ertificate hathe State D	YSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Desidence 6 Other (Specify)
fter this ce eath with the marked,	PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED
After death	В	2 Accident Investigation "1 TES 2 NO
CTOR: A s after d	E	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Floute Number, City or Town, State)
DIR	COMPLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) and manner as stated.
TO THE FUNERAL IDENTIFY TO THE FUNERAL IMPORTANT: If I	MO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
HE FU	ш	29c. aCENSE NUMBER 29c. aCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
E P B	TO B	Jegnara Sysim, M. 10268 105-10-93
		Richard F. Tyson M.D. 936 West North Ave. Baltimore, Md. 2
17		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2.1.2.1.7
1/		MAY 1 0 1993 Julia Davidson-Randon
		THE TANK OF THE PROPERTY OF TH



	FOR 1 - STATE BEGISTRAD	STATE OF MA	RYLAND / DEPAR					E	3 35 1
	REGISTRAR	Margaret.	Irene Morf	PICATE O	F DEAI	2	REG. NO.	ιν <u>γ</u>	3. TIME OF DEATH
			. AC" (In urs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS			May 9, DATE OF BIRTH (Month, pak Hear). Jan 28, 1	1993 911	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give stre St. Joseph Hos	9 .	1,00	9b. CITY, TOWN	OWSON	ON OF OEATI		9c. COUNT	rof OEATH altimore
DIRECTOR	10a. CTATE 1 10b. COUNTY Manyland		10c. CIT	Y, TOWN OR LOC	200	Balti	more City		10d. INSIDE CITY LIMITS? 1 VES 2 \(\square\) NO
FUNERAL		Bellevale	e Avenue		OI. ZIP CODE	2	1206		ed, States
B	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X NO	13. WAS DI	CENOENT O	F HISPANIC 1, Maxican, F	ORIGIN? (Specify Year Puarto Rican, etc.)	or No — 14	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION empleted) College (1-4 or 5+)	IIII. Do NOT us	work done during i	nost of working	g	16b. KIND OF BUS	SINESS/INOUS	TRY
BE COI	17. FATHER'S NAME (First, Middle, Last) Andrew V.	France			18. MOTH		(First, Middle, Maiden ttie I.	Sumame) Minn:	ick
101	19m. INFORMANT'S NAME(Type/Print) Mary Eileen Hoski	ns		BOXWOO			ne Number, City or Town rettsvill		
	20s. METHOD OF DISPOSITION 1 (X) Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cometery, crematory or of Moreland	_{Memoria}	1	5/13/	93 Bal		or Town, Stata e Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1. Knus	Il L	Leon		. Ruc	w Balti k, Inc.	more, 5305 H	Md. 21214 Harford Rd.
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Resp	vatory	de con	Pers	atio	40		intarval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF				c Pulmon asthuro		distuse
MEDICAL	PART II. Other significant conditions. Congestive La	contributing to da	all but not resulting level , a see , by	theras	olkon	iven in Par	rt i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	9/Outpatient 3 □ DOA	OTHER:	PLACE OF DE		only one) Other (Specify)		<u></u>
ву рну	27. MANNEB OF OEATH 1 Waturel 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day,		E OF 28c. If	JURY AT ORK? YES 2	26	d. OESCRIBE HOW IN	JURY OCCUR	ED
<u></u>	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	JURY — At home, term, a , (Specify)	street, factory, off	ca	26	it. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
COMPLET			knowledge, death occurre						ause(a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER) 30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE (DE DEATH (ITEM 27 (I	ND MID	290 LICEI	36/4	f-/	29d, DATE SI	GNED (Month, Day, Year) 5,09,93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TAWS I WOOD BOX L-AVE BALT I MORE,

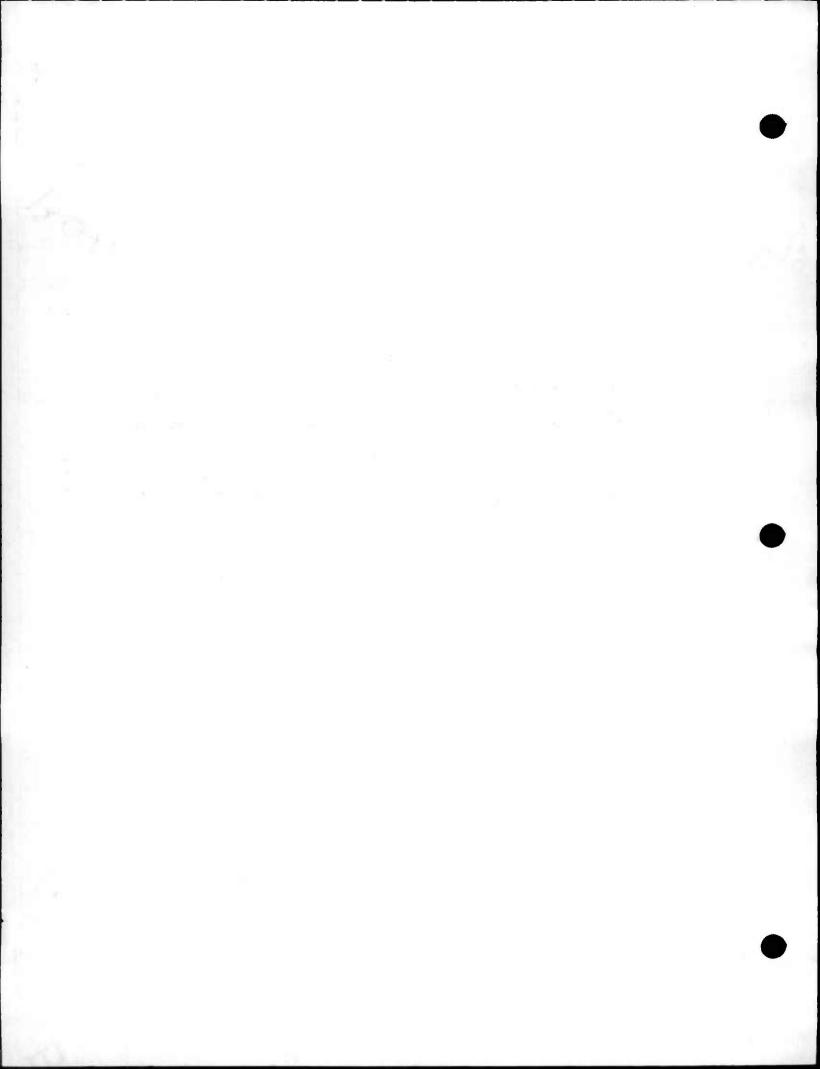
31. DATE FILED (Mogin, Day, Year)

32. AEGISTRAS'S SIGNATURE

MAY 1 1993

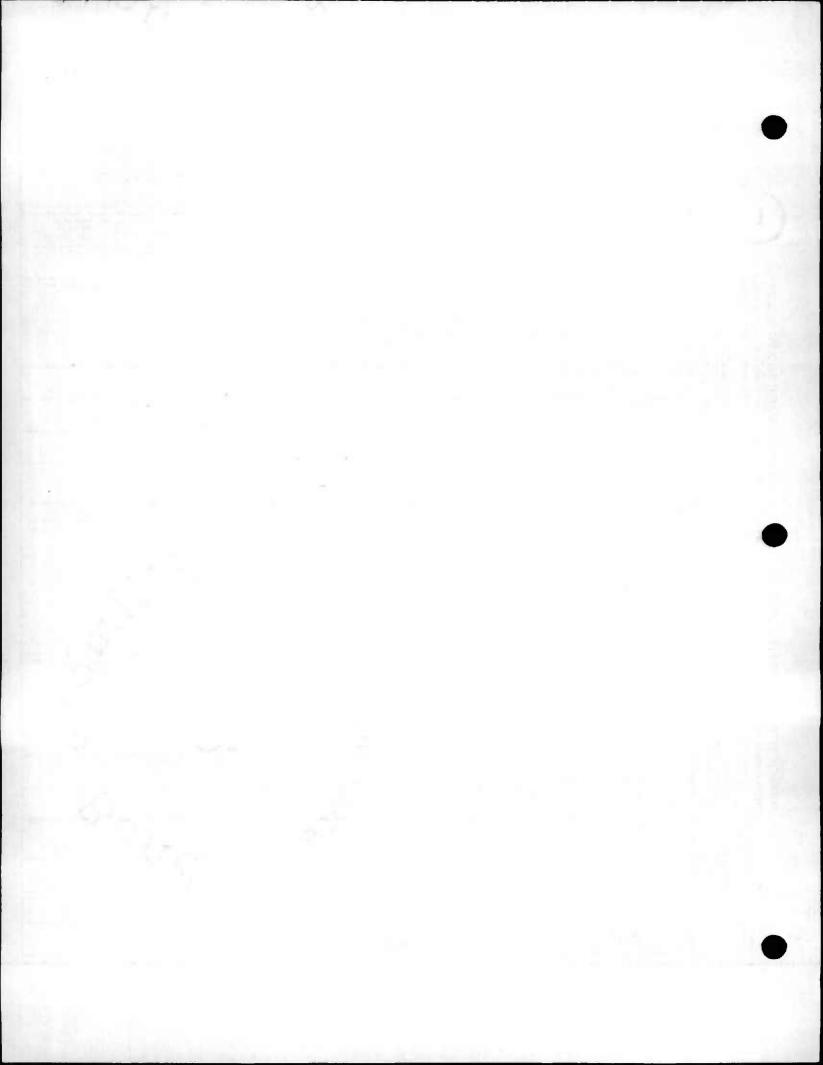
32. AEGISTRAS'S SIGNATURE

21209



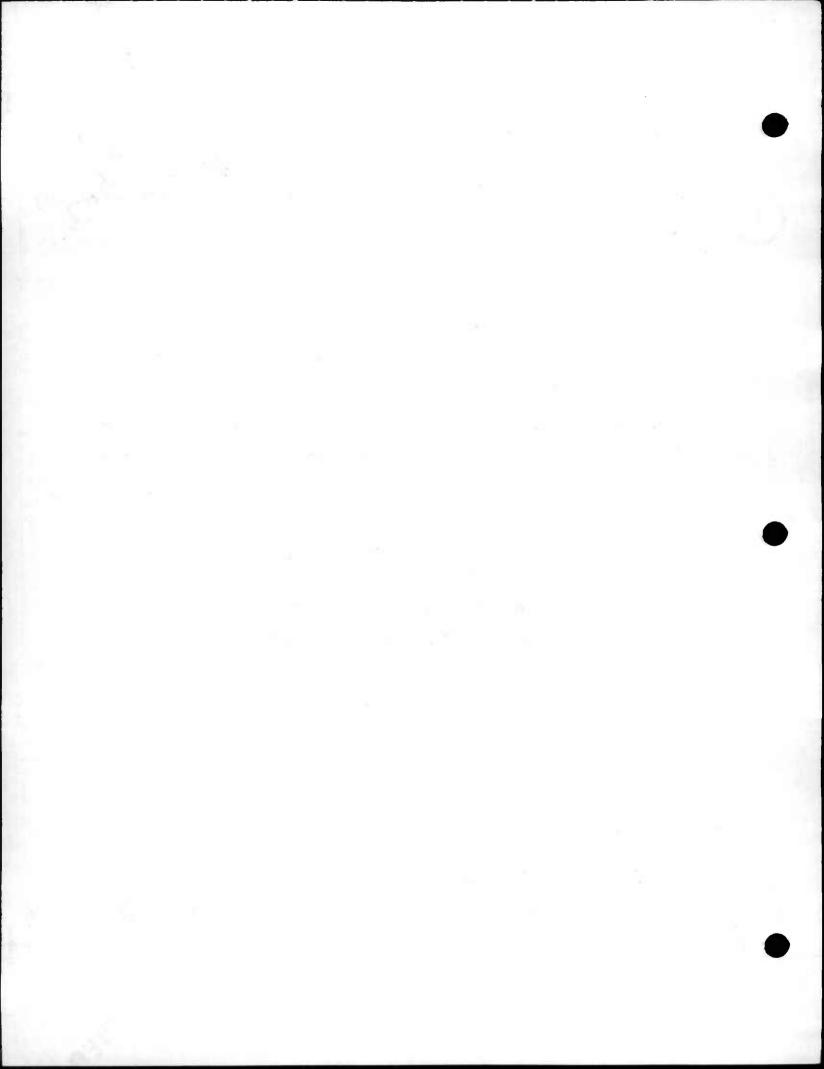
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit per or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit men be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Lest) RICHARD WILLIAM	MADD	FN		35				2. DATE OF MONTH		AY	YEAR 93	5:17 A
			B. AGE (In yrs. Is	st birthday)	IF UNDE		IF UNDER	24 HRS.	7. DATE OF	BIRTH)	8. BIRTH	PLACE (State or Foreign
	215 46 7594 1 9a. FACILITY NAME (If not institution, give stree	M 2 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 2/3	3/47	T 41 . 0011	MAR	ZLAND
STOR	VA MEDICAL CENTER,		WARD				WARD	ON OF DE	AIH	_		LTIM	
DIRECTOR		IMORE		10c. CIT	v, town DUN	DALK							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1713 PINEWOOD DRIV	E				101	2122					SA	HAT COUNTRY?
ВУ	1 Never Married 2 Married	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA 8/3/65	XYES 2	NO		If yes, sp	ENDENT O	n, Mexica	IIC ORIGIN? (S n, Puerto Rica :	pecify Yea n, etc.)	e or No—	14. RACE Black, Specifi WHI	
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	0	ECEDENT'S Give kind of a e. Do NOT us	work done	CCUPATIO	ON st of workin	g	16b. KIP	D OF BU	SINESS/INC	DUSTRY	
COMPLETED	12th GRADE	College (1-4 or 5+)		ITLLW		т						TEEL	CORP.
BE CO	17. FATHER'S NAME (First, Middle, Liist) RICHARD		MAD	DEN			l		ME (First, Midd VE M.				
TO B	19a. INFORMANT'S NAME (Type/Print)		11	Db. MAILING			nd Number	or Rural F	Route Number,	City or Tow	rn, State, Zip		
-	CATHERINE MADDEN							/E1	DUNDAL	-			
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	from State	206. PLACE Cometery of HOLLS					5/	10/93		CATION —		rn, State R, MARYLAN
	21. SIGNATURE OF PUNISHAL SERVICE I ICEM	· /	1-11	1.			ID ADDRES			IVII	VVLL	KIVL	R, MAKYLAI
	* Chall	tes	Sit.			DUDA 7922	RUCI	K FUI	NERAL	HOME	OF T	DUNDA	LK, INC.
	23. PART i. Enter the diseases, or com shock, or heart failure. Lis	pilications that tonly one cause	coused the de	Do r	not enter	the mo	de of dyl	ng, suct	n aa cardiac	or resp	iratory an	reat,	Approximata intervai Batwee
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO	RESPIR	ATORY	7 FAT	TURE	7.						Onset and Deat
	lessiting in dozen) / a		OR AS A CONSE			DOIG	<u>-</u>						
ON	Sequentielly list conditions,	BRAIN S	TEM IS										
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	HUNTING	TON'S	CHORE	'A_								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	QUENCE O	F):								
	PART II. Other aignificant conditions of	ontributing to d	eath but not	resuiting	in the w	nderlyini	Cause o	iven in	Part i 24	MACAN	AUTOPSY	245	WERE AUTOPSY FINDINGS
MEDICAL	STATUS POST SURG									PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
											23.110		OF DEATH? 1 YES 2 NO
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL					00.00	105.05.05						
SICI	EXAMINER?	OSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			6 Other (St	pec/fv)			
	27. MANNER OF DEATH 1X Natural 5 Pending	28a. DATE OF IP (Month, Day		28b. TIM		28c. INJ WO	URY AT		28d. DESCRI		NJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At h	oma, farm, i	M Street, fec		ES 2	NO NO	201. LOCATIO	N (Street	end Number	or Rural Ac	oute Number,
TED	4 Homicide determined	building, et	c. (Specify)						City or To	own, Stele)			25
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C												end manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11						NSE NUM					(Month, Day, Year)
TO B	1//4/	1	-MD				1) 2	205	88		>5	161	93
	DR. WEN-SHYANG WU,					TER.	FORT	г нот	JARD.	MARY	T AND	2105	2
			A T F F T II										
Ì	31. DATE FILED MADY, Day, Year, 1993	32. REGISTRAR				,	TOR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22 11.10	2103	

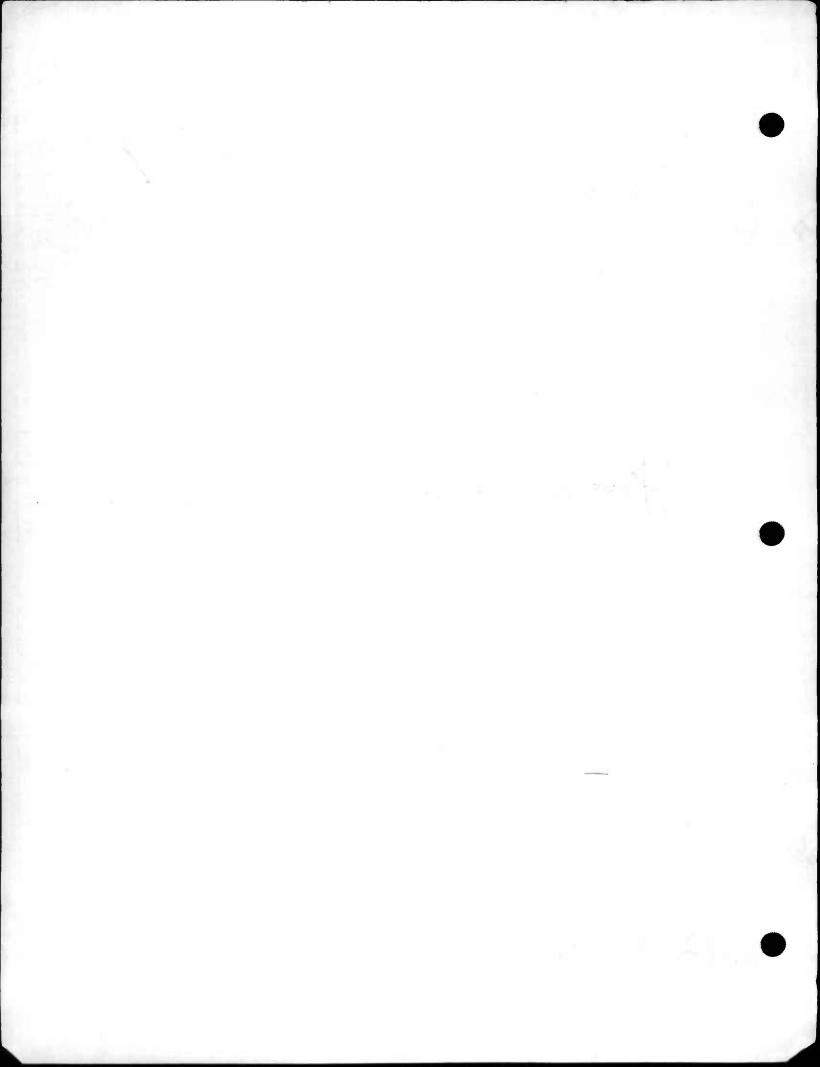


DHMH-18 Rev 1/89

		1 - STATE OF MARYLAN	ND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) PEGGY G MANHN		2. DATE OF DEATH MONTH 5/6/93	YEAR 3. TIME OF DEATH
P		219-56-4313 10 M2× 42	yrs. (ast birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.		8. BIRTHPLACE (State or Foreign Country) Md .
Should	10R	98. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF MARYLAND CAN'L RESIDENCE OF DECEDENT	BALTMONE, A		TY OF DEATH TYNYMENNEX XXXXX
	DIRECTOR	Md. Harford	10c. CITY, TOWN OR LOCATION Bel	Air	10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. ansit per	VERAL	100. STREET AND NUMBER 1243 St. Francis R	d. 10f. ZIP CODE 210		EN OF WHAT COUNTRY?
5-0020 nding physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO If yes, specify Cuban, Maxican	n, Puarto Rican, etc.)	IA. RACE — American Indian, Black, Whita, atc. Specify: White
2121 al or atte for use	APLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ba. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relired.) Financial Service Rep.	Md. National	STRY
Z & Z Z		17. FATHER'S NAME (First, Middle, Last) Frank Kenneth Daneker Sr.	Doroth	ME (First, Middle, Maiden Surname) ny Geane Moore	
E age		19a. INFORMANT'S NAME (Type/Print) Mr. Ralph J. Mangin 20a. METHOD OF DISPOSITION	196. MAILING ADDRESS (Street and Number or Rural R 1243 St Francis Rd.	Bel Air, Md.	21014
- 0 0 -		t X Burial 2 Cremation 3 Removal from State cameta	rdens of Faith Cemetery 22. NAME AND ADDRESS OF FAC	CILITY	sville,Md.
0 = 0		23 PART I Forter the diseases or compilerations that assessed to	11750 Belair	Rd. Kingsville	n Funeral Home ,Md. 21087
24 hours filled in t ion, or re		23. PART I. Entar the diseases, or complications that caused the ahock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CC	ENCEPHAZOPATHY	as cardiac or respiratory arrai	Approximate interval Between Onset and Daeti
P.O. BOX 687(th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic ex		Sequentially list conditions, Due to (or as a co	ED		
RD at the lay the and My inju	: MEDICAL	PART II. Other algoriticant conditions contributing to death but	not resulting in tha undarlying cause given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 \(\text{YES} \) 2 \(\text{NO} \)	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECO HYSICIAN: The law requires the his certificate has been signed with the State Dept. of Health ked, or litern 23 shows as	rsician	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpettant 2 ER/Outpatk	26. PLACE OF DEATH (Che		
	ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME OF INJURY AT WORK? M 1 YES 2 NO At home, larm, street, lactory, office	28d. DESCRIBE HOW INJURY OCCU	
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	LETED	4 Homicide determined building, atc. (Specify)		28J. LOCATION (Street and Number or City or Town, State)	
HOSPITAL FUNERAL WITHIN 72	COMPL	29b. SIGNATURE AND TITLE OF CERTIFIER		time, data and place, and dua to the	cause(s) and manner as stated,
TO THE De filed MPOR	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH		> 5	SIGNED (Month, Day, Year)
- 6		RICHARD A. O'MA LIM, M.D. 31 - PARTY DOWN HORD 1993 32. REGISTRAPS SIGNATURE 10 1993 1993 1993 1993 1993 1993 1993 19		St. BALTO, MD.	(Dept. of Midricha
		11111 To 1000 A wooding			DHMH-18 Rev 1/



		ITEMS: 23	PART	1, 27, 2	8a-f,	PER ME	O FILM	G-71	8 12/	22/9)4 t.t	9	3	3514
		1 - STATE REGISTRAR	_	STATE OF !		CERTIF				MENTA	REG. NO.			
	1	1. DECEDENT'S NAME (First, JIMMY	Middle, Last)	LOUI	S		Мс	GOWA	N	2. DATE			YEAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 218-58-67		5. SEX	8. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 Y	AR IF UN	DER 24 HRS. S MIN.	7. DATE	OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
plnods		9a. FACILITY NAME (If not ins		71	39	1,139	9b. CITY, TO	WN OR LOC	ATION OF DI		/14/53		USA	
2	CTOR	817 ABBOTT		RT			BALT	IMOR	E CI	ΤY				
(a	ECT	RESIDENCE OF DEC	10b, COUNTY	1		10c. CIT	Y, TOWN OR L	OCATION					-	Dd. INSIDE CITY
	旨	MD				В	altim	ore						LIMITS?
2	RAL	10e. STREET AND NUMBER						101, ZIP CO				10g. CITI	ZEN OF WH	AT COUNTRY?
020 E	FUNERAL	817 Abbot	t	12. WAS DECEDEN	T EVED IN II C	APMED	40.000		202				JSA	
	BY FU	1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES? 1	YES 2	X NO	If ye	a, specify Cu YES XXX	iban, Maxica	in, Puerto	N? (Specify Yes Ricen, atc.)	or No—	Black, V Specify:	American Indian, Vhita, etc.
1215-0 r attending use as the			DENT'S EDU		164	. DECEDENT'S	USUAL OCCU	PATION		16	b. KIND OF BUS	SINESS/IND		Black
212 Ital or a	COMPLETED	Elementary/Secondary (0-	highest grade 12)	College (1-4 or 5	+)	(Give kind of a life. Do NOT us	_		rking			_ 111		
YLAND 21 by the hospital or be detached for u at once.	JMC	17. FATHER'S NAME (First, Mic	idle (ast)			Lan	dscap		271/50/0 1/4					
MARYLAND 2- retained by the hospital o 5 should be detached for notified at once.	ш	Jimmie		IcGowan	. Sr.						Middle, Maiden	Surname)		
MARN e retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS (S				nber, City or Town	n, State, Zip	Code)	
		Deborah M		n					Cour	rt,	Balto			202
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Special 2 Cremation 4 Donation 5 Other	3 🗆 Rem	oval from State	cemeters	ACE AND DATE O	ther place!			DAT			City or Town	
ALTIMO death. Page 6 funeral directe examiner mu		21. SIGNATURE OF FUNERAL		ENSEE /	1	weste	22. NAI	E AND ADD	RESS OF FA	CILITY	5/8 B		Lmore	
BALTIN after death. Pag by the funeral din noval. cal examiner		* Allegh	R	Malk	or)	Y	1				HOME		1 .	MD 2120
P.O. BOX 68760, through the certificate be executed within 24 hours after tending physician and completely filled in by the all thygiene prior to burial, cremation, or remova or other traumatic event, the medical	IFICATION	23. PART I. Enter the disease or condition resulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, late	ACUTE. OUE TO DUE TO	NARCO (OR AS A CO)	TIC AN INSEQUENCE OF	D ETHA					ratory arm	est,	Approximate interval Between Onset and Death
L RECORDS, law requires that the dea sis been signed by the at lept. of Health and Mentz 23 shows any Injury,	PHYSICIAN: MEDICAL CERTIFI	PART II. Other significer			death but n	ot resulting (lying cause			24a. WAS AN PERFOR	MED?	CC OI	ERE AUTOPSY FINDINGS RALABLE PRIOR TO SIMPLETION DF CAUSE DEATH? VES 2 NO
	YSIC	EXAMINER? 1 XYES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🛚	Residence	8 🗆 Oth	er (Specify)			
N OF G PHYSIC er this ce ith with th	ВУ РН	27. MANNER OF DEATH 1 Natural 2 Accident	ending	28a. DATE OF (Month, D 5-1-9)	INJURY Pay, Year) 3 FOUN	285. TIM E O UNU D 2:00	E OF 286 DRY A M 1	WORK?	ЖЖио	28d. DE UNKN	SCRIBE HOW IN	NJURY OCC	CURED	
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State D item 28 is marked, or item		3 Suicide 6 XX	ould not be etermined	28e. PLACE O building,	F INJURY — A atc. (Specify)	FOUN	treet, fectory,			City	CATION (Street a or Town, State) (IMORE,		or Rural Rou BBOTT LAND	Number, COURT
DIVISION OF YOUR THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the IMPORTANT: If item 28 is marked, or	COMPLETE			CIAN: To the best of						to the ca	use(e) end man			nd manner as stated.
IE HOSI IE FUNE IG WITHI	- 1	296. SIGNATURE AND TITLE							ICENSE NUM		a arro praca, arr			onth, Day, Year)
는 다 의 조조	TO BE	Wennis	1.	Chute	(m)			0.	C.M.	Ε.			-1-1	
6-	-	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	SE OF DEATH				· · · · ·					
3	ļ	31. DATE FILED (Month, Ony, Y	ear)	32. REGISTRA	R'S SIGNATUR		nn St	reet	, Ba	lti	more,	Mar	ylan	d 21201
		MAY 1 C	1993		evidson-	Randa DO								
				11	- Indial a	1								



	1 - STATE REGISTRAR		CE		IUALE	OF	UEAI			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	Arthur	Α.		Mat	the	N S			MON	_		YEAR 993	1720 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER		7. DAT	E OF BURTH		6. BIRTH	IPLACE (State or Foreign
	216-28-8018	1 M 2 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	6	- 22 -/	932	Countr	MD
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF D	_ ~			TY OF D	EATH
O.	19 N. Bruce St	treet			Bal.	Limo	200				(31+	V
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY												
DIRECTOR	AA A	City		10c, C11	Y, TOWN O	11	ON		~				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CITY			DC		771() 1. L					1 TES 2 NO
RA	19 N. Bruc	2 6	1	<u>_</u>		101.	ZIP CODE	7	10		t0g. CITI	ZEN OF W	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARA	4ED	13.1	MAS DECE	MDENT O	E MICDAI	L G OBIG	IN? (Specify Yea		4)
	t Never Married 2 Married		YES 2 N		1 '	yes, spe	cify Cubar	ı, Maxica	in, Puerto	Rican, atc.)	or No-	Black	— American Indian, c, White, atc.
BY	3 Wildowed 4 Divorced	IN			'	1E3	2 NO	Spacii	у.			Speci	Black
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)			USUAL OC			7	16	b. KIND OF BUS	INESS/IND		
۳	Elementary/Secondary (0-12)	College (t-4 or 5 +	Hila	Do NOT us	e retired.)		· or volum						
COMPLET	i 2			U	MK					L	1N.	<	
	17. FATHER'S NAME (First, Middle, Last)	HAMLLI					18. MOTH	ER'S NA	ME (First,	Middle, Malden	Sumame)	11	
BE	19a. INFORMANT'S NAME (Type/Print)	1411111	news				KC	1+11	er	INC	130	211	
2	Marion Flest	L.00.0 22	196.	MAILING	ADDRESS	(Street an		or Rural		nber, City or Town	n, State, Zip	Code)	C
	20e, METHOD OF DISPOSITION	MAIN	005 01 405 4	0.1	O,	11.0		V.C.			010	2 0	, 9
	1 Burial 2 Cremation 3 Remo	val from State	20b. PLACEA	natory or or	ther place)				DA		CATION - C		wn, Stata
- N	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	- IIICTK	U C	REYY 22.1		D ADDRES	S OF FA		13 13	41011	-	77.4
- 33	MiliOlia E	Ha.	000		1	141	iLv		,			108	W. North Ave
	23. PART I. Entar the diseases, or co	omplications that	Jesus -	ah Da	V	1111	1 LY	-	UN	eralt	ome		
	ahock, or heert feliure. L	ist only one cau	ae on each line.	00 1	or one	tile inou	e or dyn	ig, suc	n es cai	cuac or reepi	ratory erro	eat,	Approximate interval Between
- 1	disease or condition	7.1											
- 1		+bypes/	8-0N	2	AZ	1700	04	not	V7 (and is	Vanc	00.3	Onset and Death
	resulting in death)	HOUDE TO	A STU	UENCE OF	ista	205	OB	nd	J. J.	sadio	Vasc	ulas	- Dreese
N	resulting in death)	to to the to	AS A CONSECU	VENCE OF	nta.	205	OB	nd	V (cardio	Vasci	ula	- Seese
ATION	Sequentially list conditions, if any, leeding to immediate		OR AS A CONSECU	UENCE OF	T):	205	OK	nd	VT (sadio	Vasci	ulos	Onset and Death
FICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A CONSEO	UENCE OF	ገ : ግ:	205	Ols	nd	VC (cardio	Vasc	ular	Onset and Death
RTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	Action 2011	UENCE OF	ገ : ግ:	205	· Ols	nd	NT (cardio	Vasc	ulos	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	ት: ት: ት:					cardio	Vasca	ular	Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE OF	ት: ት: ት:					24a. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS
ICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	-): -): -):					24a. WAS AN. PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	-): -): -):					24a. WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions	DUE TO	(OR AS A CONSEO	UENCE OF	-): -): -):					24a. WAS AN. PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO	(OR AS A CONSEO	UENCE OF	n the und	derlying 26. PLA		iven in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 3 Suicide 8 Could not be detarmined	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to DUE TO	(OR AS A CONSEON (OR AS A CON	UENCE OF UENCE OF DOA 28b. TIMINJ	OTHER 4 Nurs E OF URY M	26. PLA :: Ing Home 28c. INJUI WOR 1 YE	Cause gi	ATH (Ch.	Part I. Bock only of 6 Oth 28d. DE	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? WHO IJURY OCC	URED or Aural A	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 24. MEDICAL EXAMINER 29b. SIGNATI E AID TITLE DE CERTIFIER	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Example 1	(OR AS A CONSEOUTION OF THE CONS	UENCE OF UENCE OF DOA 28b. TiMinute.	OTHER OT	26. PLA :: ing Home 28c. INJU WOR 1	Cause gi	ATH (Cho	Part I. sck only of 6 Oth 28d. DE Chy to the catime, dat	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? WHO IJURY OCC INDIPATE A STATE OF THE STA	URED Or Flural Florid. or cause(a)	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Example 1	(OR AS A CONSEOUTION OF THE CONS	UENCE OF UENCE OF UENCE OF DOA 28b. TIMI INJ ne, farm, s th occurre vestigation 27) (Type,	OTHER 4 - Nurse Litreet, factor dat the till n, in my op	26. PLA: Ing Home 28c. INJU WOR 1 YE Pry, office	Cause gi	NO N	Part I. Bock only of Grant Chy 284. LOChy to the catime, data ABER M. E	24a. WAS AN PERFOR 1 YES 2 er (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? A No JURY OCC and Number of the date to the 29d, DATE O L	URED or Aural Ad. o cause(a) SIGNED O 4	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner as stated. (Month, Day, Vell) 1.993
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Panding Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER (Check only one) 24. MEDICAL EXAMINER 29b. SIGNATI E AID TITLE DE CERTIFIER	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to 28a. DATE OF (Month, Date) 26a. PLACE Of building, to the best of ax COMPLETED GAUS 32. REGISTRAL	(OR AS A CONSEOUTION OF THE CONS	UENCE OF UENCE OF UENCE OF DOA 28b. TiMinute, farm, s th occurre vvestigation 27) (Type,	OTHER OT	26. PLA: Ing Home 28c. INJU WOR 1 YE Pry, office	Cause gi	NO N	Part I. Bock only of Grant Chy 284. LOChy to the catime, data ABER M. E	24a. WAS AN PERFOR 1 YES 2 or (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	AUTOPSY MED? A No JURY OCC and Number of the date to the 29d, DATE O L	URED or Aural Ad. o cause(a) SIGNED O 4	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner as stated. (Month, Day, Year) 1 9 9 3

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-18 Rev 1/89

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TAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TANE If them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

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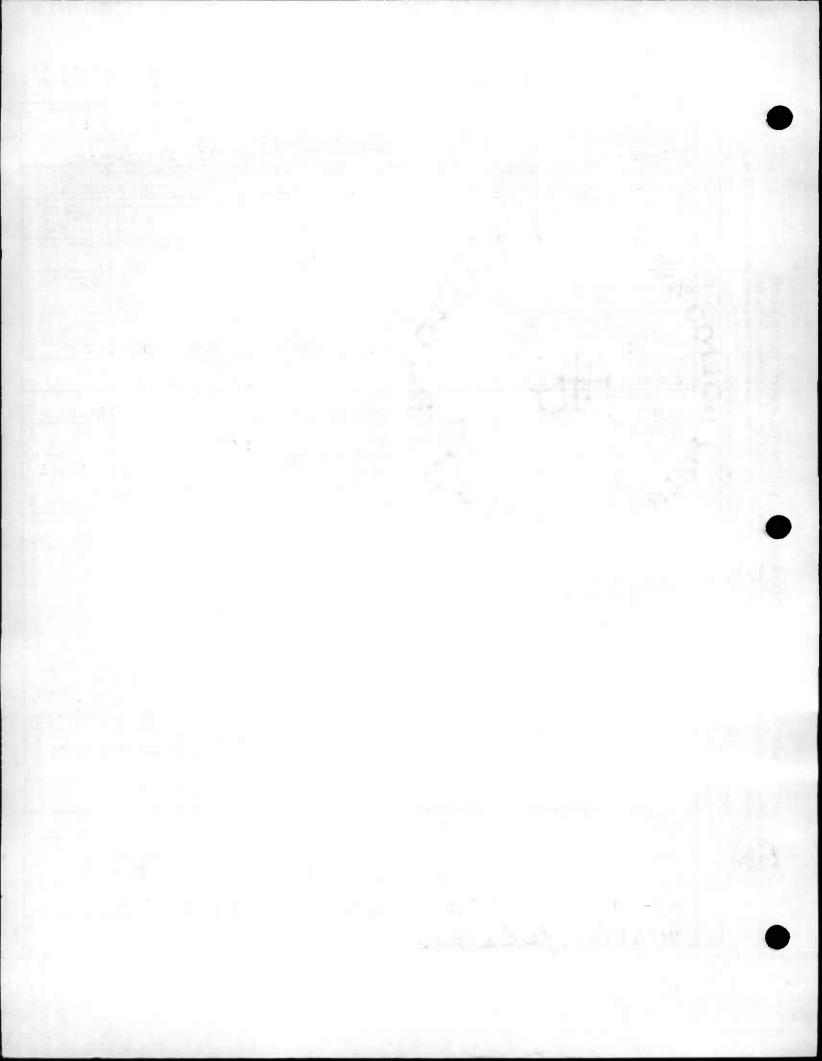
	JOSEPH W. MORRIS			2. DATE OF DEATH MONTH 05 08	93 YEAR	5:50 m		
TO BE COMPLETED BY FUNERAL DIRECTOR	212-05-4097 1□X 2□	MONTH	DER 1 YEAR SF UNDER 24 H B DAYS HOURS M	rs. 7. DATE OF BIRTH (Month, Day, Year) 09 13	7 2 00	RTHPLACE (State or Foreign unitry) ARYLAND		
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH KNOLLWOOD MANOR NURSING CENTER MILLERSVILLE ANNE ARUNDEL RESIDENCE OF DECEMENT							
			OWN OR LOCATION GLEN BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	100. STREET AND NUMBER 113 GARRETT ROAD		101. ZIP CODE 21.06	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WWW I		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - Ame		ACE — American Indian, lack, White, stc.			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Ilfe. Do NOT use retired	ne during most of working		JSINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last) JOSEPH B. MORRIS		18. MOTHER	S NAME (First, Middle, Maidel				
	19a. INFORMANT'S NAME (Type/Print) MABEL R. MORRIS 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 113 GARRETT ROAD-GLEN BURNIE, MD. 21							
		OSITION (Name of CEMETERY	IN (Name of DATE 20c. LOCATION — City or Town, State					
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOR 426 CRAIN HWY.S.WGLEN BUT				OME 21061			
CERTIFICATION	23. PART/I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A COM-	lina.		such as cerdiec or reep	iratory erreat,	Approximeta Interval Between Onset and Death / 12 2 fleer		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but no Curonic obstructive Atrial filippillation				RMED?	A4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 1 Inpetiant 2 ER/Outpetient 3 DOA A XNursing Home 5 Residence 6 Other (Specify)							
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME OF INJURY	26c, INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGN > 5°-		ED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TSU-CHUN LIN M.D. 377-8. GAMBRILLS ROAD-GAMBRILLS, MD. 21054							
	31. DATE FILED (Month, Dey, Year) MAY 1 A 1003	RE						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

13516

DHMH-16 Rev 1/89

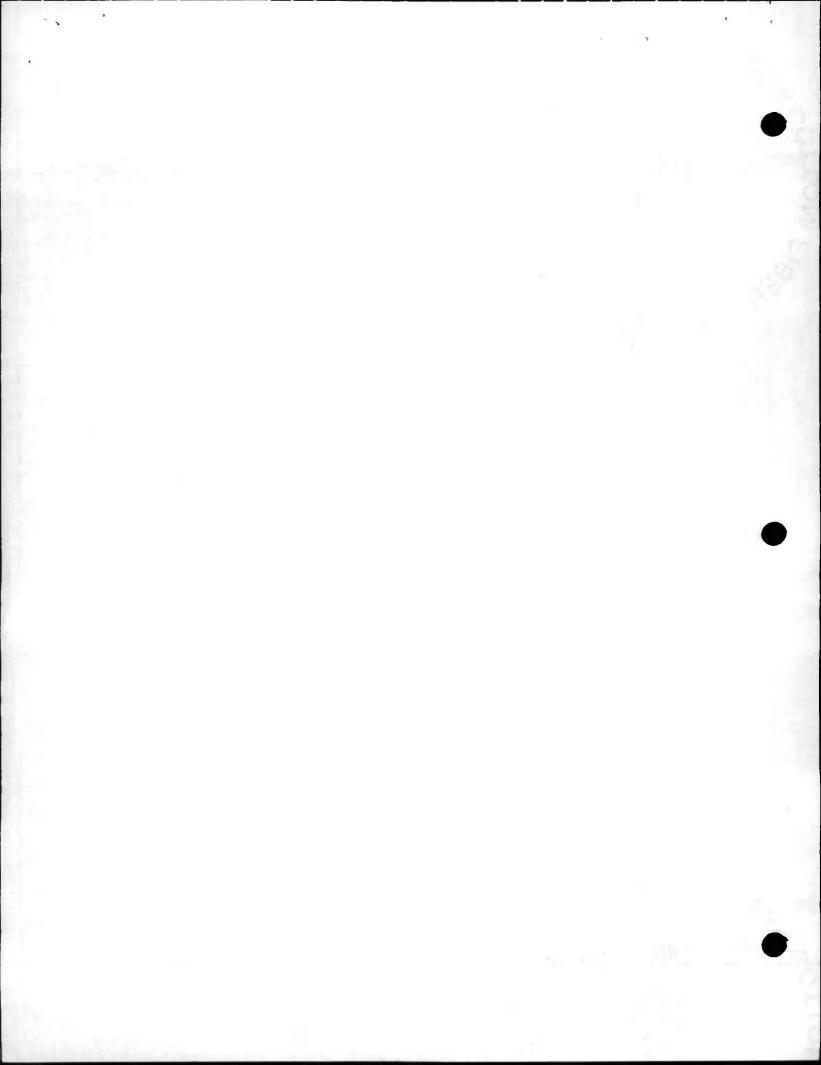
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE $9\,3$ FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH ENE A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (S) 220-247 3 DAYS 1 M 2 F HOURS YRS. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR KANKL Baltimore County RESIDENCE OF DECEDEN 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 TYES 2 NO FUNERAL 10f. ZIP CODE IVERVIEW hours after death. Page 5 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Culper, Maxican, Puerto Rican, etc.)

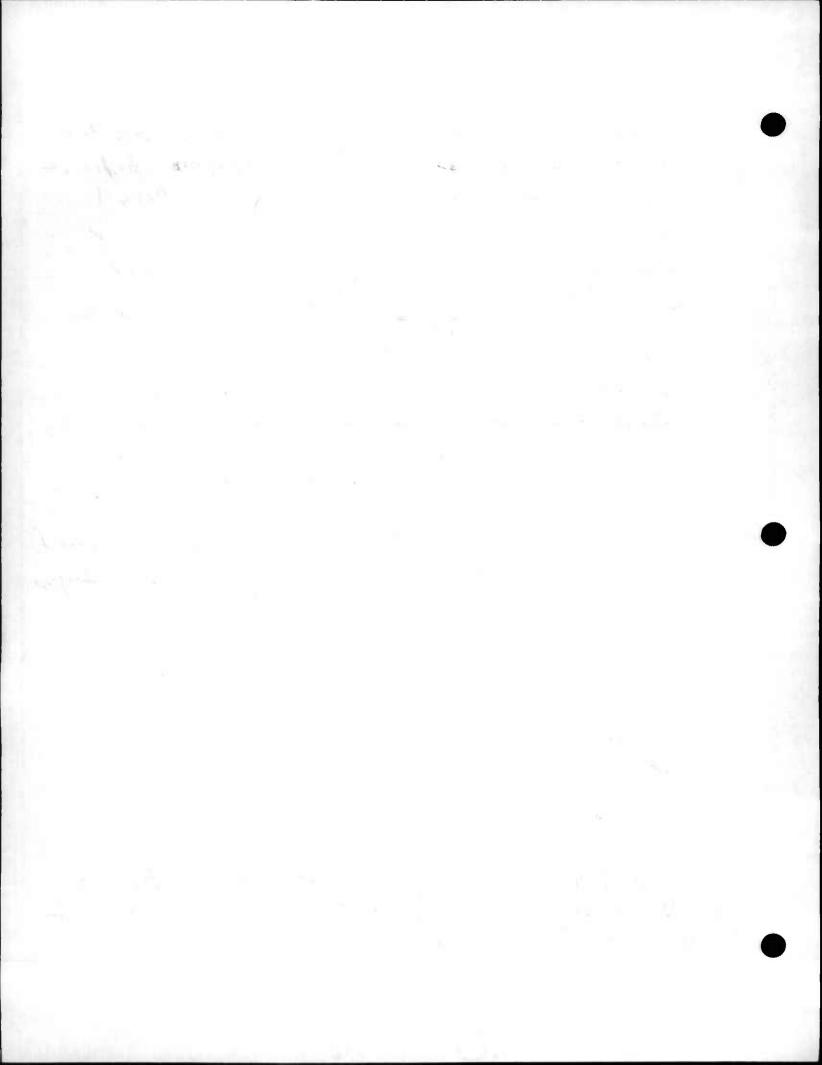
1 YES 2 ANO Specify: 14. RACE Black **BALTIMORE, MARYLAND 21215-0020** FORCES? 1 YES 2, 1 Newer Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) employee ASpeac 17. FATHER'S MAME (First, Middle, liest) 18. MOTHER'S NAME (First, Middle, Malden Sum red notified at VIA BE 19g. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Num Town, State, Zip Code! 9 pe 20e. NETHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Na must OATE 20c. LOCATION director, cemetery, crematory or other place) 0/2 **өхатіпе** 22. NAME AND ADDRESS OF FACILITY funeral 21224 ANNINO BAL filled in by the fi 3 26 other traumatic event, the medical 23. PART I. Enter the disease complications that caused the death. Do not enter the mode of dying, such as cardiac or respirations. Approximate shock, or hea e. List only one cause on each line. interval Between IMMEDIATE CAUSE Float Onset and Death cremation, disease or condition resulting in death) X 68760, executed within 2 this certificate has been signed by the attending physician and completely in with the State Dept. of Health and Mental Hygiene prior to burial, crematic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING ě the death certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 1 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? requires that 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: aw 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? im 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED After this co 1 💢 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the peak of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FUNER TO THE FUNER THE SHIP WITHIN 74 IMPORTANT. 2 MEDICAL EXAMINER: On the besis of exa 29b. SIGNATURE AND TITLE OF CERTIFIER 至 世 選 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER May 8,1993 16 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) Prasad <u>Sompalli</u> 9000 Frankl uare Dr. Balto Mc 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



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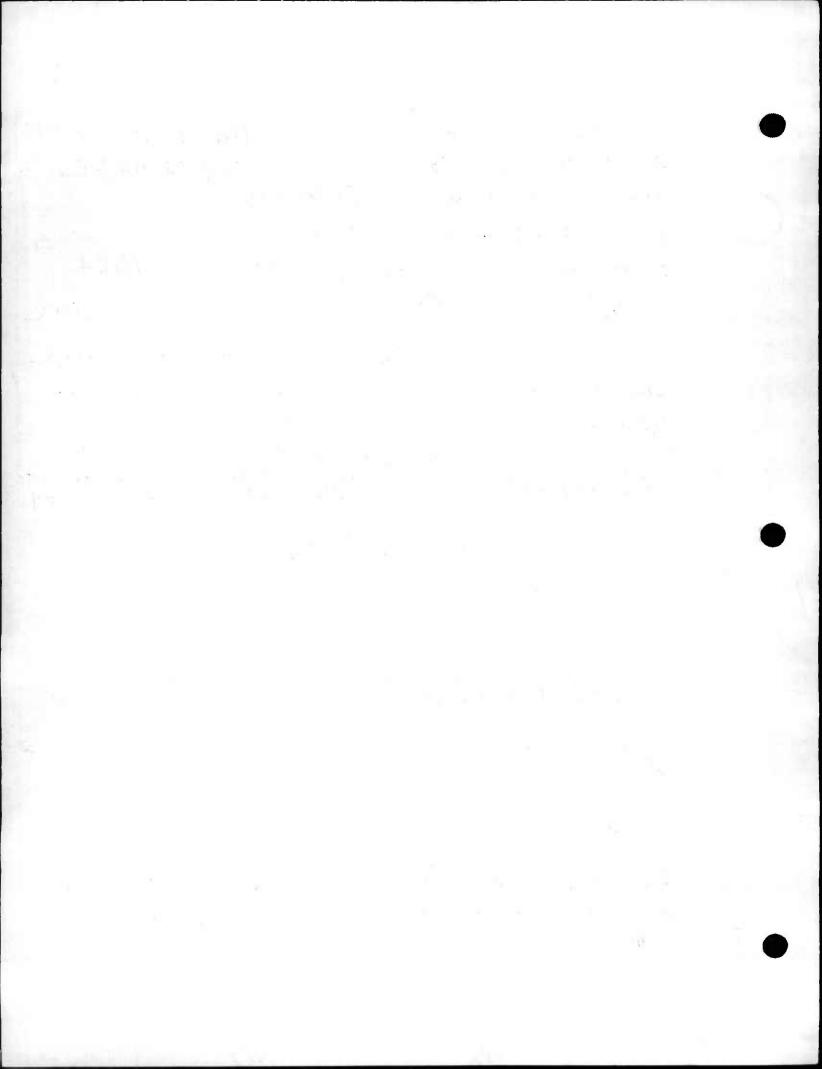
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) MAC MACH Pullen		2. DATE OF DEATH MONTH DAY	YEAR 9PM M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 1 M 2 XF YRS.	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 / 12 / 19 / 26	8. BIRTHPLACE (State or Foreign Country)				
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CAYE!							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	MA, CATTON H	Ampatend	10g CIT	1 Ø YES 2 ☐ NO IZEN OF WHAT COUNTRY?				
FUNERAL	382, Shiloh Are. Apt. 9	21074		1.5.A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yea, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify:				
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do Not use retired) 16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	SUPERVISOR	SWITCH	BOARD				
	17. FATHER'S NAME WISH, MICHOLOGIC WILLIAM Wickens		ME (First, Middle, Maiden Surname) ET C. Tracy					
TO BE		ADDRESS (Street and Number or Rural		Code)				
	200 METHOD OF DISPOSITION 200 PLACE AND DATE	OF DISPOSITION (A me of	AMPSTEND: N	21074				
	1 \(\text{Description} \) 2 \(\text{Cremation} \) 3 \(\text{Removal from State} \) 4 \(\text{Donetton} \) 5 \(\text{Other (Specify)} \) \(\text{ST. MARY S CEMETERY (HAMPDEN)} \) BALTIMORE, MARYLAND							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTIMORE, MD. 21211							
	23. PART I. Enter the diseases, or complications that caused the death. Do a shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	not enter the mode of dying, suc	h as cardiac or respiratory an					
_	DUE TO (OR AS A CONSEQUENCE O	BSS	1.	17.				
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):							
	PART ii. Other significant conditions contributing to death but not resulting	in the underlying cause given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO				
MEDICAL	Towns The state of							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOCALIZATION 26. PLACE OF DEATH (Check only one)							
IYSIC	To the first term of the first							
ВУ РН	1 Netural 5 Pending (Month, Day, Year) RN. 2 Accident Investigation	M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC					
ETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							
COMPLETED	20s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER PO 2386 296. DATE SIGNED (Mognit), Day, Your) \$\int 5/7/93\$							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) ST, MANChestery 21/02							
	31. DATE FILED (Month, Day, Year) MAY 1 0 1993 Julia Varidon-Rindar							



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	000	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Sician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Present to burial, cremation, or removal.	rial-transit permin Peges 1, 2, 5 should	plu
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)	

	1 - STATE STATE CERTIFICATE OF DEATH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) James Phillip Morris 2. DATE OF DEATH JAY 1988 3. TIME OF DEATH 7.00 0
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	229-03-1161 10-112 OF 85 YRS. MONTHS DAYS HOURS MIN. (Mogth, Day, Year) Country) LUNITESTING, VA.
~	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN
ТОЕ	RESIDENCE OF DECEDENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. RNSIGE CITY LIMITS?
	1 THES 2 NO
FUNERAL	3301 Harrows Falls Parkling 21215 10g. CITIZEN OF WHAT COUNTRY?
UNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISDAMIC ORIGINAL CONCENTRATION AND ADDRESS OF THE PROPERTY OF HISDAMIC ORIGINAL CONCENTRATION AND ADDRESS OF THE PROPERTY OF THE P
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 NO If Yes, specify Giban, Marstean, Puerto Ricen, atc.) 3 Widowed 4 Divorced FORCES? 1 YES 2 NO Specify: Widowed 4 Divorced FYES, GIVE WAR OR DATES 1 YES 2 NO Specify: Sp
	15. DECEDENT'S EDUCATION 188. OECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (College (1-4 or 5 +)
MP	17. FATHER'S NAME (FIRST, MICHIGA LEST)
	mes Poter Marris
) BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number. City or Town, State, Zip Code)
5	Sylvia EWHITE 3018 Troga Barkney
	20b. PLACE AND DATE OF DISPOSITION 1 DATE 20c. LOCATION — City or Town, State capelogy, crematory or gither place) 20b. PLACE AND DATE OF DISPOSITION (Name of capelogy, crematory or gither place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF
Ì	Nonald affinger 8306 worth Road 21244
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.
	Interval Between Onset snd Death disease or condition
	resulting in death) e. ANOXIC theephalopathy
2	DUE TO (ON AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):
FIC	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
2	PART II. Other eignificent conditions contributing to death but not resulting in the underlying couse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
DICAL	PERFORMED? AMAILABLE PRIOR TO
MED	Constille the not Fairback
Ä	1 VES 2 DAO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
IYSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
	1 Natural 5 Pending (Month, Day, Year) M 1 VES 2 NO
D BY	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office 28f. LOCATION (Street and Number or Rural Route Number,
	4 Homicide detarmined building, etc. (Specify)
F	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner se stated.
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.
BE COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and placa, and due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)
TO BE COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) MAY 7, 1993
BE	(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and placa, and due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)



FOR

FUNERAL DIRECTOR

BY

COMPLETED

BE

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE 2

item 28 is marked, or item 23 shows any

TO THE HOSPITAL ITO THE FUNERAL CIDE filed within 72 h

Sequentially list conditions, Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

use as the

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by the hospital or attending phy funeral director, page 5 should be detached for Injury, or other traumatic event, the medical examiner must be notified at once. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, DIRECTOR: After this certificate has been a hours after death with the State Dept. of H

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) CARROLL L.	Roach			2. DATE OF DEATH	VEAR 93	3. TIME OF DEATH H:26 F
	4. SOCIAL SECURITY 219/38/213 5. SEX	6. AGE (in yrs. last birthday) 5 - YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	13 BIRTH	IPLACE (State or Foreign y) +0 M.D
	9a. FACILITY NAME (If not institution, give street and number) Baltimore County Ge, RESIDENCE OF DECEDENT	neral	9b. CITY, TOWN	OR LOCATION OF E	DEATH	9c. COUNTY OF D.	-imor E
	100. STATE 100. COUNTY M.D. Balt, Mor	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	2820 RONA RA,		10	1. ZIP CODE 21207		U, S. A	VHAT COUNTRY?
	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 M YES 2 □ NO WAR OR DATES	If yes, s		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) ify:	or No- 14. RACE Black Speci	- American Indian, k, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of	USUAL OCCUPATI work done during m se retired.)		16b. KIND OF BUS	SINESS/INDUSTRY	ELectr
	Francis Roach			Haze	AME (First, Middle, Maiden	surname)	
	Bervice R. Hite	196. MAILING 282	S ADDRESS (Street	A RA	Baltim		21207
	20a. MCTHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPO other place)	Forest	· Vet. (eneter D	CATION — City or To	Wills M
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	~	Juch	ND ADDRESS OF F	wend Hon	e / 130	4 Ncentr
The second second	23. PART I. Enter the disease, or compilications the shock, or heart fellure. List only one commendate CAUSE (Finel disease or condition		not enter the m	ode of dying, su		iratory arrest,	Approximate interval Betw Onset and De
	resulting in death)	O (OR AS A CONSEQUENCE C	n: 1	701/1-	- '		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 2 R/Outpatient 3 DOA ne 5 🗆 Realdence 6 🗆 Other (Specify) 27. MANNEB OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

FYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i.

n, is my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

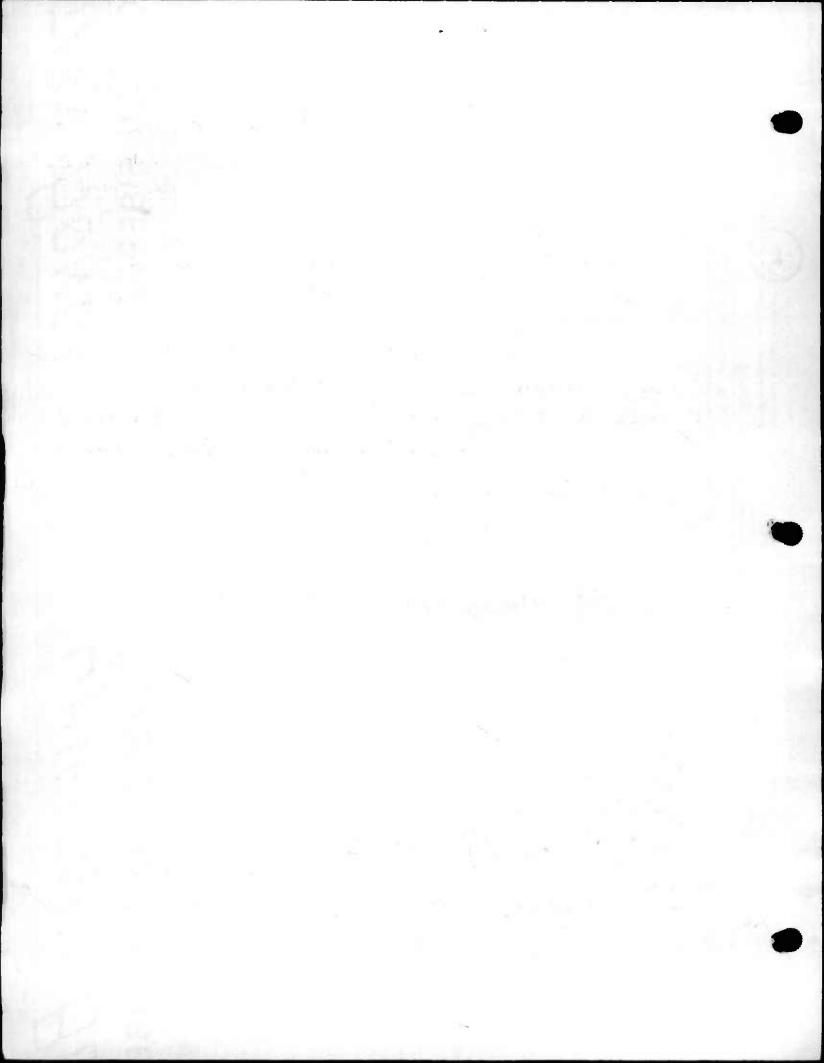
Humana	M. A.	211171	15/10/9
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM ET) (Type, Print)	Car al	
405 Redak	10KAVE -	CATONSVIZ	-1E.Z122

DHMH-16 Rev 1/89

> interval Between Onset and Death

24e. WAS AN AUTOPSY PERFORMED?

AM

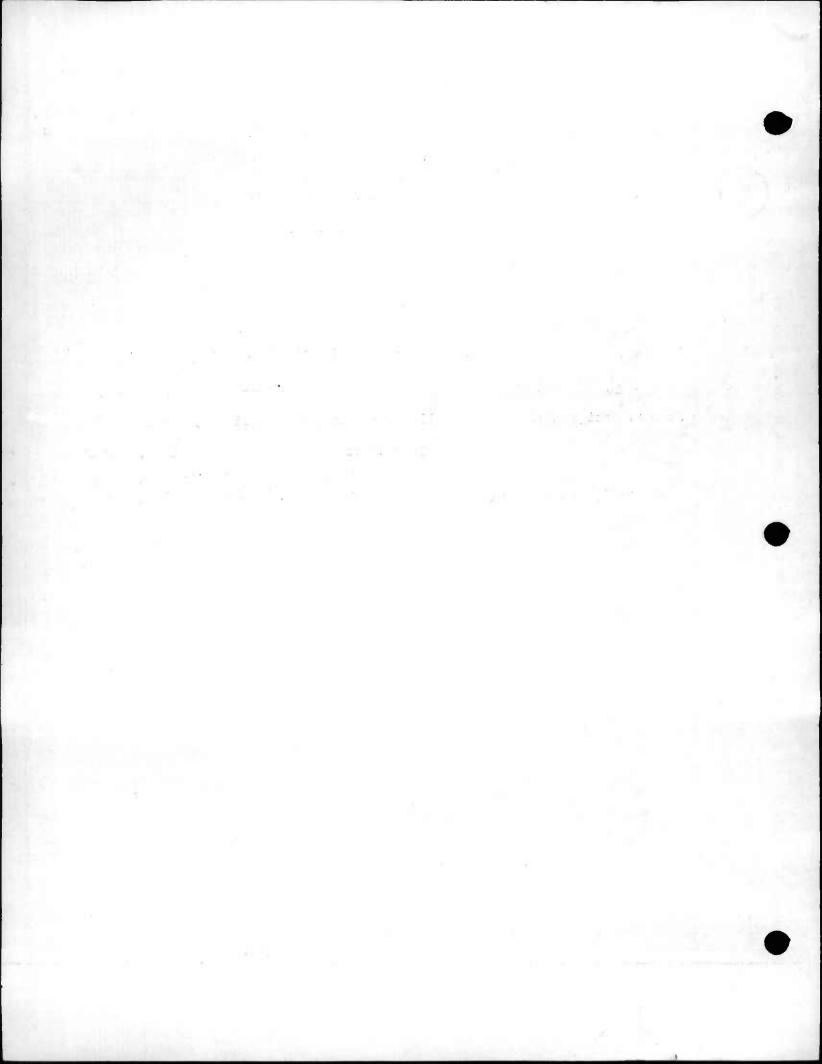


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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								3	3321	
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	ITMENT OF H	DEATH AND I		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR 3	TIME OF DEATH A.	
	Lily B. Rati				/1993		1:30 BM			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	Year)	6. BIRTHPL Country)	LACE (State or Foreign	
	218-32-2881	1 M 2XXF	9 7 YRS.	MONTHS DATE	MIN.	10-14	2-1895	Mar	v1and	
4	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COU	INTY OF DEA		
版	The Wesley Hom	e.Tnc.		Balti	more, M	d.				
DIRECTO	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 017	Y, TOWN OR LOCAL	FION				IOd, INSIDE CITY	
20					re City				LIMITS?	
2	Maryland 10e. STREET AND NUMBER				f. ZIP CODE		10. 017		AT COUNTRY?	
FUNERAL				10			log. Cit		S.A.	
2	2211 West Roge	12. WAS DECEDENT EVER I	ALLI C ADMED	12 WAS DEC	2120 CENDENT OF NISPAN		elle. We a se Me			
	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	if yes, sp	ecity Cuban, Maxica	n, Puerto Rican,		Black, 1	- American Indian, While, atc.	
BY	3 Widowed 4 Divorced	IF YES, OIVE WAR OR D	ATES	1 YES	NO Specif	γ:		Specify:	WHite	
8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS/IN	DUSTRY		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during mo sa retired.)	ost of working					
F	12 years		Place	ement S	peciali	st V	Vorked	for	the State	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle,	Maiden Surname)			
ш	Charles H. E	Buck			Ros	ella		Robi	nson	
00	19a. INFORMANT'S NAME (Type/Print) .		19b. MAILING	ADDRESS (Street a	and Number of Rural	Route Number, City	y or Town, State, Zi	ip Code)		
2	John A. Ratigan J	r.	1143	Glendale	Road B	altimor	e. Marv	land	21239	
	202 METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ramo	20	N PLACE OF DISPO	SITION (Name of co	melec constant of		20c. LOCATION -			
	4 Donation 5 Other (Specify)	val from State	Woodlawn	Cemeter	У	-	Woodlaw	n. Ma	rvland	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FA	CILITY				
	10			650	O_YORK R	DAD EDE	FELD HO	ME		
	23. PART I. Enter the diseases, or c	Mana e	d the death De		TIMORE, R				1 Assessions	
	ahock, or tiaert failure. I	ist only one cause on a	ach lina.	not antar tha mi	oua or dying, suc	n as cardiac o	r reapiratory at	rest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	00	. 6.	OF	iline				Onset end Death	
	resulting in death)				une					
	DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
AT	If any, leading to immediate cause. Enter UNDERLYING				İ					
유	CAUSE (Disease or Injury									
CERTIFICATION	that initiated evants Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
B	d.									
AL	PART II. Other significant conditions	contributing to death i	but not reaulting	in the undarlyin	ig cause given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
20							YES 2 NO		COMPLETION OF CAUSE OF DEATN?	
Ä	<u> </u>							1	1 YES 2 NO	
PHYSICIAN: MEDICA										
NA.	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C)	heck only one)				
Sic	EXAMINER? 1 U YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)									
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, Til		JURY AT	28d, OESCRIBI	E HOW INJURY OF	CCURED		
ВУ	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO									
	3 Suicide 6 Could not be	26a. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm,	streel, factory, offic	ca	28f. LOCATION City or Tow	(Street and Numbers State)	er or Rural Ro	ute Number,	
TED	4 Homicide determined		,			July or row	,, 0.0.0)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wledga, death occur	red at the Ilma, dat	e and place, and du	a to the cause(a)	and manner sa st	ated.		
JMC	one)	R: On the besis of examination							and manner as stated.	
_	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				Month, Day, Year)	
BE		lato, us			7.		D	5-5		
2	30. NAME AND ADDRESS OF PERSON WHO	/		e. Print)	1 201	464			'/	
	The state of the s	The state of bi		-, , , , , , ,						

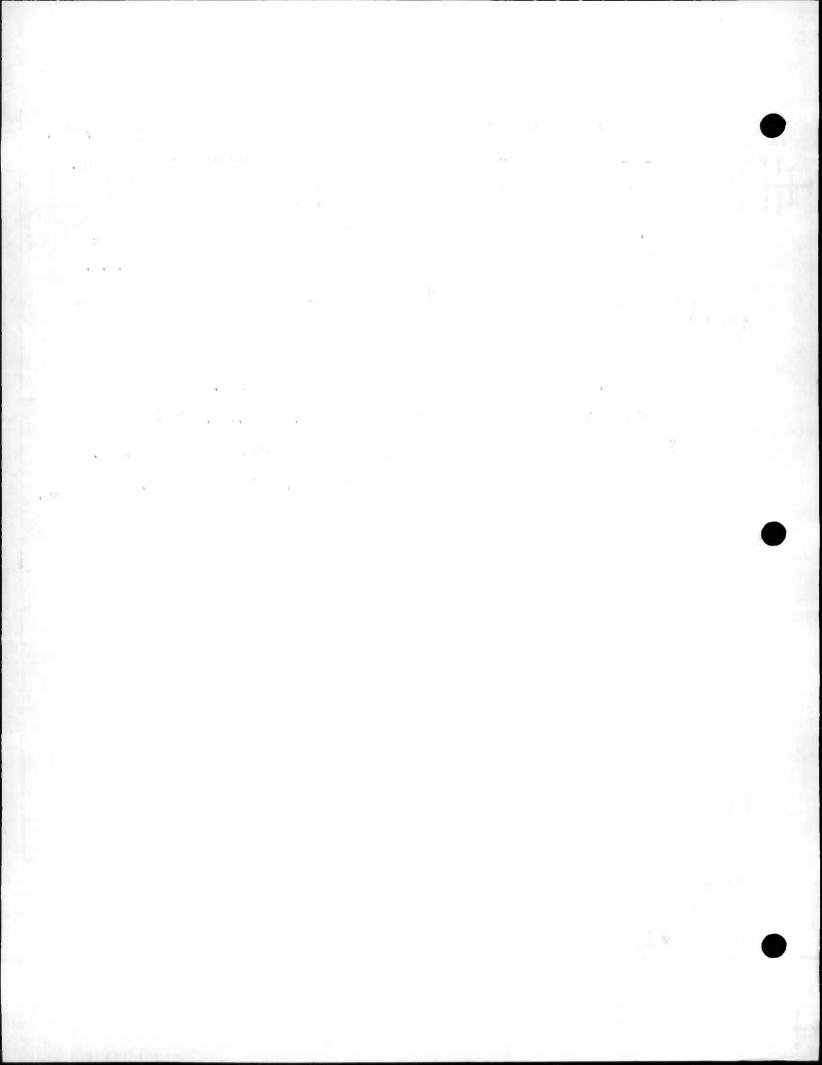
32. REGISTRAR'S SIGNATURE PROJECT

to



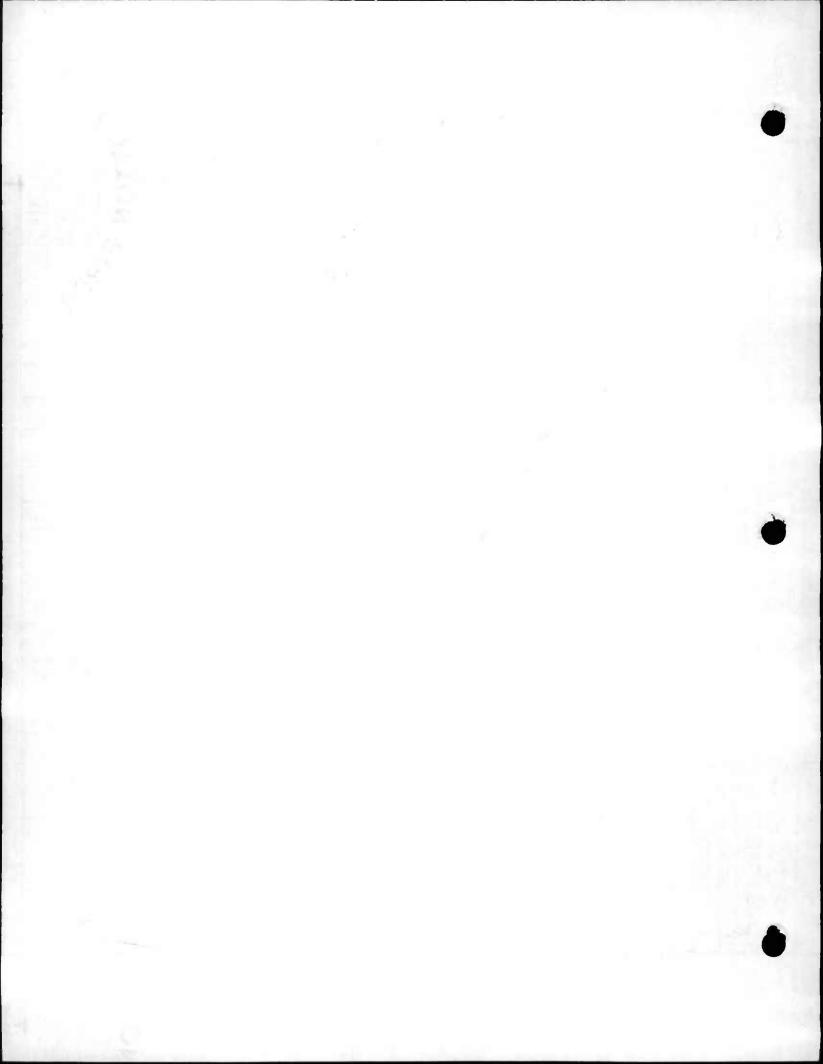
BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dect. of Health and Mental Hullene prior to bunal, cremaring, or removal.	medical examiner must be notitled at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DRAWFIDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIFF.	IMPORTANT: It item to it marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

			9	3 3522					
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF H		TAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Harriett Elizabeth Ryan	2. D/	ATE OF DEATH DAY 9	3. TIME OF DEATH 9:55 A. M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) # UNDER 1 YEAR 215-24-9685 1 M 2 Ø F 69 YRS.	# UNDER 24 HRS. 7. DA	NTE OF BIRTH lorith, Day, Year)	BIRTNPLACE (State or Foreign Country) Md.					
IOR IOR	Francis Scott Key Medical Center Balt	R LOCATION OF DEATH	9c. COU	NTY OF DEATN					
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATE Baltimoru			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 1225 Anglesea Street	ZIP CODE 21224	10g, CIT	IZEN OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. YES OR OR DATES 11. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED	city Cuben, Mexican, Puer	GIN? (Specify Yes or No— rto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Housework	st of working	18b. KIND OF BUSINESS/INC	DUSTRY					
BE CO	17. FATNER'S NAME (First, Middle, Last) Charles B. Le Brun	tlorence	st, Middle, Maiden Surname) 2 D. , Barr						
2		St. Balto.	,Md. 21224						
	20a. METHOD OF DISPOSITION 1 Dental 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	5-11-0	23 Eastin	od, Md.					
	* Charles De July Charl	o adoress of facility es S. Zeile	er & Son Inc	6224 Eastern Ave.					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mod shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF):	de of dying, such aa c	ardiac or reapiratory an	Approximate Interval Between Onset and Death					
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying 1. Diubetes 2. Hypothypidism 3. Coronary Arthy Disease	cause given in Part I	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
YSICIA	25. WAS CASE REFERRED TO MÉDICAL EXAMINER? 1 YES 2 NO 1 Inputent 2 ER/Outpatient 3 DOA 4 Nursing Home	ACE OF DEATN (Check only							
ву Рн	1 Netural 5 Pending (Month, Day, Year) INJURY WOR	286. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUI							
L - 1	2 Accident Investigation								
ETED	3 Suicide 8 Could not be building set (Specific)	28f. L	OCATION (Street end Number lity or Town, State)	or Rural Route Number,					
OMPLETED	3 Suicide 8 Could not be building set (Specific)	28f. L	ity or lown, State) cause(e) end manner ee stat	led.					
O BE COMPLETED	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, de	28f. L	cause(e) end manner ee stst	led.					
l w l	3 Suicide 4 Nomicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, de	and place, and due to the 18th occured at the time, do 29c. LICENSE NUMBER	cause(e) end manner ee stst	ted. ne couse(e) and manner ee stated.					



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	(
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit three Professor 1, 2, 3 should be filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	thems. Pages 1, 2, 3 shou
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.)

	ELLEN	2. DATE OF DEATH	3. TIME OF DEATH						
8	015-34-7748 1□M XXF		F UNDER 1 YEAR F UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) SEPT. 27, 1943	8. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS				
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 6902 GREENLEIGH DRIVE RESIDENCE OF DECEDENT	9	COLUMBIA	EATH 9c, COI	HOWARD				
DIREC	MARYLAND HOWARD		OLUMBIA		10d. INSIDE CITY LIMITS? 1 YES XXX NO				
AL	10e. STREET AND NUMBER		10f. ZIP CODE	10g. Cl	TIZEN OF WHAT COUNTRY?				
FUNERAL	6902 GREENLEIGH DRIVE		21046		U.S.A.				
BY	11. MARITAL STATUS 1 Never Married 2XX Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES ZYNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES XXNO Speci	NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.) fy:	14. RACE — American Indian, Black, White, etc. Specify: WHITE				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of working	16b. KIND OF BUSINESS/IN					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	TEACHE		MONTGOMERY O	COUNTY BOARD F EDUCATION				
BE CO	17. FATHER'S NAME (First, Mickille, Lest) BRENTON S. GORDON		18. MOTHER'S NA	AME (First, Middle, Maiden Surname) E HURLEY					
5	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural						
	RONALD C. ROSIER (HUSBAND	20b. PLACE AND DATE OF	GREENLEIGH DRI		ARYLAND 21046 - City or Town, Siste				
	1 Burial XXX Cremation 3 Removal from State 4 Donation 5 Other (Specify)	METRO CREMA			VILLE, MARYLAND				
	21. SIGNATURE OF FUNERAL BEHVICE LICENSEE	0	22. NAME AND ADDRESS OF FA	ICILITY	E FUNERAL HOMES				
	Russelecwith	~	5555 TWIN KNO	LLS ROAD, COLUM	BIA. MD.21045				
	23. PART I. Enter the diseases, or complications that constant shock, or heart failure. List only one cause immediate cause (Final disease or condition resulting in death) DUE TO (OF	on each line. A ASA CONSEQUENCE OF:		ch as cardiac or reapiratory a	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	PART II. Other significant conditions contributing to de	ath but not moulting in	the underlying environment in	Part I. 24a, WAS AN AUTOPSY					
MEDICAL		and the resulting in	are vincerying cause given in	PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ä									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputiont 2 FE		26. PLACE OF DEATH (CI						
BY PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJ (Month, Day,	URY 28b. TIME (28d. DESCRIBE HOW INJURY OF	CCURED				
	2 Cultitate I 286 PLACE DE SMILIRY — Al home form elevat factory office								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
H	296. SIGNATURE AND TITLE OF CERTIFIER	_	29c. LICENSE NU	MBER 29d. DA	TE SIGNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type, Pr	int)		-1-11-2				
	2 KWOUL NURTH DT 31. DATE FILED (MOOT), DOW, YOAK) 32. REGISTRARIES	SIGNATURES	119 40	21045.					
	31. DATE FILED Moore, Day, 1647 1993 32. REGISTRARIE SIGNATURE								



DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	Y	The same of the sa	事
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician	e de la composition della comp	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director name 5, should be described for use as the burial sounces as the burial sounces.	Second Ores		
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	perillit. rag	7. 2. 3 should	
IMPORTANT: If item 28 is marked, or item 23 shows any injury or other traumatic event the medical evanitiner must be neathful.		L	

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH VEAR ROBERT STANLEY SHERMAN 1993 5 6:30a. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year July 3, IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign HOURS 1 M 2 ☐ F MONTHS DAYS 150-03-9351 77 1915 New York, NY 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Good Samaritan Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore 1 YES 2XXNO 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6644 Loch Hill Road 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2000 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 XXMarried If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Certified Property Manager Private Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ralph R. Sherman Dorothy Shepperd 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Mary Elizabeth Sherman 6644 Loch Hill Road, Baltimore, MD 21239 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐XCremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Greenmount Crematory 5/8 | Baltimore City, MD 21. SIGNATURE THAN SERVICE LEGISLATION TO THE SE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home Inc. 6500 York Road, Baltimore, MD 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Houte Myo Cardial infarction
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) Ventricular Fibrillation Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, lectory, offica building, atc. (Specify) 3 Suicide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 4 Homicide 29a. CERTIFIER

(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Do the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED BAUSE OF DEATH (ITEM 27) (Typo, Print) Good Samavitan Hospital 29d. DATE SIGNED (Month, Day, Year) 32. REGISTRARIS SIGNATURE Pandell

THE LITER SALES TO MAKE THE

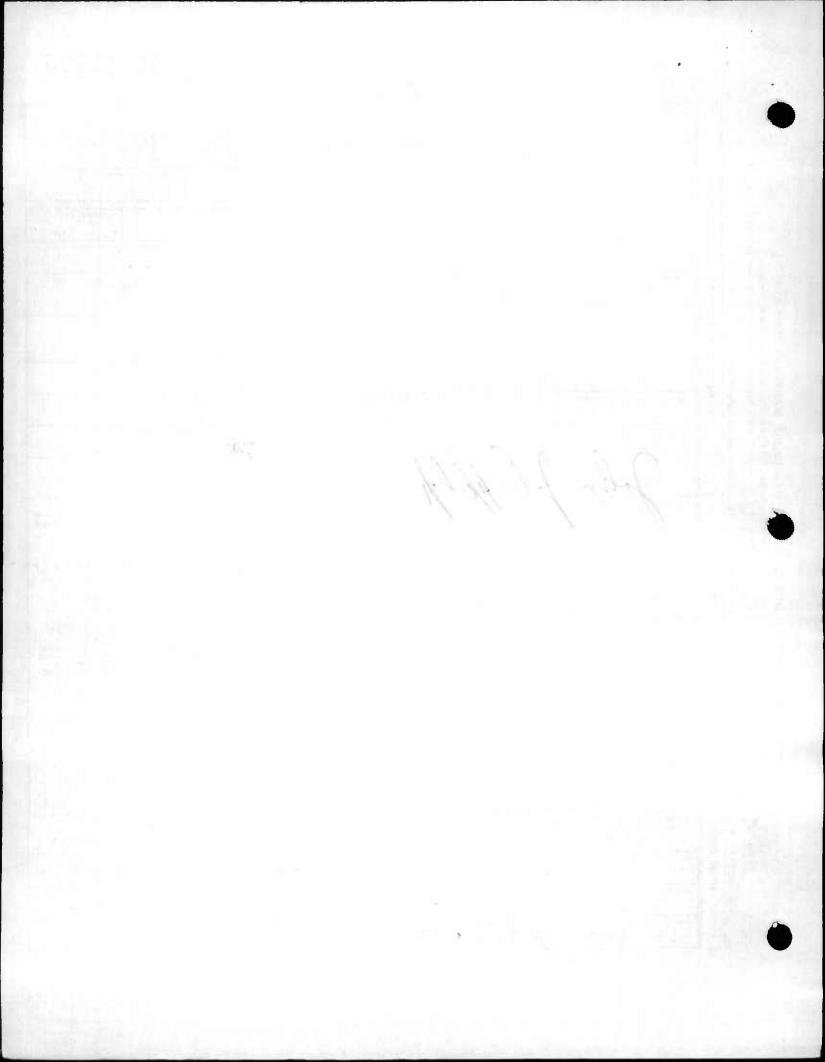
TO THE HUSE MILE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	TIEGISTIAN				-14111	ICATE	_ 01	DEA	m	REG. N	0.		
3	1. DECEDENT'S NAME (First, Middle, Last) ADOLPH JOHN SOJKA JR.						2. DA				DATE OF DEATH S. TIME OF DEATH		
	ADOLPH J	OHN	SOJKA JR.					05/09/93 YEAF		TEAN	08:30 AM M		
			5. SEX	6. AGE (In yrs. last birthday)		IF UNDER	1 YEAR			7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign	
3	_217-09-2923			75	YRS.	MONTHS				05/29/191	7	Country	RYLAND
	9a. FACILITY NAME (If not in		reet and number)	L		9h CITY	TOWN (OR LOCATI				NTY OF DE	
CC				TTP.					ON OF DE	ain	Part Inc		
DIRECTOR	RESIDENCE OF DEC	OVEKL.	EA AVENU	L		BA	LTI	TORE			BALT	'IMOR	E
8	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	DR LOCAT	ION					10d. INSIDE CITY
뜻	MD	BALTI	MODE					171					LIMITS?
	100. STREET AND NUMBER	DALIL	TOKE		DAL	TIMO					-		1 YES 2 NO
BY FUNERAL	Participation of the Contract						101	. ZIP CODI					HAT COUNTRY?
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5	11 MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AB	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify)	es or No-	14. RACE	— American Indian, , White, atc.
>	3 Widowed 4 Divo		IF YES, GIVE W				YES	2 NO	Specify	n, Puerto Rican, stc.)		Specif	
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Ē	12 YEARS			LA.	BOREI	R SHI	PPI	VG DI	EPT.	CAN	COMPAN	VΥ	
ō	17. FATHER'S NAME (First, Mi							18. MOTI	IER'S NAI	ME (First, Middle, Maide	n Surname)		
0	ADOLPH S	OJKA S	R							K. WISN			
H	19a. INFORMANT'S NAME (%	rpe/Print)		198	MAILINO	ADDRESS	(Street e			loute Number, City or To			
2	STANELY SO			110	20/4 9	TILDE	DID	יבי כיו	י ביאד	LSTON MD.	wn, state, zip	Code)	
	200 METHOD OF DISPOSITI	ON							LTAI				
	20a METHOD OF DISPOSITI	n 3 🗆 Remo	val from Stala	ST.ST	NND DATE (PRIPP PI PI	DF DISPOS ther piace)	CITION (Na	me of	,	~1 1	OCATION -		
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ŀ	disease or condition resulting in death)	*	AC4	le Me	400	par	de	al	In	Jorch	ov		
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3	ceuse. Enter UNDERLYII CAUSE (Disease or injui		Asl	07105	0/1	100	lic		and	liocas	De.	5-	years.
드	that initiated events		DUE TO	(OR AS A CONSEC	WENCE OF	7):							1
	resulting in deeth) LAST	d.											
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MEDICAL CERTIFICATION	PART II. Other significan	nt conditions	contributing to	desth but not re	esuiting i	n the un	derlying	cause g	iven in i	Part i. 24s. WAS A	N AUTOPSY		WERE AUTOPSY FINDINGS
용매										1 _ YES			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ē I											- ()		OF DEATH?
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PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 04	ACE OF DE	EATH COL	11.00			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputant 2 ER/Outpetient 3 OA 4 Number Marce 5 Pacificance 6 Other (County)												
≚∥	27. MANNER OF DEATH		28a. OATE OF					-	sidence (Other (Specify)			
	X	Pending	(Month, De	ay, Year)	28b. TIMI	URY	28c. INJS	RK?		28d. DEŞCRIBE HOW	INJURY OCC	CURED	
à		nvestigation				M 1 YES 2 NO							
<u>a</u>	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, a building, atc. (Specify)												
<u>.</u>	4 Homicide determined City or Town, State)									ł			
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.												
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WEDICAL EXAMINER; On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and do							10 008 10 111	e cause(s)	and mariner as stated.				
8	296. SIGNATURE AND TITLE	OF CERTIFIER			/			29c LICE	NSE NUM	BER C	29d. DATE	SIGNED (Month, Day, Year)
2	6000	11	ouge	ni, o	4.7	1		0/6	140	77	1 5	-9	-93
-	30. NAME AND ADDRESS OF	. /	. /	E OF DEATH (ITEM	27) (Type,	Print)				14			
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	31. DATE FILED (Month, Day, Y	bar)		R'S SIGNATURE			- 11				1 1		
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MANUEL ON ALLE	DIRECT	hours a	TRAIT II from 28 is marked or item 23 shows any injury or other traumativ
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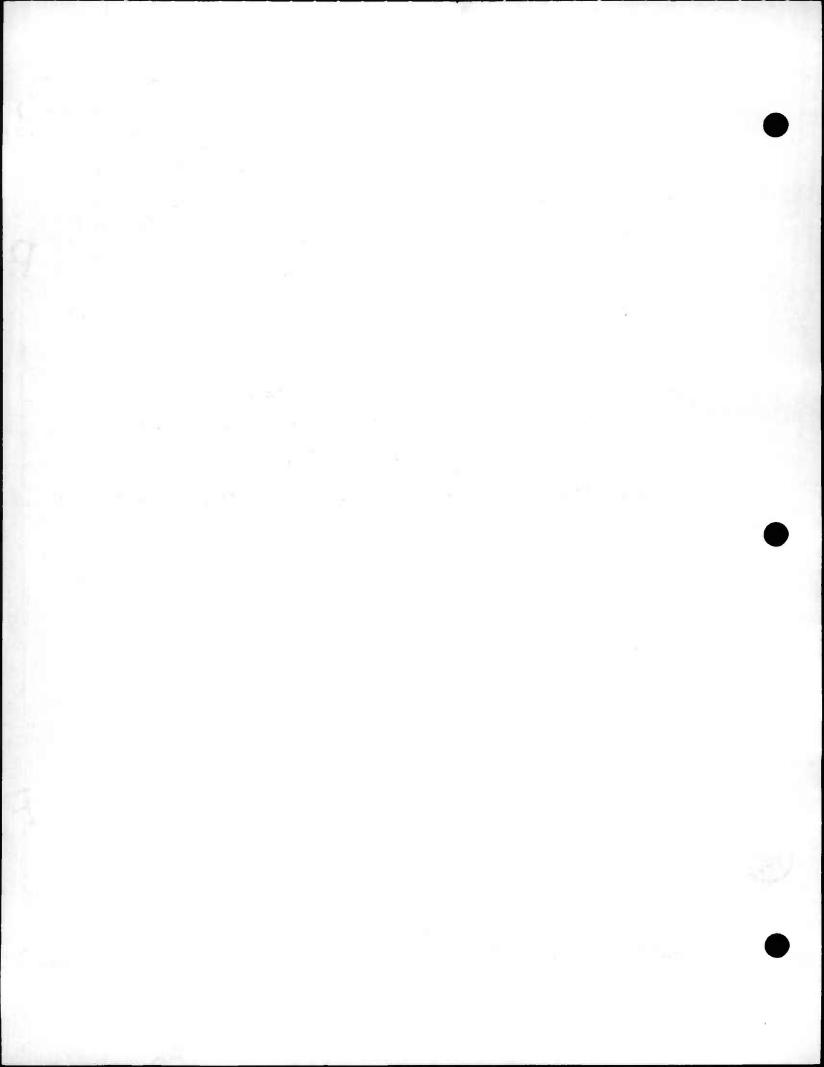
93 13526 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PAULINE E. SMITH MAY 08 1993 22:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-74-7382 95 1 M 2 XF YRS JAN.23,1898 BALTIMORE 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE LANSDOWNE 1 YES 21 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 2403 SARATOGA STREET 21227 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married B 1 YES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
The bland of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH L. NARER BE MARGARET SNOOPS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANNA E. ALKER 312 MARDO AVENUE - BALTIMORE. MD. 20a. METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE ☐ Donation 5 ☐ Other (Specify) _ MEADOWRIDGE MEMORIAL PARK 105/1 ELKRIDGE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Γ HUBBARD FUNERAL HOME INC. histople 4107 WILKENS AVENUE BALTIMORE, MD 21229 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haert failure. List only one ceuse on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse Dr condition Kespiratory 1 day resulting in death) TO (OR AS A CONSEQUENCE OF neumonia CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO ademia 1 | YES 2 | NO unllation 1194 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIEF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ka MA 727541 8-93 5. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pulie Devidon Kondes



31, DATE FILED (Month, Day, That)



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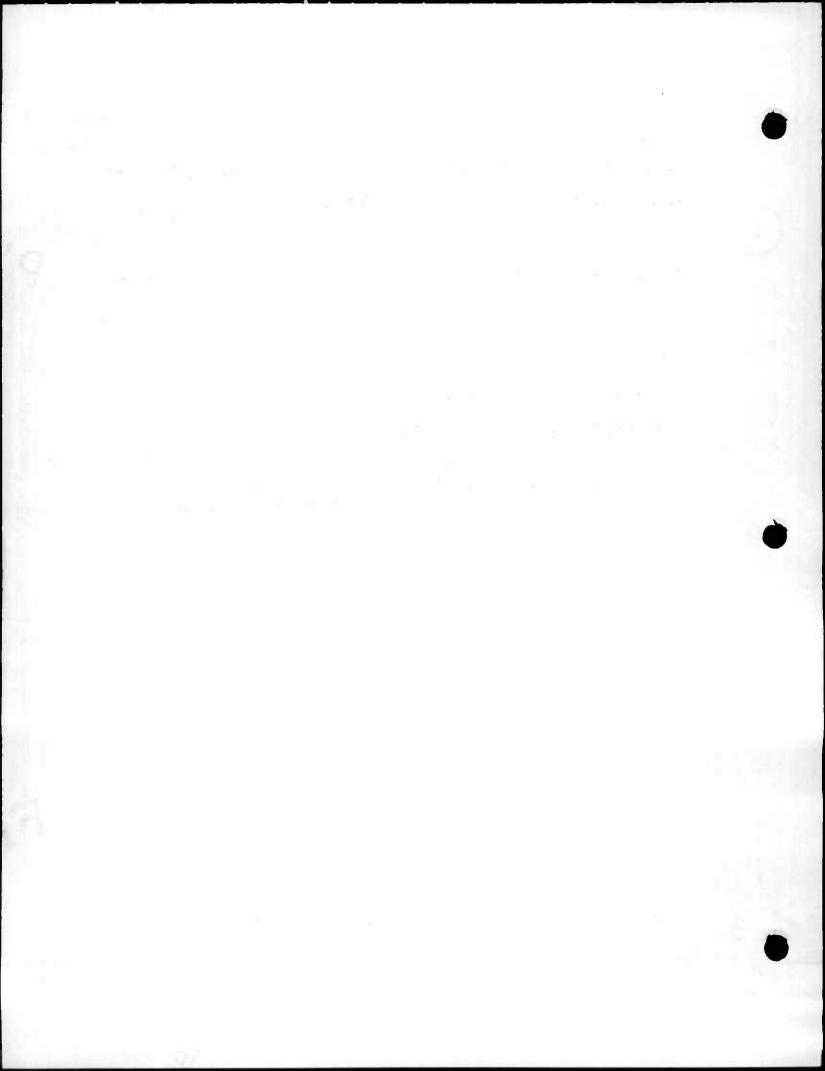
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	1. DECEOENT'S NAME (First, Middle, Lest)									OF DEATH		-	3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	leat birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	100	8. BIRTH	PLACE (State or Foreign
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	9e. FACILITY NAME (If not institution, give s		96. CIT	Y, TOWN C	R LOCATIO	ON OF DE	ATH	. 0,		TY OF DE	ATH		
OR	Franklin Squaro Hospital												
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT								IDdil	Inor	e County		
DIRECTOR	100.00011	4				OR LOCAT	ION						10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			<u> Bal</u>	timo								1 LY YES 2 NO
RA	10g. CITIZEN OF WHA										HAT COUNTRY?		
FUNERAL	3030 E. Monument S				21205							S.A.	
	1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2 V	NO	- 1	If yes, spe	ecify Cuber	ı, Mexican	, Puerto	17 (Specify Yes Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, atc.
B⊀	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 NO	Specify:				Specify	
COMPLETED	15. OECEDENT'S EDU	CATION	16a. O	ECEOENT'S	USUAL O	CCUPATIO)N		166	, KIND OF BUS	SINESS/INO	Whit	.e
Fi	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		'Give kind of the Do NOT up	work done se retired.)	during mo	st of working	g					
릴	10			llina	Ass	ista	nt			0			
Ö	17. FATHER'S NAME (First, Middle, Last)				7133	1300		IER'S NAM		Accoun			
BE (Harry		Diehl				P.	ıth			Goud	h	
10 E	19e. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRES	S (Street e			oute Num	ber, City or Town	n, State, Zip	Code)	
-	Richard C. Soper.	Sr.		same	as	#10a	- #1	10f					
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem	oval from State		ANDDATE	OF DISPOS	SITION (Na			OAT	E 20c. LO	CATION —	Olly or Tow	rn, Stata
	4 Donation 5 Other (Specify)			ney V			n Go	ine	5/1	1/93 T	imoni	um.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSEE	111						ILITY				
	Multon	- Knin	WI.			eonai	rd J.	Ruc	ck,	Inc.			
	23. PART I. Enter the diseases, of	complications the	t caused the d	leath. Do r	not enter	the mo	de of dyin	ng, such	aa caro	Ralto	ratory am	_212	Approximate
	ahock, or heert feiture. iMMEDIATE CAUSE (Final	List only one cal	se on each lin	ie.			-31						Interval Between Onset and Death
	discount or condition	Probab	lo Adul	+ Doc	nina	town	Dia	+1000	- C.				Oriset and Death
İ	Probable Adult Respiratory Distress Syndrome Due to (or as a consequence or):												
Z	Sequentially list conditions. Small Cell Lung Carcinoma with Metastasis												
일	if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or injury	с											
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EQUENCE OF	ን:								
CERTIFICATION		d,											
	PART ii. Other significant condition	6 contributing to	deeth but not	resulting i	n the ur	nderiying	Ceuse gi	iven in F	Part i.	24a. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR			WAILABLE PRIOR TO COMPLETION DF CAUSE
ᇦᅦ									_	1 AL TES 2	□ NO		OF DEATH?
١									- [YES 2 NO
Ž.	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OE	ATH (Chec	ck only on	e)			
S	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient :	3 DOA	OTHER 4 Nur	P: -	5 🗆 Res						
훗	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	26c. INJU	JRY AT	_		CRIBE HOW IN	JURY OCC	URED	
ΒY	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ry, rear)	l INJ	URY M	1 Y	RK? ES 2 🗌	NO					
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At he	ome, farm, s	treet, fact	ory, offica			281. LOC	ATION (Street e	nd Number (or Rural Ro	ute Number,
COMPLETED	4 Homicide determined		ora (opoury)						City	or Town, State)			
<u> </u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occurre	d at the f	lme, data	end place.	and dua I	o the cau	se(e) end men	ner se state	d	
8	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination end/or	Investigatio	n, In my o	pinion, de	ath occurs	d at the ti	lme, date	end place, end	due to the	couse(e)	end manner as stated.
Ö W	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN						
∞	(/-// 6	my					and shoet	-oc HUME		ĺ	APU. DATE	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATH (ITE	M 27) (Type.	Print)							1 +	193
	Paula Lyons, M.	ი.	Frankl:	in Sa	uare	Dri	VP F	\al+	imar	a 110 2	1227		
	31. DATE FILED (MANY 1 0 19	32. REGISTRA	R'S SIGNATURE	<u> </u>	uuie	ווע	V C [Juit	IIIOI	ב אוט ב	177/		
	191 2 2 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7	UR AM	D / JBIMMAN	1-Hand	4 82								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completaly filled in by the funeral director, page 5 should be detached for use as the burial-transft be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



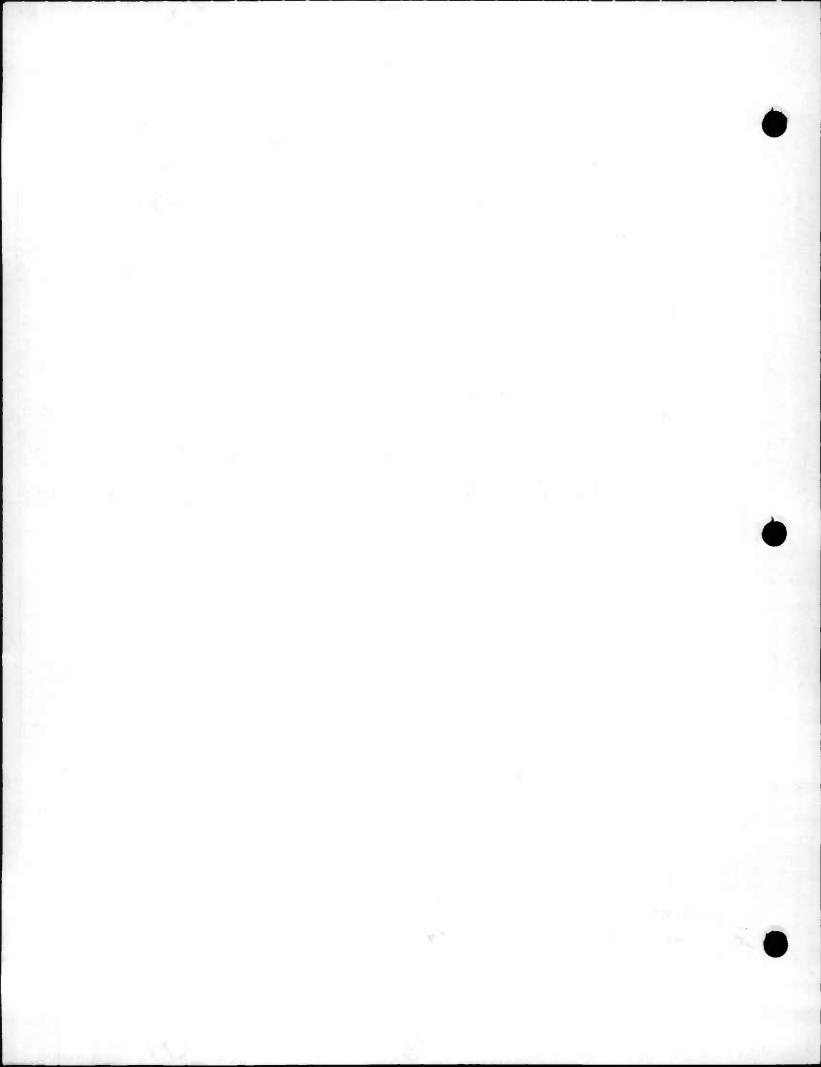
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)		C	urbi.	OOK			2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH				
	JOHN			HERL				04	30		93	3:17				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. I		IF UNDER 1	YEAR IF UN	NOER 24 HRS.	7. DATE OF (Month, D			8. BIRTH	HPLACE (State or Form				
	248-62-3279	1 M 2 □ F	62	YRS.				11-	-1-19	30		ith Carol				
~	9a. FACILITY NAME (If not institution, give s	street and number)		1		TOWN OR LOC		EATH		9c. COU	UNTY OF D					
0	4435 DEER SPE	RING RO	AD		'	Freder	ick			FR	EDE	RICK				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	TY, TOWN OR	LOCATION					10d, INSIDE CITY					
8	South Carolina	Aiker	n			North	Augu	sta				LIMITS?				
	10e. STREET AND NUMBER		101. ZIP CODE							10g. CIT	TIZEN OF V	WHAT COUNTRY?				
FUNERAL	P.O.Box7784 L	ot76 Fox:	fire Dr	ive			29	841			U.S.					
3	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13. W	S DECENDEN	NT OF HISPAI	NIC ORIGIN? (Specify Yea	or No-	14. RACE	E — American Indian				
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced		WAR OR DATES	OND	117	yes, specify Cr	uban, Maxica	an, Puarto Rica	in, etc.)		Speci	k, White, etc.				
ED B			1									White				
ETE	15. DECEDENT'S EDU (Specify only highest grade	e completed)		DECEDENT'S (Give kind of w life. Do NOT us	work done du	CUPATION ving most of wo	orking	16b. KI	IND OF BUS	SINESS/INI	DUSTRY					
P.	Elementary/Secondary (0-12)	College (1-4 or 5	+)		inter				Cor	المراجات	actio					
COMPL	17. FATHER'S NAME (First, Middle, Last)			raı	TUEL	10 K	OTHERS N	A 145 (First A 44)			ICT 10	n				
Ö		Peter She	erlock			19. m		AME (First, Midd Bridaet			i					
00	Peter Sherlock Bridget Carroll 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
유	Mary Costello P.O.Box7784Lot76FoxfireDrive NorthAugusta															
	20s. METHOD OF DISPOSITION 1 N Burlal 2 Cramation 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town,															
	1 N Burial 2 Cremation 3 Remo	oval from State	cemetery c	cremetory or of	ther nlecel	al Gar	rdens					SouthCar				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	4			AME AND ADD										
	Marzulio Funeral															
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,															
	snock, or neart failure. List only one cause on each line.									ratory an	reat,	Approximati Interval Bet				
	IMMEDIATE CAUSE (Final disease or condition	MIIIT	mon C.	1417	31215	~						Onset and				
l	disease or condition a. MULTIPLE INTURIES DUE TO (oR AS A CONSEQUENCE OF):															
,																
0	Sequentially ilst conditions, if any, leading to immediate	b. DUE TO	OR AS A CONSI	EOUENCE OF	F):							-				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c														
CERTIFICATION	that initiated eventa	DUE TO	OR AS A CONSI	EOUENCE OF	F):											
E	resulting in death) LAST	d														
_	PART II. Other significant condition	ns contributing to	death but not	t resulting /	in the und	erlying caus	e alven in	Dart i 24	la. WAS AN	AIMOREV	246	. WERE AUTOPSY FINI				
S		A STATE OF THE STA			11 1111 2	Hymy caa	o giron		PERFOR	MED?	440.	AVAILABLE PRIOR TO COMPLETION OF CA				
MEDICA								— [''	YES 2	□ NO		DF DEATH?				
Σ.								-				1 NES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	F DEATH (C):	rack only one)								
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 □ DOA	OTHER:					TARE OF						
Ŧ	27. MANNER OF DEATH	28a. DATE OF	FINJURY	26b. TIME	E OF 28	8c. INJURY AT		6 X Other (S) 28d. DESCRI		SCEN		m D A C TO				
×	1 Netural 5 Pending	04-30	0-1993	3:1	05 P	WORK?	2 🗌 NO	PED	ESTF	RIAN	STE	RUCK				
D B	3 Suicide 8 Could not be	28a. PLACE O	OF INJURY At h	nome, farm, s	street, factor	, offica		261. LOCATIO	ON (Street a	nd Number	r or Rural A	Noute Number CK				
, III	4 Homicide determined	building,	atc. (Specify)	${\tt FARM}$				4 4735	ow DEE	er s	PRIN	VII PI /				
		FARM 4435 DEER SPRING RD/FRE														
COMPLETED BY	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, d	teath occurre	of at the time	date and pla	ice and due	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								

)111 Penn Street, Baltimore, Maryland

30. NAME AND ADDRESS OF PERSON WHO COMPUTED CAUSE OF DEATH (ITEM 27) (Type, Print)

1993



BALTIMORE, MARYLAND 21215-0020	ige 6 may be retained by the hospital or attending physician.
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	in 24 hours e
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3760	rted with
68760	executed with
OX 68760	be executed with
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O. BOX 68760	certificate be executed with
3, P.O. BOX 68760	death certificate be executed with
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ISION OF VITAL RECORDS, P.O. BOX 68760	TEMBING PHYSICIAN: The law requires that the death certificate be executed with

TO THE HOSPITAL OF CHARACIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

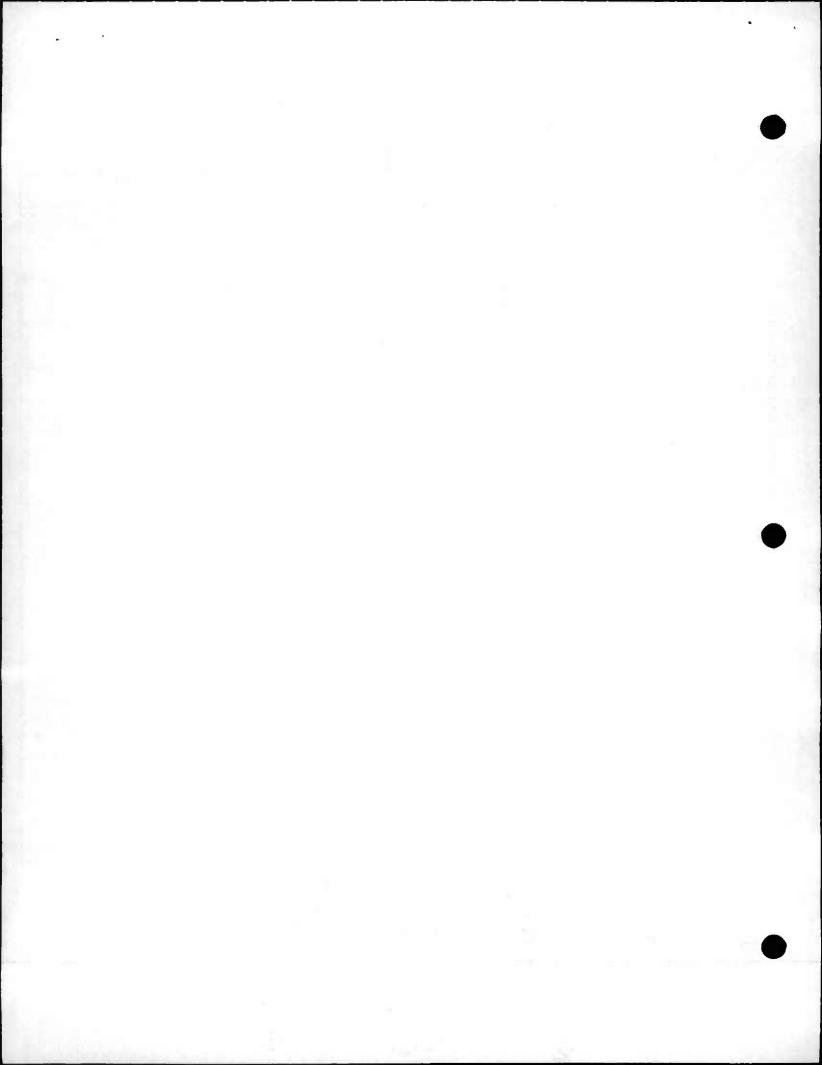
	1 - STATE STATE UF MANYLAN		ICATE OF		MENIA	REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH	NY .	3. TIME OF DEATH				
	Lenora Fern 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vii)		CKERT		Ma		199	2:00 A	М			
	4 C 11 4 C 2	MONTHS DAYS MOURE SAME (Month)										
	93 9a. FACILITY NAME (If not institution, give atreet end number)		9b. CITY, TOWN	OR LOCATION OF		c. 16,	1899	W. VA.	-			
DIRECTOR	Frankklin Sq. Hospital Rossville Raltimore											
JEC	10e. STATE 10b. COUNTY 10c. CITY. TWO OR LOCATION 10											
			Baltim	ore			DO Kyes					
IERAL	4705 Frankfurt Ave		1	21206			10g. CITIZEN OF WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		if yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify: 11. YES 2 NO Specify: 12. RACE — American Indian, Black, White, etc. Specify: White								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of a	USUAL OCCUPAT	ION ost of working	161	. KIND OF BUS	SINESS/INDUS	STRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) Unknown	life. Do NOT us	ousewife				Home					
CO	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Hattie Irons											
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	end Number or Run	al Ploute Num	ber, City or Town	n, State, Zip C	ode)				
2	Hobert Lett, Son 1706 Cape May Rd. Baltimore, MD 21221											
	206. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Surface Programme of											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA												
	23. BANT I. Enter the diseases, or complications that caused the		1407	Eastern	Ave.	Balt	o. M	21221				
	Approximate Interval Between Shock, pr heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Anoxic Encephalopathy Due to (or as a consequence of):											
NO	Sequentially list conditions,											
CATI	If any, leeding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	NSEQUENCE O	F):									
CE	d.											
DICAL	PART II. Other algnificant conditions contributing to deeth but n	not resulting	in the underlyle	ng ceuse given	in Part I.	24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	-			
EDI						1 TES 2	X) NO	COMPLETION OF CAUSE OF DEATH?	•			
Σ.								1 NES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL		26. 1	LACE OF DEATH (Check only o	ne)			-			
PHYSICIAN: ME	EXAMINER? 1 YES 2 X NO HOSPITAL: 1 X Impatient 2 ER/Outpetier	nt 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residenc	e 8 🗆 Othe	er (Specify)						
ву РН	27. MANNER OF DEATN 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIM	IURY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW II	NJURY OCCU	RED				
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, atc. (Specify)	Al home, lerm,	street, fectory, off	CO CO	281. LOC City	ATION (Street a or Town, State)	and Number or	Rural Route Number,				
9	29e. CERTIFIER								\dashv			
COMPLETED	(Check only One) 2 MEDICAL EXAMINER: On the beels of examination en											
TO BE	296. SIGNATURE AND TITLE OF CENTIFIED JULIAN 30. NAME AND ADJORESS OF PERSON WHO COMPLETED CAUSE OF DEATH	UTEM OT /5	Chical	29c. LICENSE N			29d. DATE 5	SIGNED (Month, Day, Year)				
	Kimberlynn Richards, M.D.			Square	Drive	Balt	o. MD	21237				
	31. DATE FILED (Month, Day, Year) MAY 1 0 1993											

1 - FOR STATE REGISTRAR

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)	1 /8	1. DECEDENT'S NAME (First,	Middle, Last)	Short	7						TE OF DEATH	MY	YEAR 3.	. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5	211011	<u> </u>)5 0	79	3	2 pm	
		1. SOUNE SECURITY NOME	17/C/	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR DAYS	F UNDER 24 HR		rith, Day, Year)	~~	B. BIRTHPL Country)	ACE (State or Foreign	
pjnoqs		9a. FACILITY NAME (If not in	ethuring of a		13	YRS.	21 272			10	-24-	<u>55</u>		mD	
S Sh	Œ	Mosey M		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						TY OF DEA	TH				
1. 2.	CTOR	RESIDENCE OF DEC	EDENT	CONT.	ren		150	011	rrord	1/	710	D Ball More			
Pages	DIRE	10a. STATE	10b. COUNTY	112	10c, CI1	Y, TOWN C	R LOCATI	ION				10	0d, INSIDE CITY LIMITS?		
H.		MID	Ba	Himar	e	B	att	mo	sre.				1	NES 2 - NO	
t permit.	IA I	10e. STREET AND NUMBER			A			10f.	ZIP CODE	-	10g. CITIZEN OF WHAT COUNTRY?			AT COUNTRY?	
physician. burial-transit	FUNERAL	11. MARITAL STATUS	640	inada		mur			ald) /		74			
ohysic ourial-		1 Never Married 2	Married	12. WAS DECEDEN FORCES?	YES :	2 NO	100	f yes, spe	cify Cyben, Me		SIN? (Specify Ye o Rican, etc.)	s or No—	14. RACE — Black, W	- American Indian, White, etc.	
as the t	B	3 Widowed 4 Divo	rced	IF YES, GIVE Y	MAR OR DATE	:9"		YES	2 PONO Sp		- 1	Specify:	elack		
r attenuse as	8	15. DEC	EDENT'S EDU	CATION	16	Ba. DECEDENT'S	USUAL O	CUPATIO	N	1	6b. KIND OF BU	SINESS/IND	JSTRY	Sidicia	
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ched ched	COMPLET	12てん					nu	201	206	LACK					
the hor detach	8	17. FATHER'S NAME (First, M	iddle, Last)	11.	1.	1			18. MOTHER'S	NAME (First	t, Middle, Maider	(Sumame)			
od by	8	40 MC		Mor	1	Kh			an	ld	e C	Lou	reri	1	
after death. Page 6 may be retained by the hospital or attending physician. y the funeral director, page 5 should be detached for use as the buriat-traincel. moval. cel examiner must be notified at once.	2	194. INFORMANT'S NAME (rpe/Print)	1 1.		19b. MAILING	ADDRESS	(Street ag	d Nymber or Ru	iral Route Nu	mber, City or lov	vn, State, Zip	Code)		
ay be r		, auge	$-\omega$	alter	_	33			na	na	da	Cin	20	1207	
ector. p		20e. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State		ACE AND DATE		ITION (Nar	me of	Di	TE 20c, L0	CATION — C	aty or Town	, Stats	
urs after death. Page 6 m In by the funeral director, r removal.		4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ENSEF		K	~~ (s)	YAME AN	D ADDRESS OF	5-	1243	()w	nen	es mel	
death. Pag funeral di i. examiner				Con	/		-	4	Veu	2000	lune	al	Her	ne	
the function that the function of the function		Tal	<u>a</u>	Ma	reh			2	1300	4	el ab	osh	av	re.	
In the		23-PART I. Enter the di shock, pr he	seases, properties	omplications the	at caused th	ne death. Do	not enter	the mod	la of dying, s	such as ca	erdiac or reap	iratory arre	st,	Approximate	
2 go E		IMMEDIATE CAUSE (Fin												Interval Between Onset and Deati	
	l į	disease or condition												4 years	
B 2 4 P						ONSEQUENCE O								()	
at build	No.	Sequentially list conditi	ona,	#1V		nalopal	_/								
ste be expsician a prior to	CATION	if any, leading to immed cause. Enter UNDERLY		HIV cardiomyapath)									le le		
# 5 a .	임	CAUSE (Disease or Inju that initiated events	η ΄	D		ONSEQUENCE O									
leath certificate be attending physician mal Hygiene prior to y, or other traun	ERTIFI	resulting in death) LAS	r (L,	HIV	nephi	ropath	4							U	
the death y the attend of Mental H	O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY													
uires that the death certifical signed by the attending phateaith and Mental Hygiene was any injury, or other	MEDICAL		nt condition	s contributing to	death but	not resulting	in the un	derlying	cause given	in Part I.	24a. WAS AP PERFO		AM	ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
es that igned by eaith an	ă	YUON									1 TES	×40		OMPLETION OF CAUSE F DEATH?	
been sign t. of Healt													11	TYES 2 NO	
S Per	AN	25. WAS CASE REFERRED TO	MEDICAL								<u> </u>				
HOSPITAL OR ATTENDING PHYSICIAN, The Two require FUNERAL DNECTORs. After this centificate has been within 72 hours after death with the State Dept. of TAMT: If Item 28 is marked, or item 23 sho	SICIAN:	EXAMINER?	MEDICAL	HOSPITAL:			OTHER	l:	ACE OF DEATH						
certifice the	PHY	27. MANNER OF DEATH		1 Inpatient 2 2		28b. Til	_	28c. INJU	5 Residen	_	her (Specify) ESCRIBE HOW	IN HIRV OCC	IBED.		
NG PHYS fler this sath with marked			Pending	(Month, E		IN.	JURY	WOR	ES 2 NO	200, 0	ESCHIBE HOW	INJUNY OCC	MED		
NDING I: After r death	D BY	a 🗆 autota	nvestigation Could not be	28e. PLACE C	F INJURY —	At home, farm,	street, fact			28f. LC	CATION (Street	and Number of	or Rural Rout	te Number	
ATTEN CTOR: after	쁘		detarmined	buliding,	etc. (Specify)					Ci	ty or Town, State)	, , , , , , , , , , , , , , , , , , , ,		
DIRECTOR A HOURS	9	29a. CERTIFIER 1 X CERT	IFYING PHYSIC	CIAN: To the best of	I my knowlede	no doub occur	and at the ti		and alone and	44					
HOSPITAL FUNERAL Within 72 I	COMPLE													nd manner as stated.	
THE HOSP! THE FUNEF filed within PORTANT:		200. SIGNATURE AND TITLE				e muero Mari					no and prece, a				
물 물을 통	H	()9W	TO	$MM \times I$	20			1	29c. LICENSE	NUMBER		29d. DATE		onth, Oay, Year)	
668₹	임	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH	(ITEM_27) (Type	. Print)					1 2	/-	-	
		22 5	(2	lene	87.	Ro	t	- 1	lo '	2/12	01				
/		31. DATE FILED (Month Day)	**Shoo	3. BEGISTER	TRIS SIGNAT	10 1	111								
5		WHA I A	1393	guharla	TRIS SIGNAT	Louise									
-				3 X											

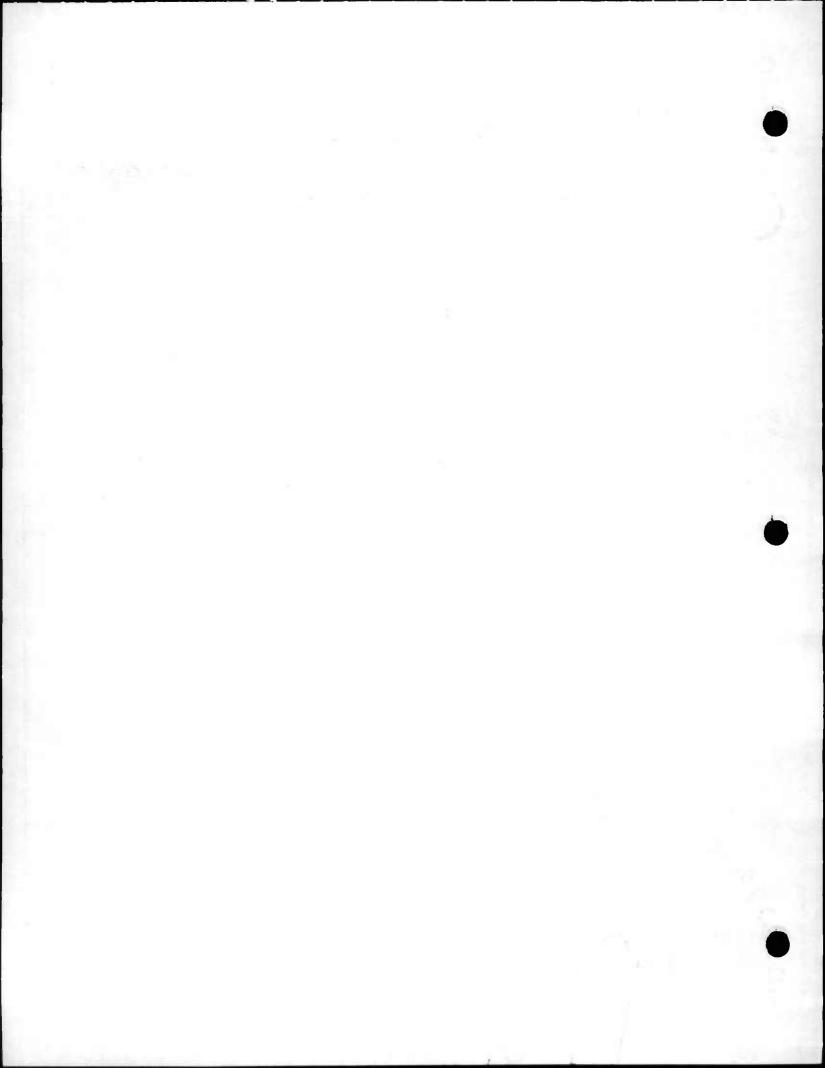
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Bent of Health and Mental Horises prior to huising remarks or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours at	In by	nedic
n 24 hi	ly filled	the
d withi	rem	event,
be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dent of Health and Mental Huniese prior to build resemble on removal	raumatic
h certificate	Hyding phys	or other
at the deat	by the after	y injury,
requires th	peen signed of Health	shows an
he law	e has b	m 23
CIAN: T	he Stat	or ite
ING PHYSIC	After this ce	marked,
NITEND	CTOR:	28 ls
L 0R /	DIRE	Te E
OSPITA	JNERA ithin 73	INT: H
TO THE H	TO THE FL	IMPORT/

- 9	1. DECEDENT'S NAME (First	, Middle, Last)	1 000	1 1	01				2. DATE OF OEAT	TH DAY	YEAR	3. TIME OF DEATH
		ol.	J OSED	n K	Sch	ULTZ	5		05	06	93	9:25 Pm
	4. SOCIAL SECURITY NUMBER 812-20-96	03	5. SEX 1 M 2 F	6. AGE (In yrs. In	* *	IF UNDER 1 YEA MONTHS DAY	_	1	7. DATE OF BIRTY (Month, Day, Ye	5-20	8. BIRTY	HPLACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAC RESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH										DEATH	
E C	1De. STATE	10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d, INSIDE CITY
PI	Maryland	Balti	more		Ar	butus						LIMITS?
	10e. STREET AND NUMBER						101. ZIP CC	DDE		10g. CIT	IZEN OF	WNAT COUNTRY?
FUNERAL	1029 Downto	on Road	<u> </u>				21227 USA					
BY FUI	11. MARITAL STATUS 1 Never Merried 2 3 Divo		12. WAS DECEDENT FORCES? 1] IF YES, GIVE WI	X YES 2 T	RMED NO	If yes,	specify Cu	OF HISPANIC ban, Mexican, O Specify:	C ORIGIN? (Specif Puerto Rican, ato	ly Yee or No	14. RACI Blac Spec	E - American Indian, k, White, etc.
	15. DEC	EDENT'S EDUC	ATION	WII	FCEDENT'S II	SUAL OCCUP	TION		401 1/11/2 01			WILLCE
	(Specify only Elementary/Secondary (0	y highest grade o	College (1-4 or 5+)	(0	live kind of wo	rk done during	most of wor	rking	166. KIND O	F BUSINESS/IN	DUSTRY	
COMPLETED	12th		College (I-4 b) 5+)	Mi	litary	•			U.S.	Govern	ent	
BE CO	17. FATHER'S NAME (First, M William Sch								et Wolf			
5	190. INFORMANT'S NAME (7) Katherine		ıltz	19	b. MAILING A LO29 D	Owntor	n Roa	d, Art	oute Number, City of Outus, M	r Town, State, Zij larylan	d 21	227
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelogy, cremetory or other place) ATTINGTON National 5/13/93 Arlington, Vir											
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE		2			RESS OF FACI	al Home,	Inc		
	12				1						us,	Md. 21227
	23. PART I. Enter the di	iseesea, or co	emplications that ist only one caus	caused the de	eath. Do no	t enter tha	node of d	lying, auch	aa cerdiac or r	respiratory an	rest,	Approximata
-	IMMEDIATE CAUSE (Findisease or condition	Sec.										Interval Batween Onset and Death
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):											
_	onset and Death VENTRICULAR ARRYTHMIA a. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions,											
9	Sequentially list conditions, if any, leading to immediate out to (on as a consequence of):											
CA	cause. Enter UNDERLY! CAUSE (Disease or Inju	NG										
CERTIFICATION	that initiated events resulting in death) LAS		DUE TO (OR AS A CONSE	QUENCE OF):							
H	rounting in death) EAS	d.										
4	PART II. Other significa					the underly	ing cause	given in P	art i. 24a. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL	CORONA	RY AT	TERY D	ISEASE						RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	HISTOR	Y m'	OCARDIA	L IN	FARUT	WN			_ ''	.5 2 [] 110		OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				PLACE OF	DEATH (Checi	k only one)			
YSI	1 TYES 2 NO		1 1 Inpatient 2	ER/Outpatient 3		OTHER:	ome 5 🗆	Residence S	☐ Other (Specify)			
ВУ РН		Pending investigation	28a. OATE OF II (Month, Day	r, Year)	28b. TIME INJUI	M 1	NJURY AT WORK? YES 2		28d. OEŞCRIBE H	OW INJURY OC	CURED	
		Could not be determined	28e. PLACE OF building, at	INJURY — At he tc. (Specify)	me, term, str	eet, factory, of	fice	2	City or Town, S	reet end Number State)	or Rural F	Route Number,
COMPLETED			AN: To the best of n) end menner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	RDIVAL				_	CENSE NUMB				(Month, Day, Year)
일	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type, P	rint)					-/0	
	31. DATE FILEO (Month, Day,		M. ST		s Hos	PITAL	90	o CA7	·N AV	· BALTI	Mond	m/2/229
	0.0.00.4	1 0 19		2 Davidson	Rande	92						



Pages 1, 2, 3 should

	1 - STATE OF MAR			OF HEALTH OF DEAT		NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF OEATH			
	HARLOD	SC	COTT	JR		05 03	1993	2:01 PM			
		GE (In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign			
	220-76-775 110 M 2 D F 7	YRS.				3 9 65		MD			
œ	9a. FACILITY NAME (If not institution, give street and number)			OWN OR LOCATIO		н	9c. COUNTY OF	OEATH			
<u>0</u>	JOHNS HOPKINS HOSPITAL		BA	LTIMOF	KE						
DIRECTOR	10a. STATE 10b. COUNTY	_	, TOWN OR					10d, INSIDE CITY			
	MD	BA	LTi	MORE				LIMITS?			
3AL	10e. STREET AND NUMBER	-		101. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	1731 EIISWORTH S				213		u	SA			
	1 Never Married 2 Married FORCES? 1 Y	ES 2 NO	If y	es, specify Cuber	n, Maxicon, F	ORIGIN? (Specify Year Puerto Ricen, atc.)	or No— 14. RAC Ble	CE — American Indian, ck, Whita, etc.			
B√	3 Wildowed 4 Divorced IF YES, GIVE WAR O	R OATES	1 1	YES 2 NO	Specify:	specify: Specify: ACK					
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S	USUAL OCC	UPATION ing most of working	7	16b. KIND OF BUS	INESS/INOUSTRY				
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	e retired.)		,		-				
MP	17. FATNER'S NAME (First, Middle, Last)		A								
	HAROLD SCOTTSR			18. MOTN	A.O.A	(First, Middle, Maiden S		W			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number	or Burnt Bour	e Number, City or Yown		12			
5	SARAH GA: therighT	270	+3.	W 11	ORT	HAV-e	2/	217			
	1 № Bunat 2 U Cremation 3 U Removal from State	20b. PLACE AND DATE Cometery, crematory or of	her place)	ON (Name of	N		ATION — City or T				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	STAN	_	ME AND ADDRES			ONS 0:11	EMD			
ļ	+ 3V/ E Howell	.a					E 100	WNOLHH AM			
	23. PART i. Enter the diseases, or complications that cau	aed the death. Do n	ot enter th	e mode of dyle	ng, auch a	e cardiec or respir	atory erreat,	Approximate			
	ehock, or heart fellure. Liet only one ceuse of IMMEDIATE CAUSE (Fine)	C AND ALCOHO	L INTO	XICATION				interval Between Onset and Deeth			
	disease or condition resulting in death)	VC In	Oxi	cale	~						
	DUE TO (OR A	S A CONSEQUENCE OF):								
ON	Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF):										
M	ceuse. Enter UNDERLYING		,.								
Ĕ	that initiated avenue	S A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST										
2	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
ICAL						PERFORM	AEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC						1 (X YES 2)	∐ NO	OF DEATN?			
ž						-		70.25 2			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			26. PLACE OF DE	ATN (Check	only one)					
YSI	1 X YES 2 NO 1 Inpatient 2 XER/O		OTHER: 4 Nursing	Nome 5 - Rec	idenca 8	Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJUR (Month., Day, Yea	INJI	JRY	c. INJURY AT WORK?	28	d. DESCRIBE NOW IN	JURY OCCUREO				
B	2 Accident Investigation 28s PLACE OF INIT	93 131	treet, factory	YES 2		noject	TECK !	orug			
6	3 Suicide 8 Could not be 4 Nomicide determined	ipecify) Have		, ornee	26	City or Town, State)	Number or Rural	Route Number,			
9	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the head of one ke				1	1316118	work	80			
COMPLETED	(Check only 1 CERTIFYING PNYSICIAN: To the best of my kr							a) and manner se stated			
ŏ	29b. SIGNATURE AND TITLE OF CERTIFIED				NSE NUMBE						
BE	Madde					1		D (Month, Day, Year)			
٩	20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type,	Print)		C.M. F	· .	03/0	4/1993			
	A MIDIKON	111 Peni	n Sti	ceet. I	Balti	imore, M	arvlan	d 21201			
ı	31. DATE FILED AND DE 10 1993 32. HIGHERTRAPIES	GNATURE CANDE					, =				
- 11	m 1000 //							1			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage if may be retained by the hospital or attending physician and completely filled in by the Amerial directs, page 5 should be detained by use as the burber within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remnnal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

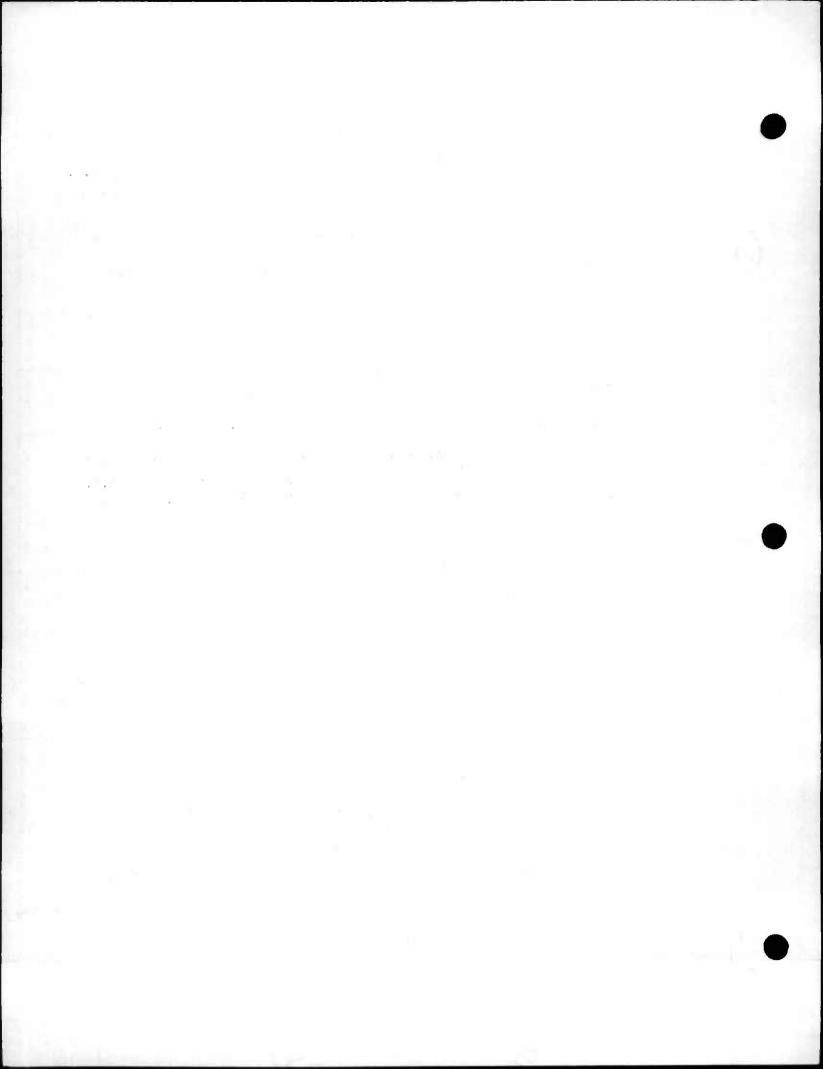
BALTIMORE, MARYLAND 21215-002

IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical azaminer must be notified at once.

1 g it work rayed X 201 as the desire FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	R	EG. NO.			
		1.		9	STANFI	ELD	2. DATE OF I		3 YEA	3. TIME OF DEAT 11:3	
	4. SOCIAL SECURITY NUMBER 249 34 8013	1 🗆 M 2 🖑 F	AGE (In yrs. last bi	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF E (Month, Da 9/23	BIRTH y, Year)	8. B	MRTHPLACE (State or Fo	reign
TOR	96. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT			BALTIMORE CIT			JE GOOK TO DEAN				
IREC	10e. STATE 10b. COUNT	10b. COUNTY			WN OR LOCA	(E)				10d. INSIDE CITY	
LD	Md .			Ra	ndalls					1 # YES 2	NO
FUNERAL DIRECTOR	3653 Paski			101. ZIP CODE 212						OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	ER IN U.S. ARME YES 2 HNO PR DATES	5 2 / NO II yes, specify Cuben, I			pecity:			RACE — American India Black, White, atc. Specify: T. Americ		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEI (Give	DENT'S USU kind of work	AL OCCUPATION done during mo	ON st of working	16b. KIN	D OF BUSIN	ESS/INDUSTR		an .	
MPL	Elementary/Secondery (0-12)	College (1-4 or 5+)		_	ired						
BE CO	77. FATHER'S NAME (First, Middle, Lest) Charlie William					18. MOTHER'S NA		Will:			
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street a	nd Number or Rural	Route Number, C	ity or Town, S	State, Zip Code	9)	
۴	Delores Ak:	Lns	22	24 Sto	one Cr	oft Rd.	Apt. I	Balto	o. Md.	21229	
	20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Rem 4 Denotion 5 Other (Specify)	20b. PLACE AND cometery, cromate Weste	PLACE AND DATE OF DISPOSITION (Name of legy, crematory or other place) Nestern Star 5/7/93 DATE 20c. LOCATION — City or Town, State Catonsville, Md,								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home							P.A.			
	23. PART i. Exter the alseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	iMMEDIATE CAUSE (Final disease or condition	Liat only one cause o	n each life.	i. IJO NDE 8	ntar tha mo	da of dying, auc	h as cardiac	or respirat	tory arrest,	Approxima Interval Be Onset and	tween
	DUE TO (QR AS A CONSEQUENCE OF):										ays
TION	Sequentially list conditions, if any, leading to immediate course Enter INDERLYING									101	Jany
CERTIFICATION	CAUSE (Disease or injury that initiated events Due to (on as a consequence or)									cys	
	resulting in death) LAST Remail faultuse										nys
EDICAL	PART II. Other significant condition	a contributing to deat	th but not rasu	ulting in th	a underlying	cause given in		PERFORME	D7	24b, WERE AUTOPSY FIR AVAILABLE PRIOR 1 COMPLETION OF C OF DEATH?	ro
PHYSICIAN: ME	- 1/#						-			1 🗆 YES 2	.0
YA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26, PL	ACE OF DEATH (Ch	eck only one)				
2	1 TES 2 NO	HOSPITAL:	Outpatient 3 🗆		HER: Nursing Hom	e 5 🗆 Residence	8 C Other (Spi				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU (Month, Pay,)	RY 20	8b. TIME OF	28c. INJ WO	URY AT RK?	28d. DESCRIB		JRY OCCURED	D	
ED BY	2 Accident Investigation			Al home, farm, streel, fectogy, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	And CONTINUED				1/4				4		
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my kinds: On the beele of examin	nowledge, death stion end/or inve	occurred at atlgation, in	the time, date my opinion, d	end place, end due eath occured at the	Io the cause(e) time, date and	end <i>m</i> enner place, end d	r ee stated. lue to lhe cau	se(e) end menner ee st	ated.
H	296 SIGNATURE AND TITLE OF CERTIFIER	JUNIOR	Asst R	7 5810	Sara-	29c. LICENSE NUN	ABER O 7 S	21	od. DATE SIGN	NED Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF				30		\	3 -	1.3	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S S		MEN	< 110	Marile	oxes,	704	NS H	roiPuns Ha	Stiff
	MAY 1 0 1993	Junia Davi	bon-Rand	Less							



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pletely filled in by	remat	
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in and com	to burial, o	**
ysiclan and corn	prior to burial, o	
ding physiclan and corn	lygiene prior to burial, o	
attending physician and corri	intal Hygiene prior to burial, o	
the attending physician and corn	Mental Hygiene prior to burial, o	
by the attending physician and corn	and Mental Hygiene prior to burial, o	
signed by the attending physiclan and completely filled in by the funeral director, page 5 should is	Health and Mental Hygiene prior to burial, cremati	
en signed by the attending physician and corn	of Health and Mental Hygiene prior to burial, o	
as been signed by the attending physician and corn	Jept. of Health and Mental Hygiene prior to bunal, o	
cate has been signed by the attending physician and corn	State Dept. of Health and Mental Hygiene prior to bunial, or	

											93	13534	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMEN	T OF H	EALTH DEAT	AND N	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	2 -							2. DATE OF OEATH			3. TIME OF DEATH	
	MAYBELLE STUKES	SIUK	ES N	1 A	1 B	ELL	E		MAY C	33	93	19:10PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		& BIRTH	IPLACE (State or Foreign	
		1 🗆 M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	APRIL TO,	190	Count	ry)	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CIT	Y, TOWN C	R LOCATIO	ON OF DEA		9c. COUNTY OF DEATH			
۳.	ST. AGNES HOSPI			BALTI									
15	RESIDENCE OF DECEDENT	VT			<u> </u>	DALLI	FIORE		CITY				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?		
	MARYLAND		BAL	TIMO	ORE						1 XYES 2 NO		
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITIZEN OF				
E	1640 GWYNN FALLS	PARKWAY					212	17		115	SA		
3	11. MARITAL STATUS	12. WAS DECEDEN			13	. WAS DEC			C ORIGIN? (Specify Yes			F — American Indian	
	1 Never Merried 2 Married		YES 2	NO		If yes, spe	ecify Cubar	n, Maxican	, Puerto Rican, etc.)			E — American Indian, k, Whita, alc.	
B	3 X Widowed 4 Divorced					1 (123	2 X NO	Specify:	Society: BLA			ÄCK	
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL	OCCUPATIO	N .		16b. KIND OF BUS	INESS/IN	IDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	Hite.	live kind of Do NOT u	work done se retired.	during mo:	st of working	9					
린		CECT . N							1				
COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAM	E (First, Middle, Maiden	Sumame)			
w l	STEPHEN STUKES	S					1.00	IZZY	STUKES				
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a			oute Number, City or Town	Ctata 7	in Codel		
임	MICHAEL McKENZIE												
	20a METHOD OF DISPOSITION		20b. PLACE					• DAI		MARYLAND 21217			
	1 Burlai 2 Cremation 3 Ramo	oval from State	cemetery, cre	matory or o	ther place	CE TE TE TE	me or	-			-		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ()	mr.	ZION		. NAME AN			/10/93 LAN	SDOV	VN, M	ARYLAND	
	P0 17	7/	4	2	l "É	ESTEP	BRO	THERS	FUNERAL	SER.	P.A		
	Kly XC/ 7	7. 41	9/	·					ACE, BALTI				
	23. PART i. Enter the disesses, or c	omplications the	caysed the de	eath. Do r	nDt ente	r the mod	de Df dyir	ng, such	ss cardiec or respir	ratory e	rreet.	Approximate	
	shock, ór fieart fellure. I IMMEDIATE CAUSE (Finei	lst Dniy Dne cau	se on each iins	B.					-		10.00	interval Between	
	disease or condition	Re	20 E	Eailure								Onset and Death	
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	D.							2 WKS	
_	PMLAYMOMA												
ERTIFICATION	Sequentially list conditions,		OR AS A CONSE			VIL	\sim						
AT	If sny, leading to immediate cause. Enter UNDERLYING		izw		")	150	122	00					
윤	CAUSE (Diseese or Injury that initiated events		OR AS A CONSE			1130	100	R	/				
Ē	resulting in death) LAST		(0.1.10).	ODENOE O	,							i	
E													
1	PART ii. Other significent conditions	contributing to	death but not r	resuiting	in the u	nderiying	cause g	iven in P	art i, 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL									PERFOR	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									1	X NO		DF DEATH?	
Σ									- `			1 WES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL												
SICIAN	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Chec	ck only one)				
HYS	1 VES 2 NO 27. MANNER OF DEATH	/1	ER/Outpetlant 3					idence 6	☐ Other (Specify)				
٥.	1 Natural 5 Pending	26a. DATE OF (Month, De		26b. TIM	E OF URY	28c. INJL WOI	RK?		26d. DEŞCRIBE HOW IN	JURY O	CURED		
Æ	2 Accident Investigation				М	L	ES 2	NO					
ED	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE Of building,	F INJURY — At ho etc. (Specify)	me, lerm, a	street, lac	tory, offica			261. LOCATION (Street as City or Town, State)	nd Numbe	er or Rural F	Route Number,	
	4 Homicide detarmined												
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledga, de	ath occurre	ed at the	time, date	and piece.	end dua te	o lhe cause(a) and man	ner as str	ited.		
COMPL) and manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 11/1-1		0	-0								
BE	\ Lend	2 ttole	2nt	Res	STd.	ent	A C	NSE NUMB	9510	29d, DA	TE SIGNED	(Month, Day, Year)	
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	V			TV	11 32	43	10 268		2	13/93	

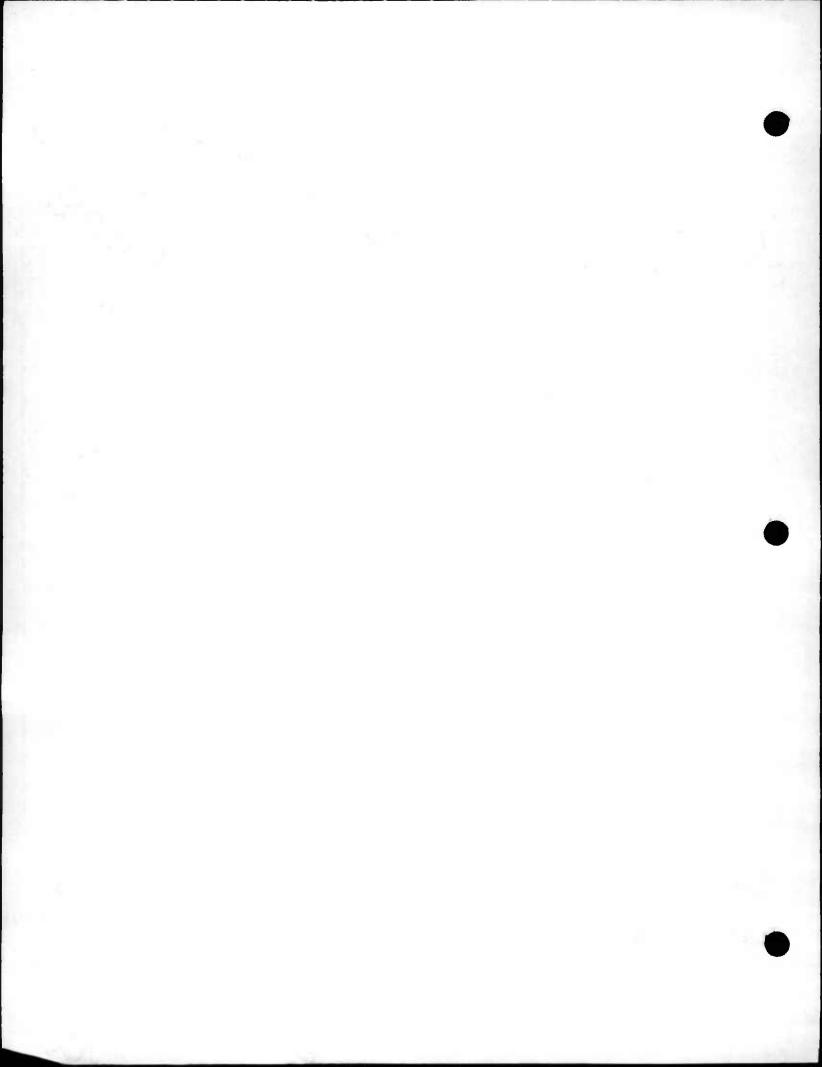
SAMPAT

32. REDISTRAR'S SIGNATURE

1993

31. DATE FILED (Month,

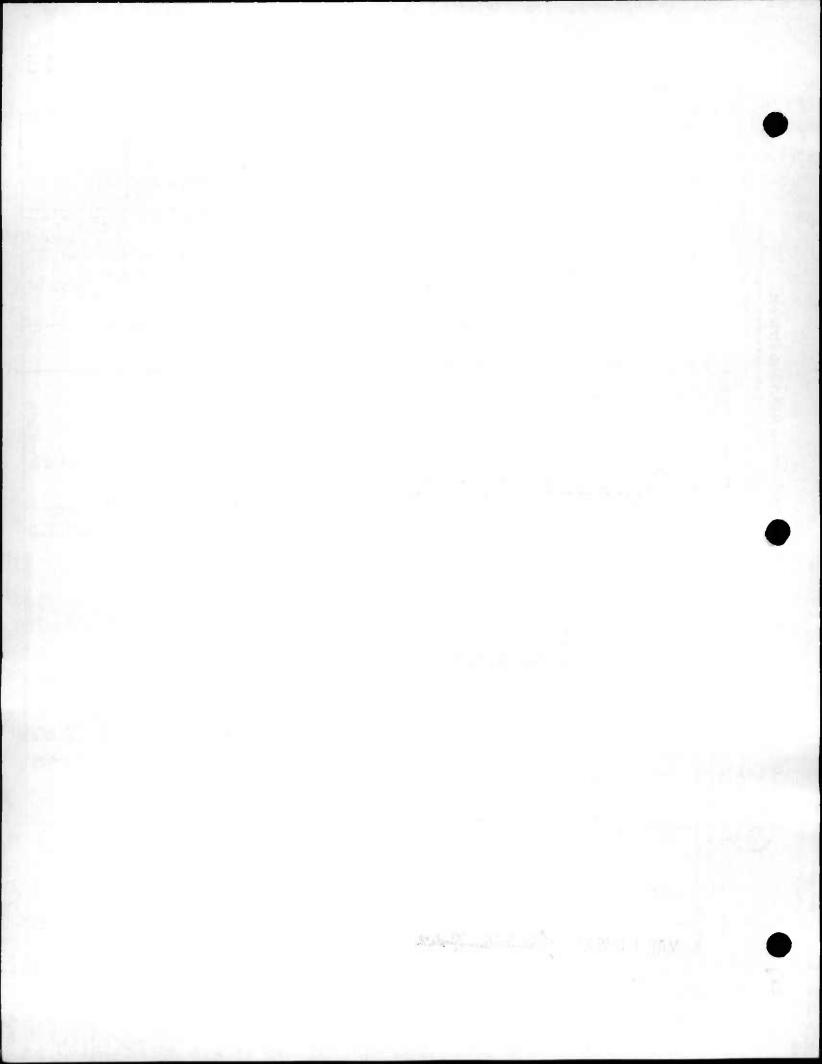
HOSPB.



DHMH-18 Rev 1/89

OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	IT SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dent, of Health and Mental Hyriene prior to burial, cremation, or removal	e medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOS TALL OF THE HOUSE PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FLINETH CONCOURT ARM THE CENTIFICATE has been signed by the attending physician and completely filled in by the funer be filled with a filled with a filled with the State Deut, of Health, and Mental Hydiere prior to burial, cremation, or removal	IMPORTANT Them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

1	1. DECEDENT'S NAME (First, Middle, Les					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH			
			Tolodzieck	i		05 0					
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS	(Month, Day, Year)	Cour	THPLACE (State or Foreign			
	195 05 0833 A 9a. FACILITY NAME (If not institution, give		BT Aus.			3/6/191:		ryland			
Œ	1309 Cambria S		9	Baltin		City	9c. COUNTY OF				
5	RESIDENCE OF DECEDENT			Daitin	lore	CITY					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID										
	Maryland ====== Baltimore										
BAL	1309 Cambria S	Street.		101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21225 U.S.A.							
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECI	ENDENT OF HIS	PANIC ORIGIN? (Specify)	ten or No 14. RAG	CF — American Indian			
BY F	1 Never Married 2 X Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	cify Cuban, Max	ican, Puarto Rican, atc.)	Bla	ck, White, alc.			
0	45 DECEDENT'S EDICATION										
ETE	(Specify only highest gra	de completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use /	SUAL OCCUPATIOn in done during mos retired.)	N at of working	16b. KIND OF B	USINESS/INDUSTRY				
٦	11+h Crado										
COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maide							
ш	Felix Tolodziecki Mamie Perz										
TO B	190. INFORMANT'S NAME (Type/Print) Emma Tolodziec	ale i	19b. MAILING AT	DDRESS (Street ar	nd Number or Rui	al Route Number, City or R	wn, State, Zip Code)				
_	20a, METHOD OF DISPOSITION			ambria S				and 21225			
	1 S Buriel 2 □ Cremation 3 □ Re	moval from State cer	petery, crematory or other	DISPOSITION (Nar	ne of	1	OCATION - City or 1				
	The Burief 2 Cremation 3 Removal from State competery, crematory or other place) 4 Donation 5 Other (Specify) Glen Haven Memorial Park 5/10 Glen Burief Structure On Funeral Service Licensee 22. NAME AND ADDRESS OF FACILITY										
	George J. Gonce Funeral Home P.A.										
23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac by respiratory except											
	shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition	Cornus	DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	7		sauce					
z											
MIG	if sny, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):								
FICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	c									
RTIFICATIO	if any, leading to immediate cause. Enter UNDERLYING	c	A CONSEQUENCE OF):								
CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):								
AL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	A CONSEQUENCE OF):	the underlying	cause given		N AUTOPSY 24	b. WERE AUTOPSY FINDING			
AL CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the conditions of the cause	d	A CONSEQUENCE OF): Dut not resulting in t	2~	7/	PERFO	PRMED?	AVAILABLE PRIOR TO			
MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):	2~	7/	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition DODENIA 25. WAS CASE REFERRED TO MEDICAL	d	A CONSEQUENCE OF): Dut not resulting in t	2~°	r/ Fanct	PERFO 1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	DUE TO (OR AS A DONA CONTributing to death to UCCENTALE MAYO	Dut not resulting in the	2~ S (I N) 26. PL)	FAIR CY	PERFC 1 VES 2-9 /	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH	DUE TO (OR AS A DONA CONTributing to death by the contributing to death by the contributing to death by the contributing to death by the contributing to death by the contributing to death by the contribution of the contributio	Dut not resulting in the CANTUIN	26. PLI	ACE OF DEATH	PERFO 1 YES	PRMED? 2 → NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10	DUE TO (OR AS A DONA CONTRIBUTION OF THE PROPERTY OF THE PROPE	Dut not resulting in the CANTUI	26. PLJ 26. PLJ THER: Nursing Homa OF 28c. INJU WOF	ACE OF DEATH	PERFC 1 PERFC 1 PERFC Check only one) 8 Other (Specify)	PRMED? 2 → NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
D BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEBOF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A d. Date of the contributing to death by the contributing to death by the contributing to death by the contributing to death by the contribution of t	put not resulting in the postern 3 DOA 4	26. PLJ OTHER: Nursing Homa OF WOF M 1 Y	ACE OF DEATH (5 Hesidence TRY AT IK?	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNEB OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	DUE TO (OR AS A d. DOBA CONTributing to death to U C E IV A U E IV HOSPITAL: 1 Inpettent 2 ER/Outs (Month, Dey, Year) 28e. PLACE OF INJURY building, atc. (Special	patient 3 DOA 4	26. PLJ THER: Nursing Homa DF Y M 1 YI et, factory, offica	ACE OF DEATH (5 Assidence RIPY AT ES 2 NO	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State	INJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the deatermined 29a. CERTIFIER Could not be deatermined	DUE TO (OR AS A d. DOBA CONTRIBUTING TO death to U C E IV A U E MY O HOSPITAL: 1 Inputtant 2 ER/Outs (Month, Des, Yeer) 28e. PLACE OF INJURY building, atc. (Special Control of the Control of	petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, farm, strectly)	28. PLJ THER: Nursing Homa OF WOR 1 Y H et, factory, offica	CE OF DEATH (5 PASIDENCE OF DEATH (15 PASI	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State)	INJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
D BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other signi	DUE TO (OR AS A d. Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, farm, strectly)	28. PLJ THER: Nursing Homa OF WOR 1 Y H et, factory, offica	CE OF DEATH (5 PASIDENCE OF DEATH (15 PASI	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State)	INJURY OCCURED and Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
ED BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB-OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation of the deatermined 29a. CERTIFIER Could not be deatermined	DUE TO (OR AS A d. Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (OR AS A Date to (OR A) Date to (petient 3 DOA 4 28b. TIME 0 INJUR 7 — At home, farm, strectly)	28. PLJ 28. PLJ THER: Nursing Homa SF WOF M 1 Y et, factory, offica at the time, data at in my opinion, de	CE OF DEATH (5 PASIDENCE OF DEATH (15 PASI	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stat) us to the cause(a) and make time, data and place, a	INJURY OCCURED and Number or Rural anner as stated, and due to the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the cause of the	DUE TO (OR AS A DIA CONTRIBUTION OF THE CONTRI	patient 3 DOA 4 28b. TIME 0 INJUR At home, farm, strecity)	28. PLJ 28. PLJ 28. NJJ Y M 28c. INJJ Y M 1	MCE OF DEATH (5 Meeldence RY AT IK? ES 2 NO and place, and death occurred at the	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stat) us to the cause(a) and make time, data and place, a	INJURY OCCURED and Number or Rural anner as stated, and due to the cause(COMPLETION OF CAUSE OF DEATH? t YES 2 NO Route Number,			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other signi	DUE TO (OR AS A DIA CONTRIBUTION OF THE CONTRI	patient 3 DOA 4 28b. TIME 0 INJUR At home, farm, strecity)	28. PLJ 28. PLJ 28. NJJ Y M 28c. INJJ Y M 1	MCE OF DEATH (5 Meeldence RY AT IK? ES 2 NO and place, and death occurred at the	PERFC 1 YES Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Rown, Stat) us to the cause(a) and make time, data and place, a	INJURY OCCURED and Number or Rural anner as stated, and due to the cause(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2 NO Route Number,			



1	-	STATE REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	DEATH AND	MENTA	NEG. NO.	20	10000
1. DECEOENT'S NAME (First, Middle, Last)			7			E OF DEATH		3. TIME OF DEATH
Luther	J -	/	hom	25 Sr	MON MON	TH DAY	-	97 12:07PM
. 0 - 10	5. SEX		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH oth, Day, Year)		BIRTHPLACE (State or Foreign Country)
9s. FACILITY NAME (If not institution, give street	ot and number)	. 9	b. CITY, TOWN	OR LOCATION OF D		~ 1	9c. COUNTY	
University of Mary	land Hospi	721	Belti	more	City	, [
10s. STATE 10b. COUNTY		10c CITY	TOWN OR LOCA	TION				I say supress supre
Pennsylveniz	York							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rorcie	/10	Nove	ZIP CODE			10a CITIZEN	1 X YES 2 NO
250 E. Elm	Avenue			1733	/		(1.	
11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMED	t3. WAS DEC	ENDENT OF HISPA	NIC ORIGI	IN? (Specify Yes o		RACE American Indian.
1 Never Married 2 X Merried 3 Wildowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA' WW II	2 NO TES		ecify Cuben, Mexico 2 NO Specia		Ricsn, atc.)		Black, White, stc. Specify:
15. OECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	16s. DECEDENT'S US	UAL OCCUPATION	ON set of working	16	b. KIND OF BUSI	NESS/INDUST	RY
Company of the Compan	College (1-4 or 5 +)	(Give kind of worlden Do NOT use)		4		Pharm	1264	
17. FATHER'S NAME (First, Middle, Last)				ts. MOTHER'S NA	AME (First,			
Luther C	Thomas			AN	sw.	y	OUNG	7
190 INFORMANT'S NAME (Type/Print) Abigail I. Thomas	5	196. MAILING AT 250 E.		enue Ho		nber, City or Town, L. Pa.	State, Zip Coo	
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from Stafe 20b.	PLACE ANO DATE OF other of the OLLV	DISPOSITION /N/	ime of		TE 20c. LOCA		or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE C	M. Ollo		O ADDRESS OF FA	ACILITY		ver,	
· C. Bua	in Pouch	u				11824 Ri 2. Reis:	eister tersto	stown Road wn, Md.21136
23. PART i. Enter the diseases, or cor shock, or heart fellure. Lie	nplicetione that caused	the deeth. Do not	enter the mo	de of dying, suc	ch sa car	disc or reepira	itory srrest,	Approximete
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Brzin	STEM	Int	arctio	0 N			Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
PART II. Other significant conditions of	contributing to deeth bu	t not resulting in	the underlyin	cause given in	Part i.	24a. WAS AN A		24b. WERE AUTOPSY FINDINGS
PNEUMONI	5					PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	& NO	OF OEATH?
				p.C.				I LES 2 I NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000174			ACE OF DEATH (Ch	neck only o	ne)		
A CO Man of Chara	IOSPITAL:		THER: Nursing Hom	e 5 🗆 Residence	6 🗆 Oth	er (Specify)		
27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, INJ			SCRIBE HOW IN	URY OCCURE	10
1 Natural 5 Pending 2 Accident Investigation		17017	M 1 🗆	ES 2 NO				
3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, stc. (Specif	— At home, ferm, atra y)	ef, fectory, offic		281. LOI City	CATION (Street and or Town, State)	d Number or R	lural Route Number,
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER; 6	N: To the best of my knowle	dge, death occurred a	at the fime, date	end place, and due	o to the ce	use(e) end menn	er ss stated,	use(e) and manner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIER								
Thomas R. Pri	ice Mp.			DO C	746	4		ENED (Month, Day, Year) Ly 8 1443
	OMPLETED CAUSE OF DEAT	Dept. 0	Neuro	1094 L	יטוֹט.	el Ma.	. /2/	Hose Batting
MAY 1 0 1993	32. REGISTRARY SIGNAL	TURE TOTAL PROPERTY OF THE PRO		0 7		1	7	THE WORK

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

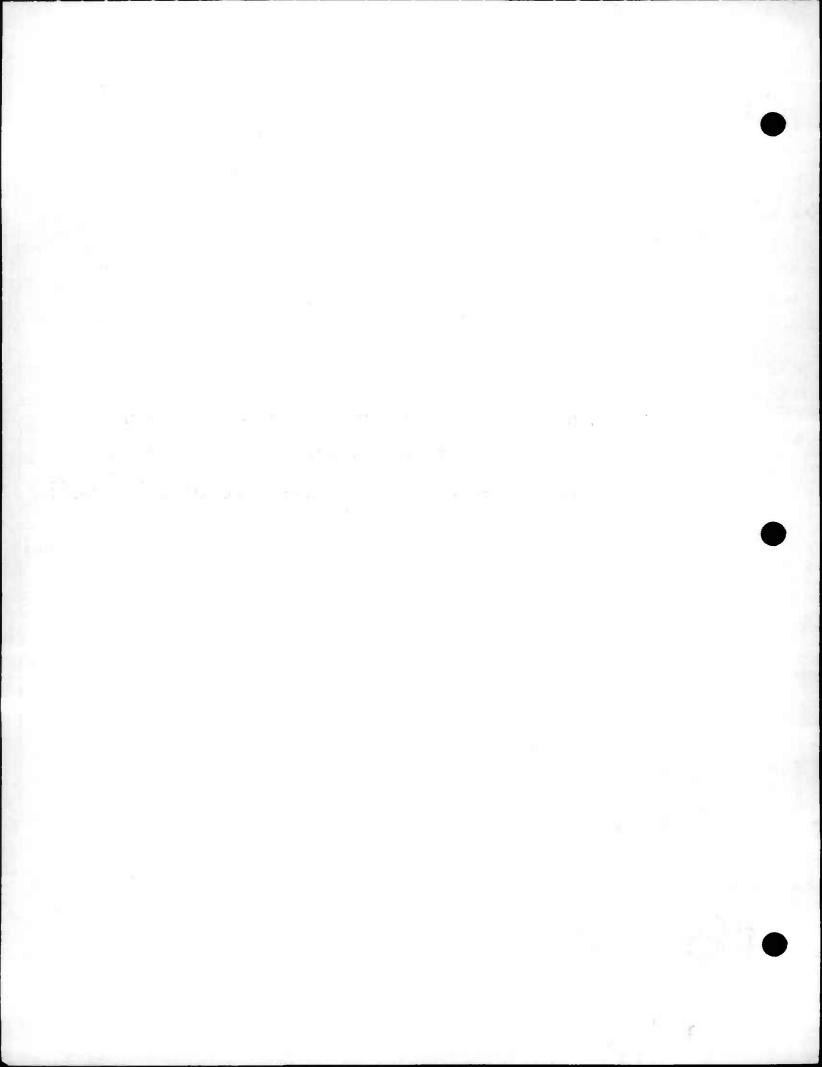
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

11 ** 1

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Lest)	GEORGE STEVE VURNAKES					5 93	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign	
212-28-2303 9s. FACILITY NAME (If not institution, give st	1 XX 2 F 65	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 7/27/27	Co	irginia	
96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 75 Chapel Towne Circle Perry Hall RESIDENCE OF DECEDENT							ltimore	
SO CTATE SO COUNTY							10d. INSIDE CITY	
Maryland Baltimore Perry Hall 100. STREET AND NUMBER 1001. ZIP CODE 1002 CITE						1 400 CITIZEN O	LIMITS? 1 YES 2 YNO F WHAT COUNTRY?	
75 Chapel Town				21236		US	Α	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 V NO	If yes, sp	ecify Cuban, Maxicar	IC ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No- 14. R/	ACE — American Indian, lack, White, atc.	
3 Widowed WW Divorced	IF YES, GIVE WAR OR DAT		1 🗆 YES	XXX			White	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during mo- etired.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY		
12	College (1-4 or 5+)		Sales			Steel		
17. FATHER'S NAME (First, Middle, Last) Steve Vi	urnakes			1111	ME (First, Middle, Meiden	Sumame)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Kostakes Oute Number, City or Tow	rn, State, Zip Code)		
George Karavedas		2800 0	hesley	Avenue I	Baltimore,	Maryla		
20a METHOD OF DISPOSITION	#/ Gr	PLACE AND DATE OF B lery, grematory or other EEK OPTOOK	place		5/8 Balt	cation - city or		
21. BIOMATURE OF FUNERAL SERVICES	ensel Jena	M00640	22. NAME AN	ID ADDRESS OF FAC	Mitchell-W	liedefeld		
23. PART I. Enter the diseases, or c	omplications that coused	the deeth. Dp npt	anter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximete	
IMMEDIATE CAUSE (Finel	List Dnly one ceuse on eac			<i>a</i>			Interval Batween Onset and Death	
disease or condition resulting in death)	Hypertours AS AS	ONSEQUENCE OF	wide	Dree 0				
Sequentially list conditions,			/					
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):						
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
resulting in deeth) LAST								
PART II. Other algnificent conditions	contributing to death but	t not resulting in t	he underlying	ceuse given in i	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
Dographic					PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					- '		1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)			
YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpat		THER:	Residence	5 Other (Specify)			
27 MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED		
3 Suicide 6 Could not be determined	26s, PLACE OF INJURY building, etc. (Specif)	At home, farm, atree	et, factory, office		26f. LOCATION (Street a City or Town, State)	and Number or Rure	al Route Number,	
29a. CERTIFIER (Check only	DAN: To the best of my knowled	dge, death occurred a	t the time, date	and place, and due	to the cause(a) and man	ner as stated.		
	R: On the basis of examination a						e(s) and manner as stated,	
29b. SIGNATURE AND TITLE OF CERTIFIER		^	_	29c. LICENSE NUM	BER	29d, DATE SIGN	ED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	Deaty Malk /	BARN HA		0010	183	> May	3/1997	
	COM. THILLIP CHOOL OF DENI	H (ITEM 27) (Type, Pris	n()			/	. —	

32 REGISTRAR'S GIGNATURE

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

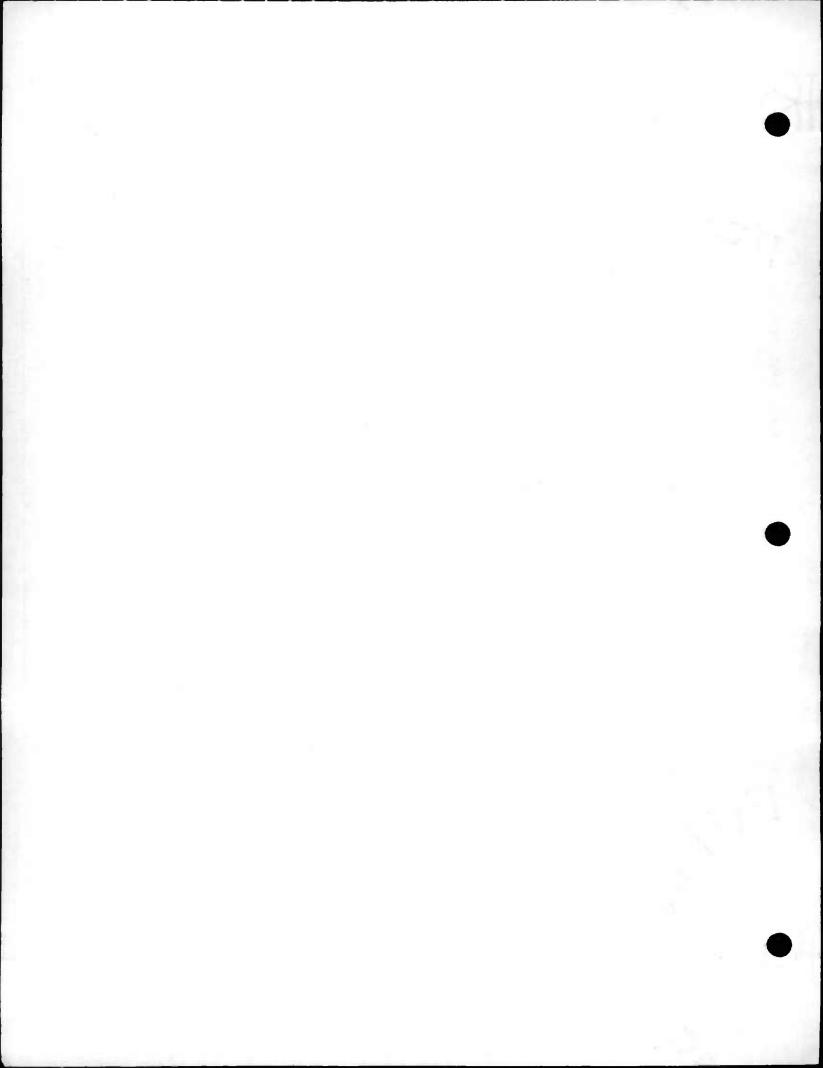
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



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CAPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	1353

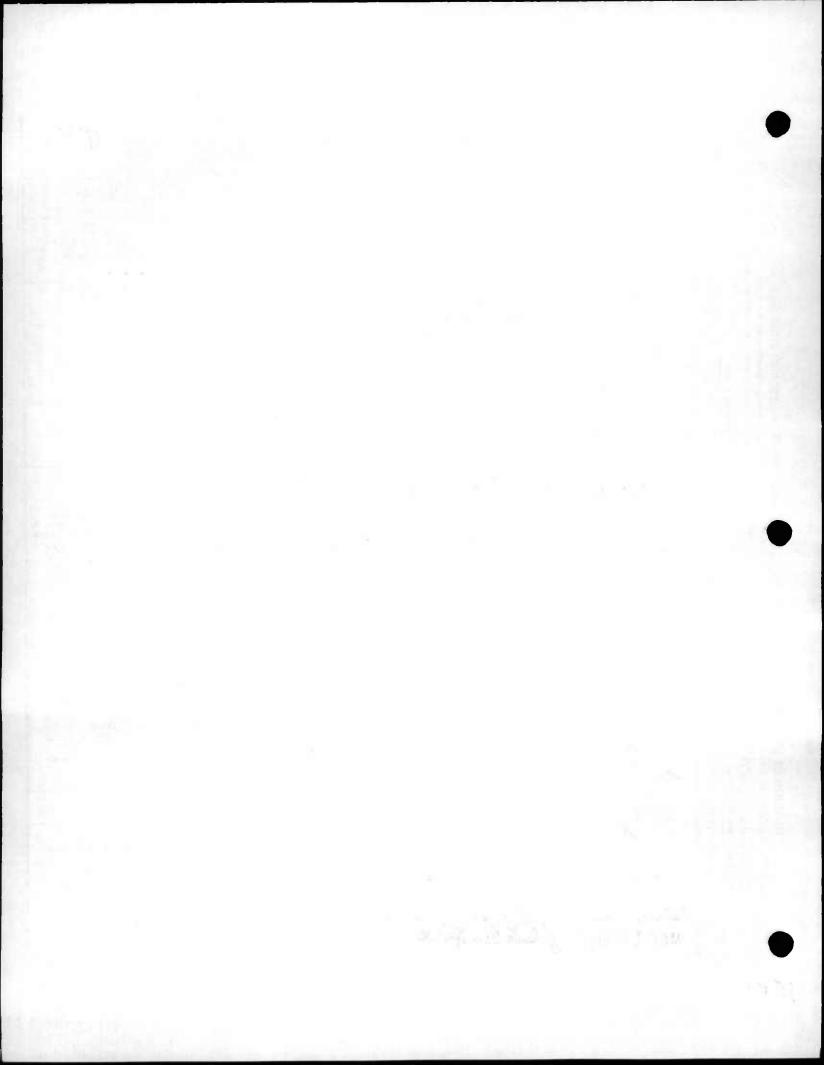
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR				MENTA	L HYGIEN	9(3	13538
j.	1. DECEDENT'S NAME (First, Middle, Last) William Paul	Vondracek					2. DATI	e of DEATH	£993 ×	EAR	B. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216 01 7722	5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 MRS. 1 1					7. DATE OF BIRTH 19 7 Country (12 TY)				ACE (State or Foreign
TOR	9e. FACILITY NAME (If not institution, give street and number) Francis Scott Key Medical Center Baltimore 9e. COUNTY OF DEATH Besidence of Decement									ATH	
DIRECTOR	10a. STATE 10b. COUNTY	10b. COUNTY				10c. CITY, TOWN OR LOCATION ESSEX				- 1	INSIDE CITY LIMITS? YES 25 NO
FUNERAL		363 Upperlanding Rd.				101. ZIP CODE 10g. CIT					AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	If yes, specify Cuban, Maxican, Puarto Rican, etc.) Black, White							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 10 completed) College (1-4 or 5+)	Iffe. Do NOT us	work done d	one during most of working ed.)						
	17. FATHER'S NAME (First, Middle, Last) Alois Vo	ondracek				16. MOTHER'S NA	ME (First,		Sumame)		
TO BE	190. INFORMANT'S NAME (Type/Print) Bertha B. Vondrac	cek, Wife	196. MAILING 363 U	ADDRESS pperl	(Street at	ing Rd.	Route Nurr	nber, City or Town	, State, Zip Co	do)	1
	20s. METHDD OF DISPOSITION 2 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b. Pt	ACE AND DATE	or Disposi ther place)	nete:	ry Mauso	DA	200 100	CATION — City	or Town	
1	21. SIGNATURE OF FUNERAL SERVICE LICE	elejenke		22.	STUZ	ADDRESS OF FA	r une	ral Ho	me PA		
	PART I. Enter the diseases, o complications that ceused the deeth. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart feliers. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF):									intarval Batwean	
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):										
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OW AS A CO	ONSEQUENCE DE	F):	J	Hyp	4	CL 810	h		
AL CE	PART II. Other eignificant conditions	contributing to deeth but	not reaulting	In the und	derlylng	ceuee given in	Pert I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
MEDIC								1 YES 2		C D	OMPLETION OF CAUSE F DEATH? YES 2 ND
SICIAN:		HOSPITAL:		OTHER		ACE DF DEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Panding Investigation 2 Accident Injury M 1 Yes 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, office 26b. TIME DF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OF INJURY AT WORK?						JURY OCCUR	ED				
							nd Number or i	Rural Rou	te Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowleds: On the basis of axamination as	ge, death occurre	n, in my op	ne, dats i	and place, and due ath occured at the	time, data	use(s) and man	ner as stated.	ruse(a) a	nd manner as stated,
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Chan	-60			29c. LICENSE NUN	IBER G	3	29d. DATE SI	GNEO (M	Copen, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH			R	-002,	B	alto,	us l	21	221
ĺ	31. MAYED 100 7993	32. REMSTRAR'S SIGNATO	H6								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	ATTENDING
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 1:30+ John Wark 05 05 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 04/07/1917 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 127 03 4893 1 X M 2 F MONTHS DAYS HOURS 76 VRS New Jersey 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 8583 Bay Road Riviera Beach Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Riviera Beach 1 TYES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8583 Bay Road 21122 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married BY 1 YES 2 NO Specify: 3 X Widowed 4 Divorced World War II White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) Plastic Industry 12th Grade Manager Techinical Service notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, David Emma Wark BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wendy Springmann 8583 Bay Road Riviera Beach, Maryland 21122 P 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City of Town, State DATE must Metro Crematory, Inc. Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. whar Baltimore, Md. 21225 4001 Ritchie Hwy. medicai DRECTOR: After this certificate has been signed by the attending physician and completely filled in by it bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remositem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Fine) Oyset and Death Frell Cell Carcum/ 46 UNS diseese or condition NICS DUE TO (OR AS A CONSEQUENCE OF) sta resulting in deeth) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 4 Nursing Home 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, lerm, atreet, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FINEBAL DIRECTE DE FIED COMPANY OF THE POPULATION OF T 29e, CERTIFIER CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the lime, date end place, and due to the cause(s) and manner se stated. MEDICAL EXAMINER: On the beele of examination end/or/investigation, in my opinion, de occured at the lime, date end piece, end due to the ceuse(s) end manner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIER BE 2 NAME AND ADDRESS OF PERSON WHO COMPLE Russell DEATH (ITEM 27) (Type, Print) R. DeLuca, M 0



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

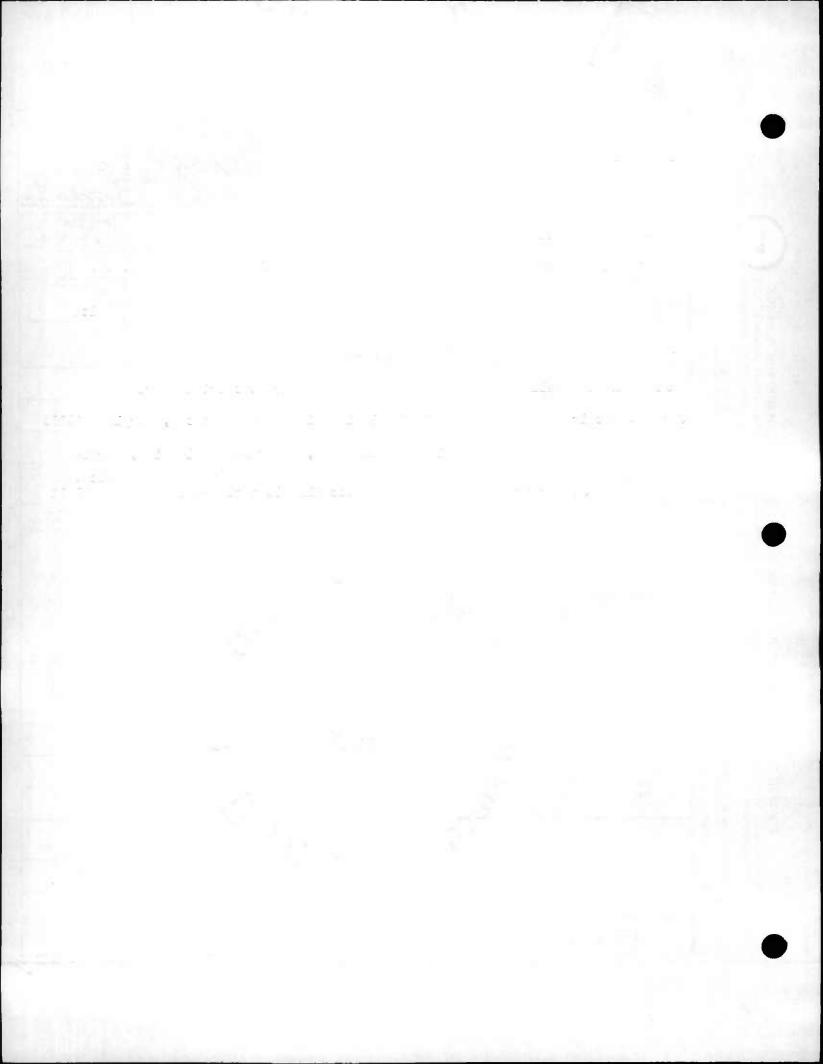
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13540 93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH REGI Woe IF UNDER 1 YEAR IF UNDER 24 HRS 1 - m 2 50 -8185 Maryland 96. CITY, TOWN OR LOCATION OF BEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT SEC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore T YES 2 X NO 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6832 Queens Ferry Road 21239 U.S.A. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 THNO Specify: 1 Never Married 2 Married BY White 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY intary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph John Mary Catherine Moore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Joan M. Mathis		2441 W	inding Ridge F	Road Od	lenton, Mai	ryland 21113			
20s. METHOD OF DISPOSITION t X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF elery, cremetory or othe 11aney Va	nd DATE OF DISPOSITION (Name of lettery or other place) ey Valley Mem. Grdns. 5-8 Timonium, Maryland						
21. SIGNATURE OF FUNERAL SERVICE LI	7		22. NAME AND ADDRESS OF Mitchell-Wie	030	00 York Rd	. Balto. MD 21212			
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congo	the daeth. Do not ich line.	anter the mode of dying, so			t, Approximate interval Between Onset and Deatt			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	с	CONSEQUENCE OF);							
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL				1(a. WAS AN AUTOPSY PERFORMED? ☐ YES 2 ☐ NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1 YES 2 NO			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa		26. PLACE OF DEATH (I		nac/h/)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, stre	treet, factory, office 281. LOCATION (Street and Number or Bural Route Number Of Street and Number of Rural Route Number Of Street and Number of Rural Route Number of Rural Ro						
			nt the time, date and place, and d						
296. SIGNATURE AND TITLE OF CERTIFIE	Dinon	M.1	29c. LICENSE N	1UMBER 649	29d. DATE 9	IGNEO (Month, Day Year)			
BEATRIZ	P.DIZO	N-St.	Grept Ho	spita	l Von	son md			
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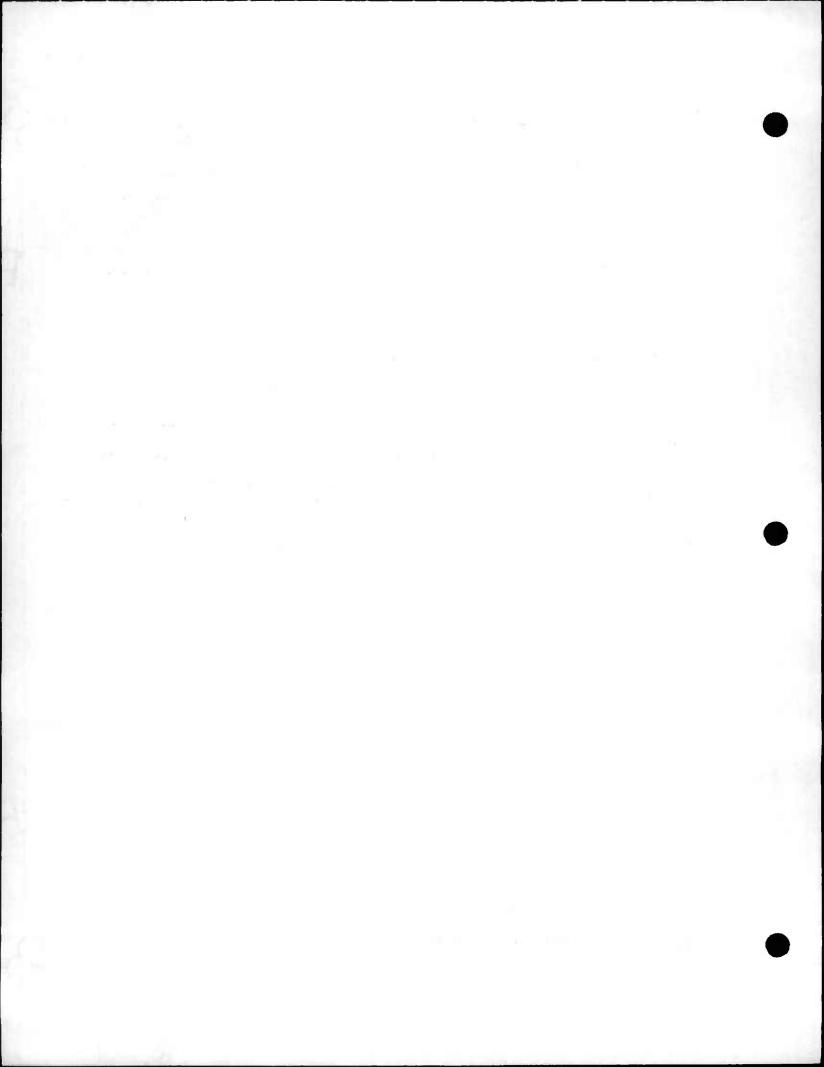


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALLIMOKE, MARTLAND 21215-0020	TO THE HIGHTH OR ATTENDED TO SHAW. The tree requires that the certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNESTOR. AND STORM AND DEED INSTRUCTION AND DEED INSTRUCTION AND DEED IN THE WASHINGTON AND DEED IN SECTION OF THE WASHINGTON AND DEED IN SECTION OF THE WASHINGTON AND DEED IN SECTION OF THE WASHINGTON AND DEED IN SECTION OF THE WASHINGTON AND DEED IN SECTION OF THE WASHINGTON OF THE WASHING	tealm and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION THE NECONDS, P.O. D.	TO THE HOSPITAL OR ATTENDING BUSINESS THE SIM REQUIRE SHALL THE GEATH CERTIFICATE	TO THE FUNERAL DIRECTOR. ARE THE CENTROIS has been signed by the attending physic	be filed within 72 hours other death With the State Dept. of Health and Mental Hygiene pr	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other t

	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMENT OF			MENTAL HYGIEN REG. NO		5 10041	
	1. DECEDENT'S NAME (First, Middle, Last) LEATRICE A SOCIAL SECURITY NUMBER	Leatrice	Wide A N	rman			2. DATE OF DEATH DO NONTH DO NOTH	YEAR 8 05 P M			
1	235 44 7200	5. SEX 6. AGE (In yrs. last I			IF UNDER 1 YEAR MONTHS DAYS	HOURS	#F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 01/07/1928			BIRTHPLACE (State or Foreign Country) Vest Virginia	
00	9a. FACILITY NAME (If not institution, give stre				9b. CITY, TOWN			ATH		Y OF DEATH	
ECTOR	St. Agnes Hospital				Baltimore City ======						
DIRE	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
	Maryland ======				altimore	of, ZIP COD	_		1 X YES 2 NO		
FUNERAL	2853 Hollins H	Ferry Roa	d		1		1230		112500	S.A.	
2 S	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. AR		13. WAS DE	CENDENT	OF HISPAN	IC ORIGIN? (Specify Yes		4. RACE — American Indian.	
BY F	The state of the s							Black, White, etc. Specify:			
	15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL OCCUPAT	ION		16b, KIND OF BU	SINESS/INDUS	White	
ET	(Specify only highest grade co	College (1-4 or 5+)	life.	. Do NOT u		iost of worki	ng	1001 11110 01 201	SINE 33/11/200		
COMPLETED	12th Grade		C	leri	cal			U.S.F	.&G.		
	17. FATHER'S NAME (First, Middle, Last)	ra E. W	loods			18. MOT		ME (First, Middle, Maiden			
BE	19e. INFORMANT'S NAME (Type/Print)	.a D. W		b. MAJLING	ADDRESS (Street	and Numbe		ora Lubert Number, City or Tow			
욘	Charles W. Wider	cman			Hollins					Maryland21230	
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Cedar Hill Cemetery 5/10 Baltimore, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	T Ocua.	- 1122	22. NAME	ND ADDRE	SS OF FAC	CILITY			
	Homa n	M Loan	nerso	ush				ce Funeral		P.A. , Md. 21225	
	23. PART I. Enter the diseeses, or poli ahock, or heart fellure. Lit	mplications that c	aused the de	eth. Do	not enter the m	ode of dy	ing, auch	es cerdisc or reepi	ratory srree	t, Approximate	
	IMMEDIATE CAUSE (Final	1			ibue	due	pu	ounary	o de	interval Between Onset and Death	
7	e. Repriatory fuitere due prouvaly o deum DUE TO (OR AS A CONSEQUENCE OF): Acule English (COPD).										
OF	If any, leeding to immediate		R AS A CONSEC			ر ت		<u> </u>			
2	CAUSE (Disease or Injury	- Kless	eller R AS A CONSEC	Y	neum	am	~				
CERTIFICATION	that initiated events resulting in death) LAST	DOE 10 (OF	N AS A CONSEC	JUENCE OI	r):						
빙	DART ii. Other significent conditions										
CAL	PART II. Other significent conditions			esulting	in the underlyic	ng ceuse	given in I	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC/	(L) sunia li	Jose m	0-81 0	2 00	Mun	50	Dogo	1 NES 2	□ NO	OF DEATH?	
	- V- /-						- 4	+		1 PES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Che	ck only one)			
IXSI	1 TYES 2 TUNO	Inpatient 2 🗆 E				ne 5 🗆 R	sidence (8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIM INJ	URY W	JURY AT	7	26d. DEŞCRIBE HOW II	NJURY OCCUP	RED	
ВУ	2 Accident Investigation 3 Suicide 8 Could get be	26e. PLACE OF II	NJURY — At ho	me, farm, s		YES 2	NO	281. LOCATION (Street a	and Number or	Dural Paula Mushar	
COMPLETED	4 Homicide 8 Could not be datermined	building, etc	. (Specify)					City or Town, State)	ind Wallber of	rual node number,	
IPLE	29a. CERTIFIER (Check only	AN: To the best of my	knowledge, de	ath occurre	ed at the time, dat	e and place	, end dua	to the cause(e) end man	ner ee stated.		
SON	one) 2 MEDICAL EXAMINER:	On the beale of exam	nination end/or i	investigatio	n, in my opinion,	death occu	red at the t	ime, date end place, en	d due to the c	euse(e) end manner ee stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER	2001				29c, LIC	ENSE NUM	BER O	29d. DATE S	IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLER	OF DEATH (ITES	27) /3000	Print)	-1	Ju	a challs.			
	TAHERA A	RSIMI	5	f . f	Ignes	Hol	p.	CoFou	A	re Bauch	
	MAY 1 0 1993 Juli	DENISTRAN	STATE OF								



YEAR

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middje, Last),

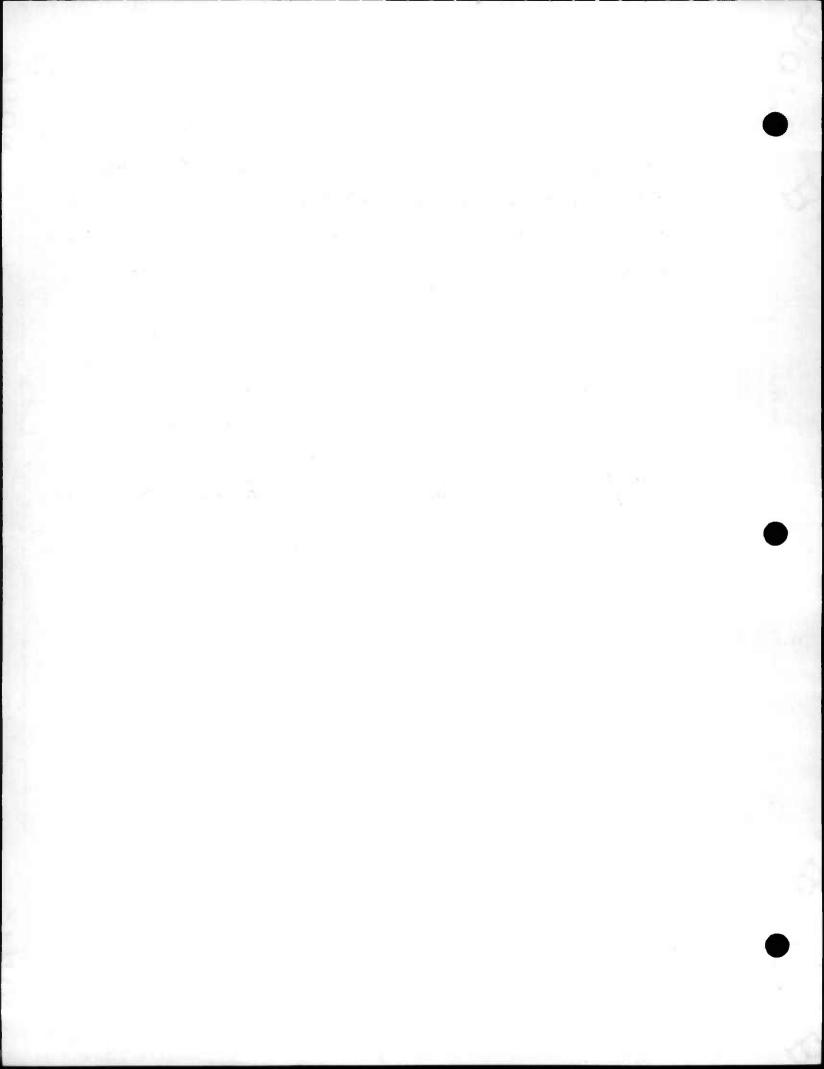
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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130 THELMA SEVILLE WATTS MON 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8, BIRTHPLACE (State or Foreign MAY 1, 1920 1 - M 2 X F DAYS HOURS 215-16-9181 73 MARYLAND ▶ YRS use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Inc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 L TES ZXX NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1317 ELM ROAD 21227 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X2 17 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married B∀ 3 Widowed 4 Divorced Specify: WHITE COMPLETED 16a, DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest Elementery/Secondary (0-12) page 5 should be detached for UNKNOWN HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at CHARLES HEROLD ISABELLE HUTTENBERGER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1317 ELM ROAD - BALTIMORE, MD. 21227 DOLORES HOLLAND e 20a, METHOD OF DISPOSITION
1X Burial 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata OATE must director, °LOUDON' PARK CEMETERY 05/12BALTIMORE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDIAL SERVICE LICENSEE examiner HUBBARD FUNERAL HOME INC. the funeral 4107 WILKENS AVENUE-BALTIMORE, MD. 21229 or removal. medical filled in by ti 23. PART I. Ents the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardisc or respiretory erreat, shock, or heert fellurs. List only one cause on each line. intervei Betwe **IMMEDIATE CAUSE (Finel** cremation, the **Onset and Death** Cell Cancer & Bone Melastases diseese or condition resulting in death) attending physician and completely Yrs event. DUE TO (OR AS A CONSEQUENCE OF executed Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST 0 Injury, this certificate has been signed by the with the State Dept. of Health and Mer PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMR.ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMEO? shows any Health a 1 TES 2 NO 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) the State [tem 1 YES 2 NO OTHER: Inpetiant 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED death with BY 1 YES 2 NO After Accident Investigation TO THE HOSPITAL OF THE BIND TO THE FUNERAL DISCRIPE. After be fied within 72 hours when dea IMPORTANT: If Item 28 is m 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) S Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ea stated. estigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner ea stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Mogth, Day, BE 8 024356 al 5 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

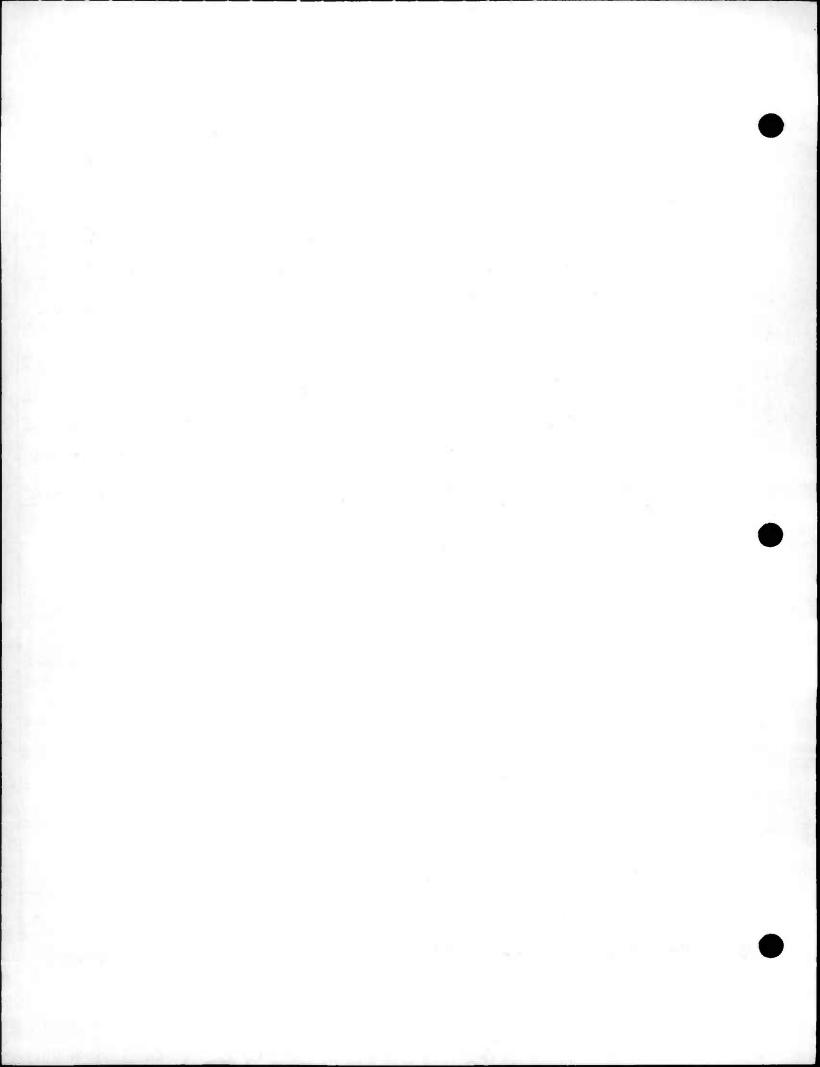
2. DATE OF DEATH MONTH



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		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND I		YGIENE EG. NO.	
	19	1. DECEDENT'S NAME (First, Middle, Last) ARVOLUT.	Wilkes			2. DATE OF O	EATH DAY G	3. TIME OF BEATH
9		4, SOCIAL SECURITY NUMBER / 244 - 26 - 3195	5. SEX 8. AGE (In yr.	rs. lest birthday) IF UNDI YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF B	18TH 6.	BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	98. FACILITY NAME (If not institution, give str	pet end number) Dutal	9b. CIT	y, TOWN OR LOCATION OF DE	_ ′	9c. COUNTY	OF DEATH
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	- 0	5		10d. INSIDE CITY
permit.		10e. STREET AND NUMBER	hessy	Ann	TIM OF	15	10g. CITIZEI	1 A YES 2 NO
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 10 YES 2	□NO	WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica	n, Puerto Ricen,	ecify Yes or No— 14	. RACE — American Indian, Black, Whita, etc.
21215-0020 Il or attending physic for use as the burial	ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC		n. DECEDENT'S USUAL	1 YES 2 NO Specify		OF BUSINESS/INDUS	Specify: BLACK
O in s	ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working	alle again		
# E E	BE COMPL	17. FATHER'S NAME (First, Middle, Last) JESSE W [LKES		18. MOTHER'S NA MAR		Malden Surneme)	
E, MAR be retained age 5 should be notlifled	TO B	190 INFORMANT'S NAME (Type/Print),	kes	I = - I A KI	S (Street and Number or Rural I	/\	by or Toyn, State, Zip Co	nd 21215
FORE		204_METHOD OF DISPOSITION 1		ACE AND DATE OF DISPO	SITION (Name of	DATE	20c. LOCATION — CITY	or Town, State
heath. P funeral		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	00	ARCH FUN		HOME-D	
nurs after In by the r remova			omplications that caused the list only one cause on each	a death. Do not enta	r the mode of dying, such	h as cardiac p		
760, d within 24 ha ompletely filled I. cremation, o event, the n		immediate Cause (Final disease or condition resulting in death)	DUE TO (OR AS A CO)	a cedia	a death.	Fire	(Fel	Onset and Death
OX 6876 be be executed a sician and comprise to burial, contraction to burial, contraction to burial contractions.	CATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	4				
iffication physical p	RTIFICAT	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE OF):				
S, P.	Image: Control of the control of the	resulting in death) LAST						
= 0 =	DICAL	PART II. Other significant conditions	contributing to death but n	not resulting in the u	ndarlying cause given in		WAS AN AUTOPSY PERFORMED? YES 2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MARECOR	IN: MEDIC					_		1 TES 2 NO
or Item	PHYSICIAN:	t TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatier	oTHE	26. PLACE OF DEATH (Che R: rsing Home 5 \subseteq Rasidence		cify)	
O 돌돌	ВУ РН	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Pay, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIB	HOW INJURY OCCUR	ED
TTENDI TTOR: A after d		3 Suicide 6 Could not be datermined	26a, PLACE OF INJURY — A building, etc. (Specify)	At home, farm, street, fed	tory, offica	26f. LOCATION City or Tow	(Street end Number or I n, State)	Rural Route Number,
4 42 E	COMPLET		IAN: To the best of my knowledge : On the basis of examination end					euse(s) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	B	296. SIGNATURE AND TITLE OF CERTIFIER	Bound a	71	29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Yeer)
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		Religion P		115	16197
124		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		WW NOC F	1/1	1 - Net	1000/1000
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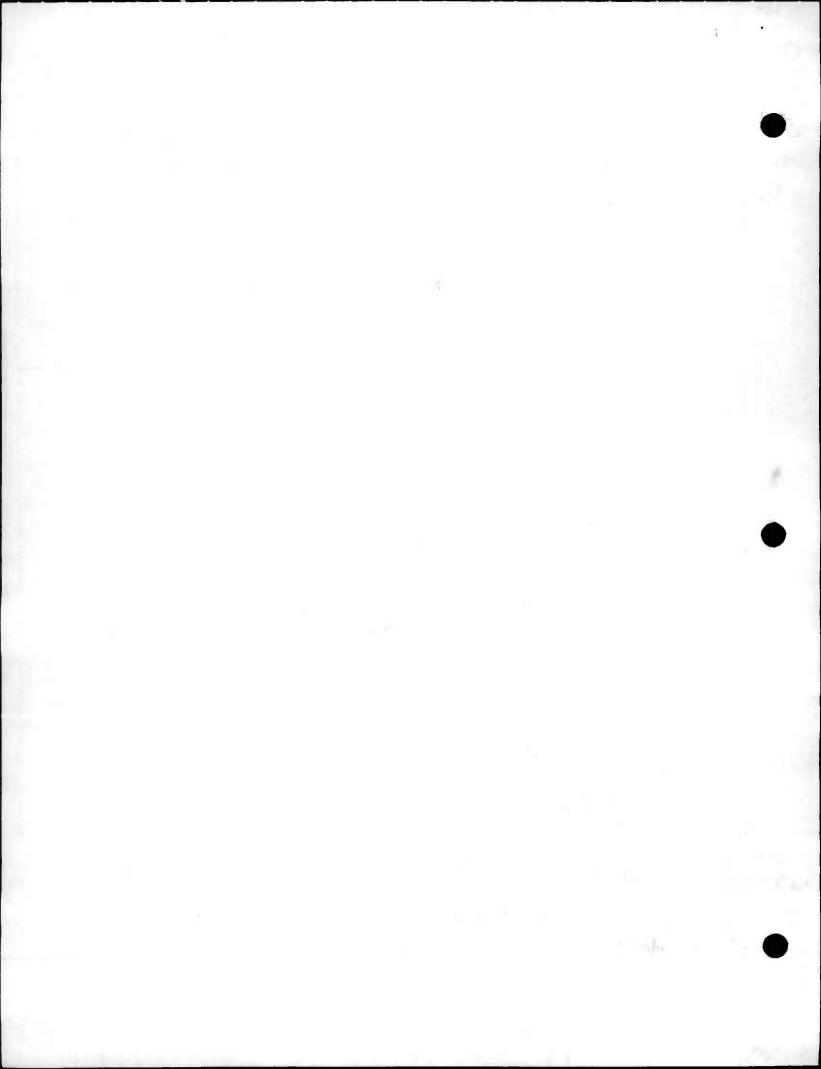


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		ALTON F WILSON (AL) 1. DATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH MONTH YEAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTINPLACE (State or Foreign													
pino		2/9-28-2402 10 42 F 59 VRS. MONTHS DAYS HOURS WIN. (Month Only Very No. C.													
uit. Pages 1, 2, 3 should	CTOR	UNIVERSITY HOSPITAL BALTIMORE PESIDENCE OF DECEDENT OC. COUNTY OF DEATH BALTIMORE													
	DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY Y LIMITS? 10d. INSIDE CITY YES 2 □ NO													
it permit.	FUNERAL	104. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?													
020 physician. burial-transit	UNE	2625 MAISBURY COURT 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No													
21215-0020 of or attending physician for use as the burial-tra	BY	1 Never Married 2 Merried FORCES? 1/LY YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 3 Wildowed 4 Divorced Divorced FYES, GIVE WAR OR DATES Divorced Specify: BLACK													
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)													
	COMPL	12th													
YLA by the be dei	BE CO	17. FATNER'S NAME (First, Middle, Last) ALBERT WILSON 18. MOTNER'S NAME (First, Middle, Meiden Surname) MARY COWARD													
	2	196. INFORMANT'S NAME (Type/Print) LULA M. WILSON 2625 MAISBURY CT. BALTO., MD 21230													
fORE, e 6 may be rector, page		20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) BALTO., MD													
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE LICENSSE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME - WEST													
B. nours after of in by the or removal		23. PART Enter the diseases, or complications tijet coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate													
in 24 sily fille attion.		IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF):													
		OUE TO (OR AS A CONSEQUENCE OF): - AS O O A TOOM PROLIMANIA													
	TION	Sequentially list conditions, if any, leading to immediate oue to (or as a consequence of): ASPIRATION PNEUMONIA Due to (or as a consequence of):													
四年	IFIC/	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
F H Bulg	CERTIFICATION	that initioted events resulting in death) LAST d. Sq. UANOUS Cell CARCINOMA OF HEAD + NECK													
RECORDS, F requires that the death een signed by the atte of Health and Mental shows any injury, (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? AMILABLE PRIOR TO													
RECOR requires that een signed by of Health an shows any	MEDICAL	1 U YES TO NO COMPLETION OF CAUSE OF GEATH?													
> 0														2.5	1 VES 2 NO
TA The The mate the his	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
the the Ca	PHYS	27. MANNER OF DEATH 28s. OATE OF INJURY (Month Day Med) 28b. TIME OF 28c. INJURY AT 28d. OE\$CRIBE NOW INJURY OCCURED													
ON OF DING PHYSI After this c death with s marked,	ВУ	2 Accident Investigation M 1 YES 2 NO													
VISI ATTEN ECTOR: s after	COMPLETED	3 Sulcide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
西西陀二		29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of my knowladge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner se stated.													
THE PARE	BE	29c. LICENSE NUMBER 29d. OATE SIGNED (Mogth, Day, Year)													
A. A. A.	6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typos, Print)													
		MORTON K. KINDER 21.5. GREEN ST. BALTO, Md, 21201 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE													
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	EDCOTTAL OD ATTENDIAL DEVOICIANT The last requires that the death engineer to account within or the
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physician. burial-transit permit. Pages 1, 2, 3 should		1. OECEDENT'S NAME (First, Middle, Last) Letter 1. Social Security Number	l, Glen	whelchel	OS- 05 - G	3. TIME OF DEATH 2 59 A M
		213-32-0032 9a. FRICILITY NAME (If not institution, give s	1 M 2 D F 5 YRS. MON	THE DAYS HOURS MIN.	ATE OF BIRTH Month, Day, Year) 6 07/37	BIRTHPLACE (State or Foreign Country)
	DIRECTOR	PESIDENCE OF DECEDENT	nex Haspital &	CITY, TOWN OR LOCATION OF DEATH	9c. COUNT	Y OF DEATH
mit. Pages		10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION ALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ciarı. -transit per	FUNERAL	10e. STREET AND NUMBER 851 George 11. MARITAL STATUS	St. Apt. 82	101. ZIP CODE 2/20/	U	N OF WHAT COUNTRY?
	ВҰ	1 Hever Married 2 Married 3 Wildowed 4 Divorced	FORCES7 1 X YES 2 NO IF YES, GIVE WAR OR OATES	13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuban, Mexican, Pus 1 — YES 2 W NO Specify:	NGIN? (Specify Yea or No— 14 arto Rican, etc.)	A. RACE — American Indian, Black, Whita, atc. Specify: BLACK
spital or red for u	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		done during most of working	16b. KINO OF BUSINESS/INDUS	STRY
高 路 省	BE COI	James Wh	nelchel	EVA M	rst, Middle, Melden Surname) I. HENSO!	
ay be retained the page 5 should be notified	10	20a. METHOD OF DISPOSITION	COOK 1607 N	RESS (Street and Number or Rural Route N	N Rd. Bat	to. Hd. 21289
death. Page 6 may be tuneral director, page I. examiner must be		1 Surial 2 Cremation 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LIC	GAKKISON	FOLEST VET. CPM 5		s H.Us Hd
0 - 0		23. PART CENTER The disease or o	P. L cott	22. NAME AND ADDRESS OF FACILITY MARCH FUNCH H360 WAGASH	+ AUE. BAUT	D. MG 51512
24 hours filled in fon, or r		ahock, or heart failure. I	complications that caused the death. Do not elected only one cause on each line.	fter the mode of dying, such as o	ardiac or raspiratory arras	t, Approximate Interval Between Onset and Death
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 18 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely perfect within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, it	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OH AS A CONSEQUENCE OF)	Syndrone	scar Jecal	lis
		PART II. Other significant cognition	s contributing to death but not resulting in the	e underlying fause given in Part I	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 PO	24b. WERE AUTOPSY FINDINGS AMALARIE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 1 YES 2 NOW		26. PLACE OF DEATH (Check one HER: Nursing Home 5 () Residence 6 () C	Service Control of th	
After this colleath with t	ву Рну	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28s. DATE OF INJUSTY (Month, Day, Year) 28s. TIME OF INJUSTY	M 1 YES 2 NO	DESCRIBE HOW INJURY OCCUR	
L OR ATTENDING P DIRECTOR: After the hours after death v	LETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, building, etc. (Specify)		.OCATION (Street and Number or Dity or Reen, State)	Rural Route Number
ED THE HOSPITAL OF THE FUNERAL C	COMPLE	(Check only 2 MEDICAL EXAMINE)	CIAN: To the best of my knowledge, death occurred at a R: On the bests of examination and/or investigation, in	the time, date and place, and due to the my opinion, death occured at the time, o	cause(s) and manner as stated. late and place, and due to the o	suite(s) and manner as stated.
TO THE HOSPI TO THE FUNER THE MICHINE IMPORTANT	TO BE	291. SIGNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON AND	COMPLETED CAUSE OF BEATH, ITEM 27 (7)00, Print	2017 ICENSE NUMBER	63 P. S	5/93
-1.1		31. DATE FILED (MOGUN, Days July)	SELTRAN 190	10 W. BALT:	ST, BALT	MD
541		MAY 1 0 1993 9	was Devidoor-Acres			21223

4. SOCIAL SECURITY NUMBER

215-34-0347

B. AGE (In yrs. lest bi

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E. F. Lassahn

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2. DATE OF DEATH MONTH DAY	93 YEAR	3. TIME OF DEATH 231
7. DATE OF BIRTH	S. BIRTI	HPLACE (State or Foreign

10/5/36 9b. CITY, TOWN OR LOCATION OF DEATH

YRS.

Baltimore,Md. as. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

FALLS TO DE RESIDENCE OF DECEDENT HARFORN STON GENER 10a. STATE 10h COUNTY IGC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford Joppa 1 TES 2 NO 10e. STREET AND NUMBER

10g. CITIZEN OF WHAT COUNTRY? 1104 Joppa Farm Rd. 21085 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Mar If yes, specify Cuben, Mexican, Pt 1 YES 2XXNO Specify: 3 Widowed 4 Divorced white

16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spi ementary/Secondary (0-12) 12 Yrs College (1-4 or 5+) House wife Home

17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Bentz Sophie (unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Mr. George Wagenfuehr Joppa Farm Rd. Joppa, Md. 1104 21085

20a METHOD OF DISPOSITION
1/ Source 2 Cremation 3 C
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Holly Hill Mem.Gardens, Middle River, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

E.F.Lassahn Funeral Home 1750 Belair Rd.Kingsville,Md.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or haart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition_

resulting in death) DUE TO JOR

Sequentially list conditions, if any, leading to immediate A CONSEQUENCE OF): cause. Enter UNDERLYING nace CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF)

resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 4 - Nun 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident

28s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 🔲 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On occured at the time, data and place, and dur

TLE OF CERTIFIER

32 AEGISTRAR'S SIGNATURE 1993

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DIRECTOR

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as been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical expenses the second of the secon

CERTIFICATION

PHYSICIAN: MEDICAL

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nours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

funeral director, page 5 should be detached for

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

has be Dept.

FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State

Item

Is marked, or

Item 28

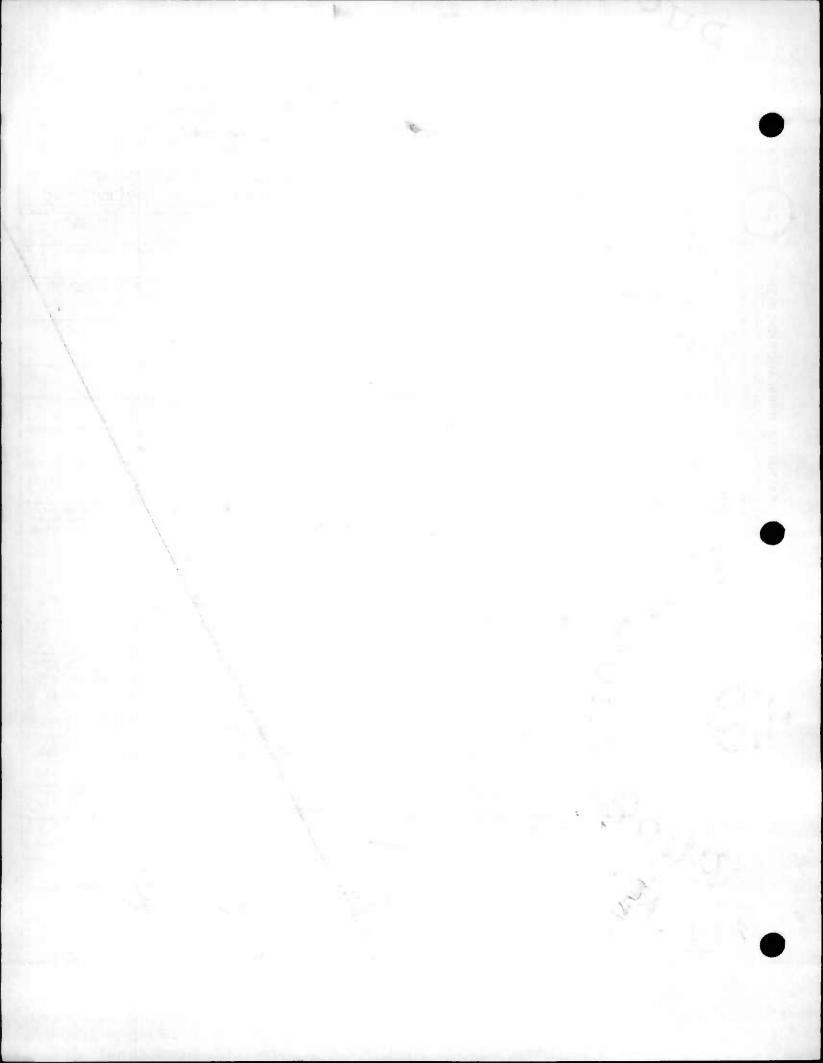
IMPORTANT: If

표보 223 Approximate

interval Betwe

24b. WERE AUTOPSY FINDINGS

Onset and Death



TAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within TO THE CONFINAL DIRECT
DE filed within 72 hours at
IMPORTANT: If Item 2

2

Alan

31. DATE-FILED (Month, Day, Year)

1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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	rtificate	he Stat	or ite	Į
	this ce	after death with the State Dept. of	28 Is marked, or item 23 shows any injury, or ot	
	R. After	after death	28 Is mar	
	Ē	afte	28	

93 13547 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR -8-11:28 AM 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day Year) Oct - 20, 1908 5. SEX 8. BIRTHPLACE (State or Foreign Maryland 218-05-7391 84 1 🗌 M 2 📆 F YRS Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Harbor Hospital Center Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 XES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRYS 707 S. Ann Street 21231 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married 2 **NO** If yee, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 YES 2 XNO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Mary Drzymala Frank Pilachowski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael J. Wieciech 707 S. Ann St. Baltimore, Maryland 21231 20a. METHOD OF DISPOSITION

Souriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State cemetery cremetory or other piece)
St. Stanislaus Cemetery 5/11/93 Balto. Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George A. Weber & Sons Inc. George A. A. Weber & Son & Sons 705 S. Ann St. Balto. Md. 21231 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death Colitic Aaste + Chronic disease or condition resulting in death) Schemic DUE TO (OR AS A CONSEQUENCE OF) ASCUD CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events 6 dominal resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 7 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Implifient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 WHO ng Home 5 - Rasidence 8 - Other (Specify) 4 - Nursi 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Antural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 3 Sulcide BE COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end mennar as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 18

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020	executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	attending
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ND	hospital
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MAR	retained
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use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX

TO THE FLOCK INL OFFATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE students. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled without 7. hours after death with the State Dept. of Health and Menta Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

9

					93	13549
FOR 4 STATE	STATE OF MAR	YLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIEN	lE .	
1 - STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, La	Joseph Ea	ward Zieli		2. DATE OF DEATH		3. TIME OF DEATN
JOSEPI	70 1	EIEL IN	541	03	MY OF GEAR	7:56 P N
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTN	PLACE (State or Foreign
213-12-6819	1 M 2 D F	79 YRS.	ONTHE DAYS HOURS MIN.	(Month, Day, Ybar)	114 Country	" Md.
9a. FACILITY NAME (If not institution, go	ive street and number)	1	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DI	EATN
Francis Scott F	Key Medical (enter	Baltimore			
RESIDENCE OF DECEDENT						
10a. STATE 10b. COL	INTY		town or Location Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER			10f. ZIP CODE	-	10g. CITIZEN OF W	HAT COUNTRY?
3616 E. FA	YETTE ST		2122	4	U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, atc.)	s or No— 14. RACE Black Specifi	- American Indian, White, atc.
15. DECEDENT'S I (Specify only highest gi	EDUCATION rade completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in	k done during most of working retired.)	11122 000-1000	ge (ompani	4
17. FATHER'S NAME (First, Middle, Last)		Capacara		AME (First, Middle, Meiden	, 0	
	Ziel	inski	Jenny	f	,	
190. INFORMANT'S NAME (Type/Print) Alice M. Zielis	rski	3616 E	DDRESS (Street and Number or Rural Fayette St. L	Route Number, City or Tow Balto., Md.	vn, State, Zip Code) 21224	
20e. METHOD OF DISPOSITION 1		206. PLACE AND DATE OF Cometery, cremetory or othe Green Hour	r placet		ocation - City or Tow altimore,	vn, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF FA		000	, C
> Charle	. D. Zel	ب	Charles S. Ze		(Or	rklina St.
23. PART I. Enter the diseases, shock, or heart fellu	or complications that cause or List only one cause or	sed the death. Do not	enter the mode of dying, aud	h as cardiec or reap	iratory arrest,	Approximata
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Strok	e				Interval Between Onset and Death

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 _ YES 2 1 NO

Q

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

5 Pending Investigation

6 Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident 3 Suicide

4 Homicide

Renal

Jepsis

HOSPITAL:
1 1 Inpatient 2 - ER/Outpatient 3 - DOA 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

DUE TO (OR AS A CONSEQUENCE OF):

OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 26c. INJURY AT WORK?

26. PLACE OF OEATH (Check only one)

12179

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

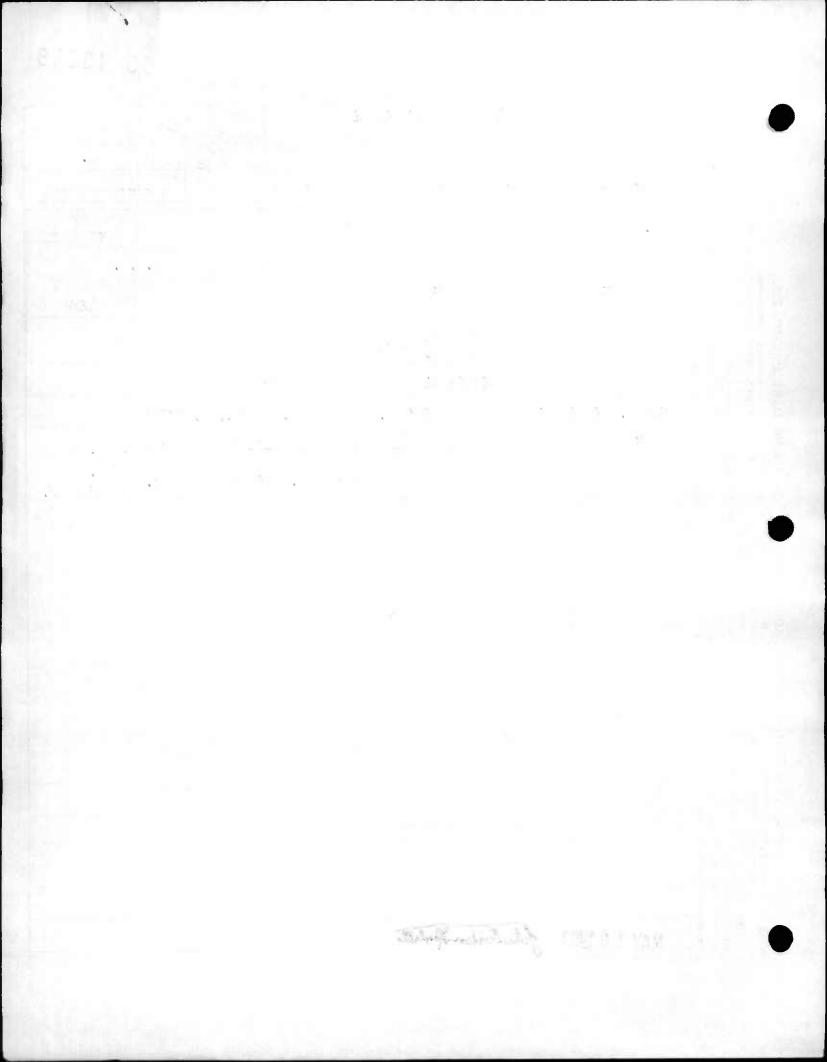
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, and due to the cause(e) end manner ea stated.

2 MEDICAL EXAMINÊR: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and 295. SIGNATURE AND THE OF CENTH 29d. OATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

30. NAME AND HO COMPLETED CAUSE OF DEATHY (TEM 27) (Type, Print)

John 31. DATE FILED (Month, Day, Year)

3 MAY 1 0 1993



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE				

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	2 1				2. DATE OF OEATH MONTH DAY	YEAR	3. TIME OF DEATH				
	1 To many	Conrad	Yung-Ki	vai			1993	1810	м			
	4. SOCIAL SECURITY NUMBER 579~46~2282			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)					
- 1	9a. FACILITY NAME (If not institution, give :		7 YRS.			6-26-1931	Washington D.					
TOR	7823 Denton Aven	The same of the sa		eb. CITY, TOWN OF	emere.	ATH 9c, (Balt	imare				
DIRECTOR	Maryland 10b. count	Baltimore	10c. CITY,	TOWN OR LOCATIO	Edge	mere	10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO					
FUNERAL	10e. STREET AND NUMBER			101. 2	P COOE		CITIZEN OF	WHAT COUNTRY?				
NEF	7823 Denton Ave				212			ted State	5			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XX Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 NO	If yes, spec	Ify Cuban, Mexican XNO Specify:	C ORIGIN? (Specify Yes or No., Puerto Rican, etc.)	14, RAC Blac Spec	E — American Indian, ek, White, etc. city: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. OECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUSINESS	/INOUSTRY		\dashv			
E	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most retired.)					- 1			
MP		4 Years	Wood Sho	op Teach	er	Educatio	n					
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Meiden Surnam	10)					
B	Burnham Yung-Kwa	u				Woodside						
2	Anne Y. Runfelt					oute Number, City or Town, State		07105				
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF			Le Eugene, O						
	1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State cerr	etery, cremetory or other	ar place)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	4 □ Donation 5 □ Other (Specify) Hill top Setvice Corp. 5/7/93 Towson, Maryland 22. NAME AND ADDRESS OF FACILITY Duda→Ruck Funeral Home of Dundalk, Inc.											
	1			Duda-1	Ruck Fun	eral Home of nue Dundalk	Dune	dalk, Inc.				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daath) DUE TO IOR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
AL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE											
PHYSICIAN: MEDIC						1 MYES 2 NO		OF DEATH?				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	E OF OEATH (Chec	k only one)						
IYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA 4	☐ Nursing Home								
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation	26a. OATE OF INJURY Sy2-3 - 9	3 28b. TIME (M 1 YE	2 X (4)0	28d. DESCRIBE HOW INJURY	he	plastic be	ap			
ETED	3 Suicide 6 Could not be 4 Homicide determined	26a, PLÁCE OF INJURY building, etc. (Spec	Her			City or fown, State) 7823 DRAL	A	Route Number,				
COMPLETED	(Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of examination	edge, death occurred n end/or investigation,	at the time, date er in my opinion, dea	nd place, end due to th occured at the ti	o the cause(e) and menner as me, date end place, end due t	atated.	a) and manner ea state	ıd.			
TO BE (296. SIGNATURE AND TITLE OF CERTIFIES	J 181	_		O. C. M.		DATE SIGNED	(Month, Day, Year)				
- 1	30. NAME AND ADDRESS OF PERSON WH	5 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pi	rint)				V 1 1//J				
	31. DATE FILEO (MONIN, 'Day, Year) MAY 1 0 1993	32. JEGISTRANS SIGN	ATURE	nn Stre	eet, Ba	ltimore, M	arvl	and 212	01			
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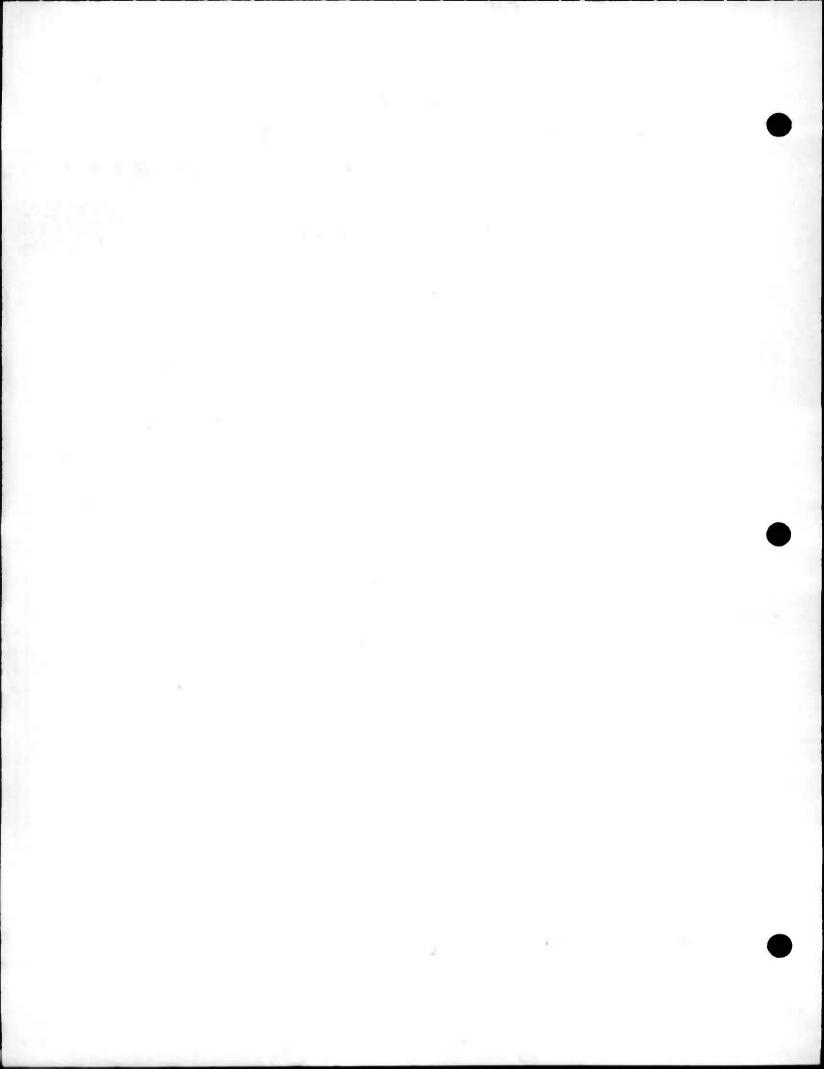
THE HEATHLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The PHAN DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should limboritable to line 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
CERTIFICATE OF DEATH	REG. NO.

93	3	5	5	
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	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT OF	HEALTH AND N	NENTAL HYGIEN		13550				
	1. DECEDENT'S NAME (First, Migdle, Last) ZAINAD ALI baby	9124.		2. DATE OF DEATH DO	AY YEAR	3. TIME OF DEATH 11:24 a.m.				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. ii	YRS. IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Dey, Year) 5 / 5 / 9	6. BIRTH	IPLACE (State or Foreign y) EUland.				
TOR	90. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSP	9b. CITY, TOW	TO OR LOCATION OF DEA	City	9c. COUNTY OF D	EATH				
DIRECTOR	10a. STATE 10b. COUNTY MANY AMO BALTIMORE	10c. CITY, TOWN OR LO		0	10d. INSID					
FUNERAL	10a. STREET AND NUMBER 22 South Greene Stre		101. ZIP CODE 2/20/		10g. CITIZEN OF WHAT CO					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	RMED 13. WAS I	DECENDENT OF HISPANIC specify Cuben, Mexican, (ES 2 NO Specify:	, Puerto Ricen, etc.)	17 (Specify Yea or No — 14. RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED	(Specify only highest grade completed)	ECEDENT'S USUAL OCCUP. Give kind of work done during to Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY					
BE COM	T. FATHER'S NAME (First, Migrillo, Lost) ASNIO H, A/1'	Pryams	JAMI	E (First, Middle, Maiden	Shin	es				
2	MRIKASHId H. Ali	9b. MAILING ADDRESS (Stre 924 W. F	et and Number or Rural Ro	oute Number, City or Tow.	n, State, Zig Code)	nd 21223				
	1 Burial 2 Cremation 3 Removal from Stata Complete 9, eq. 4 Donation 5 Other (Specify)	AND DATE OF DISPOSITION rematory or other place)	PARL	DATE 20c. LO	CATION — City or To	yn, Stafa 9 - Mid				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOSSELLA L. RUSS	22 NAME 105	AND ADDRESS/OF FACE	10th A	NEIMI PBOL	Home				
	23. PARTA. Enter the diseases, or complications that coused the dishock, of heart fellure. List only one cause on each lin	leath. Do not enter the	mode of dying, such	as cerdiac or reapi	retory arrest,	Approximata Interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ASP LVX A DUE TO (OR AS A CONSI			Onset and Death						
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 15 / L. 27 / RE M E PREMATURITY. 15 / L.									
CERTIFICATION	the any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. Abruptio Placentae 16 lus DUE TO (DR AS A CONSEQUENCE OF): The mature Rupture of Mambranes 8 days									
AL CE	PART ii. Other significant conditions contributing to deeth but not	resulting in the underly	ing cause given in P		AUTOPSY 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC	Hypotension, I schemic	encephal	opathy	1 TYES 2		OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OTHER:	PLACE OF DEATH (Chec							
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	26b. TIME OF 11 28c.	NJURY AT WORK? NO NO	28d. DESCRIBE HOW II	NJURY OCCURED	_				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, factory, or	fice	281. LOCATION (Street a City or Town, Stete)	nd Number or Rural R	loute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the basic of examination end/or	eath occurred at the time, d	sta and place, and due to	o the cause(e) and man	ner an atated.	end menner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER SILLIAN R. SILLIANS N. MA 30. NAME AND ADDRESS OF PERSON WHO COMPLETED, CAUSE OF DEATH (ITE	۵.	P 2600		29d. DATE SIGNED					
	Fellian R. Stellmon		-UMMS	NSW	0					
	MAY 1 1 1993 Julie Series Render									



TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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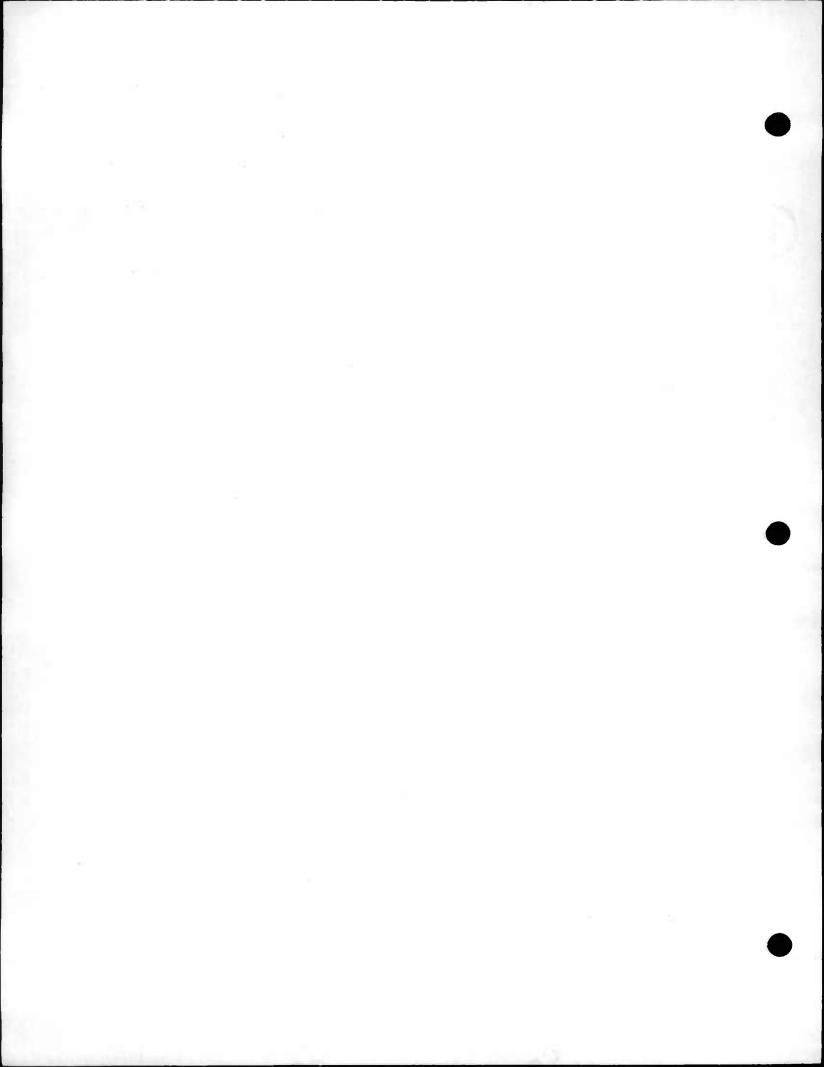
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE O	F DEATH	REG	S. NO.																
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA		3. TIME OF DEATH															
	AUDREY W. AMBOR	N					MONTH	DAY	YEAR															
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	t hirtoday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRD		993 5:55 p M															
	215-07-8456	1 □ M 2 XX	80		MONTHS DAYS		(Month, Day, Y	bar)	8. BIRTHPLACE (State or Foreign Country)															
			00	Tha.				1-13	MINNESOTA															
-	9a. FACILITY NAME (If not institution, give :				9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COU	NTY OF DEATH															
Ö	JOHNS HOPKIN	S HOSPITAL		- 1	BALTI	MORE CI	TY																	
5	RESIDENCE OF DECEDENT	C - C - C - C - C - C - C - C - C - C -																						
뿚	MARYLAND 10b. COUNT	Y		10c. CITY	TOWN OR LOC			10d. INSIDE CITY																
0					DALI	IMORE (CITY		YES 2 NO															
4	100. STREET AND NUMBER	T1100 0				101. ZIP COOE		10g. CITI	ZEN OF WHAT COUNTRY?															
E	116 WEST UN	IVERSITY	PARK	WAY		212	10		U.S.A.															
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT 6	VER IN U.S. AR	MED	13. WAS O	ECENDENT OF HISPA	NIC ORIGIN? (Spec	ify Yes or No	14 RACE — American Indian															
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES NO Specify: Specify: WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working																								
												Lementary/Secondary (0-12) 5 + YRS. CLAIMS ADJUSTER INSURANCE												
												₹	S JINS. CENTILO ADOUGIER											
												8	17. FATHER'S NAME (First, Middle, Last) GUSTAV FR	EDERICK	TIMO				AME (First, Middle, N					
BE		EDERICK	AMBOI			EDITE			NG															
2	19e. INFORMANT'S NAME (Type/Print)		198	MAILING	AOORESS (Stree	t and Number or Rural	Route Number, City	or Town, State, Zip	Code) 21202															
F	FREDERICK S. K	OONTZ		7 SA	INT PA	AUL STRE	ERT . BAT.	TTMORE	, MARYLAND															
	20e. METHOD OF DISPOSITION 1				F DISPOSITION /				City or Town, State															
	1 ☐ Buriel ARAS Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State				REMATORY																		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	JOKEEL	HO		AND ADDRESS OF F		BALTIM	ORE, MD. 21202															
	0000	-			22, NAME	HENRY	W. JEN	KTNS &	SONS															
J	K.M. Kul	7			4905	YORK F	ROAD, BA	LTO.MD	. 21212															
	23. PART I. Enter the diseases, or	complications that c	sused the de	ath. Do no	ot enter the m	node of dylan sur	h se cardisc or	respiratory em	est L Assessings															
	shock, or heart fallure.	List only one cause	on each line			ious or aying, sur	on se cardiac or	respiratory sitt	Approximats Interval Between															
- (IMMEDIATE CAUSE (Final disease or condition	1 /.	,, ,	0.		71,			Onset and Death															
Į	resulting in death)	a. Idio par	thic 1	ulmi	mary	hbrosi:	5		Buenes															
		OUE TO (OI	R AS A CONSEC	UENCE OF): ,				0															
Z	ACC 200 M CM CO CO COMPANY	. HSDIra	tron	Fnes	more	a			2 weeks															
은미	Sequentielly list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEC	UENCE OF);																			
8	cause. Enter UNDERLYING	0																						
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSEC	UENCE OF):																			
	resulting in death) LAST								ĺ															
CERTIFICATION		d																						
	PART II. Other significant condition	s contributing to de	ath but not re	suiting in	the underlyl	ng cause given in	Part I. 24a, W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS															
EDICAL	1 Party and 1						PI	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE															
	1.						1 U Y	ES ZYNYNO	OF DEATH?															
Σ									1 TYES 2 NO															
ż	- 4								1															
× 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF OEATH (C/	neck only one)																	
S	1 TES XX NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Residence	e - Orber (Co)																	
	27. MANNER OF DEATH	28e. DATE OF IN.		28b. TIME		JURY AT		OW INJURY OCC	IIDEO															
£	Trad	(Month, Day,		INJU	IRY W	ORK?	200. DESCRIBE	TOW INJUST OCC	UNEO															
PHYSICIAN:	XX Natural 5 Pending					YES 2 NO																		
ВУ РН	2 Accident Investigation	20110112		ne, farm, at	reet, lactory, off	Ica	281. LOCATION (S	Street and Number (State)	or Rural Route Number,															
B	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF II building, atc	NJURY — At hor . (Specify)	3 Suicide 8 Could not be 4 Homicide City or Town, State) 28. PLACE OF INJURY — At home, farm, street, lactory, offica building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)																				
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF II building, atc	NJURY — At hor . (Specify)																					
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, arc	. (эреспу)		at the time de	te and place, and du		4=																
ED BY	2 Accident 3 Suicide 8 Could not be 4 Homicide Certifier (Check only	CIAN: To the best of my	knowledge, dea	th occurred	f at the time, de	te end place, end due	to the cause(s) an	d menner se state	od.															
ED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, dea	th occurred	d at the time, da	te end place, end due death occured at the	to the cause(s) an	d manner se state	od, a cause(s) and manner as stated.															
E COMPLETED BY	2 Accident 3 Suicide 8 Could not be 4 Homicide Certifier (Check only	CIAN: To the best of my	knowledge, dea	th occurred	f at the time, de	te end place, end due death occured at the 29c. LICENSE NU	to the cause(s) an	ce, and due to the	od, a cause(a) and manner as stated. SIGNED (Month, Day, Year)															
BE COMPLETED BY	2 Accident 3 Sulcide 4 Homicide 29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my	knowledge, dea	ith occurred	, in my opinion,	death occured at the	to the cause(s) an	ce, and due to the	a couse(a) and manner as stated.															
E COMPLETED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, dea	ith occurred	, in my opinion,	death occured at the	to the cause(s) an	ce, and due to the	a cause(a) and manner as stated.															
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be 4 Hömicide 8 CERTIFIER (Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my R: On the best of exam	knowledge, decinination end/or in	th occurred tweatigation 27) (Type, I	, in my opinion,	death occured at the	o to the cause(s) and of t	29d. DATE	a Cause(a) and manner as stated. SIGNED (Month, Day, Year)															
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be 4 Hömicide 8 CERTIFYING PHYSI (Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my R: On the best of axam COMPLETED CAUSE	knowledge, der knowle	th occurred tweatigation 27) (Type, I	, in my opinion,	death occured at the	o to the cause(s) and of t	29d. DATE	a cause(a) and manner as stated.															
BE COMPLETED BY	2 Accident 3 Suicide 8 Could not be 4 Hömicide 8 CERTIFIER (Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	CIAN: To the best of my R: On the best of axam COMPLETED CAUSE 32. REGISTRAR'S	knowledge, der knowle	th occurred tweatigation 27) (Type, I	, in my opinion,	death occured at the	o to the cause(s) and of t	29d. DATE	a Cause(a) and manner as stated. SIGNED (Month, Day, Year)															

CTATE OF MADVIAND / DEDAR

	1 - STATE REGISTRAR	SIAIE UF MAI		CTAN TIF	ICATE	OF	DEAT	AND M	IENTAL H	EG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF OEA	ТН	
	EILEEN EST	ELLE		BI	LOOM				O5	09		YEAR OR	13.35 PM	, M	
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest bit	rthday)	IF UNDER 1		IF UNDER		7. DATE OF E	HTRIE		B. BIRTH	PLACE (State or F		
	21.8-1.2-6300	1 🗆 M 2 🚉 🗐	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 09-14-1			Countr MAR	ny) XYLAND		
	9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY, 1	OWN O	R LOCATIO	ON OF DEA	ATH		9c. COUNTY OF DEATH				
OR	NORTH ARUNDEL HOS	PITAL ASSO	OCTATION	J	GLI	EN I	BURNI	F	A A COUNTRY						
ᇈ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY							<u> </u>	L <u>A.A. COUNT</u>						
DIRECTOR		ARUNDEL	'		Y, TOWN OR ASADEN		ION						10d. thside city LIMITS? 1 YES 2XX		
AL	10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?		
FUNERAL	7864 OUTING AVENUE						21122	2			U.S	.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT EV							C ORIGIN? (S	pecify Yea	or No-	14. RACE	— American Indi	lan,	
B	1 Never Married 2 Married 3 WWidowed 4 Divorced	FORCES? 1 THE STATE OF THE STAT			1 (yes, spe	2 A NO	Specify:		Puarto Rican, atc.) Black, White, atc. Specify: WHITE					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working															
Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired:) 4 NONE WAITRESS HENNIE MACKS 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)															
BE	WAYNE UNKNOWN	HUNT					MARI					UPPLE	T		
2	19a. INFORMANT'S NAME (Type/Print) MARTHA C. CONNELL								NA, MAF				- 1		
	20a. METHOD OF DISPOSITION		20b. PLACE AND			ION (Nar	me of		DATE	20c, LOC	ATION —	Cify or To	wn, Stata		
	1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	CT FN HAV			ΔT. DZ	ZDK		5/13	GLEN	BURNI	E, MA	RYLAND	- 1	
	21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME														
	* Anolal	11/	7	_	1,	מריינים:	אז אר רווו	AT IC						- 1	
\neg	23. PART I. Enter the diseases, pr co	implications that ca	used the death	Don	nt enter th	SECUL	AVE de al	NUE,	S.W.,GI	EN BU	KNIE,	MD. 2			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. A CAUSE (OF): DUE TO (OR AS A CONSEQUENCE OF):											etween			
z															
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	DUE TO OR	AS A CONSEQUE	NCE OF	7):		,		7	<u>ce</u>					
CA	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury	15 ch	ucm	4 (C	/	res	4	1	1	10	211	,	- 1	
H	that initiated events resulting in deeth) LAST	DUE TO LOW	AS A CONSEQUE	NCE OF	1 :	4 1									
H	d.	104	este	n	Co	9									
	PART II. Other significant conditions	contributing to der	th but not resu	liting i	n the unde	erivina	cause o	iven in P	art I. 24a	WAS AN A	VPROTILI	246	WERE AUTOPSY F	MONIOS	
DICAL	Dial	reter	18	La	lio					PERFORI	MED?		AVAILABLE PRIOR	TO	
	Caro	1. 1	Lenos	0	مارد				-) 10	YES 2	□ NO		OF DEATH?	3920	
≥	Ca B	200	renos	4			00	<i>y</i>	-				1 YES 2	NO	
ĕ	25. WAS CASE REFERRED TO MEDICAL			_		26 DI	ACE OF DE	ATU Mhoo	h est es 1						
PHYSICIAN: MEI	EXAMINER?	HOSPITAL:	Outpetlant 2 🗆	204	OTHER:										
Ħ	27. MANNER OF DEATH	26a. DATE OF INJU	JRY 26	Bb. TIME		Bc. INJU			Other (Spe 28d, DESCRIE		ILIBY OC	NIBED			
	1 Netural 5 Pending	(Month, Day, Ye	eer)	ILNI	URY	WOF			Lou. DEGOTILE	L 11011 III	30h	JONED			
B B	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF IN.	JURY — At home,	ferm, s				-	281. LOCATION	V (Street or	rd Number	or Pumi P	harda Mumbur		
世	4 Homicide 6 Could not be detarmined	building, etc.	(Specify)						City or Tox	vn, State)	ro rvambo,	Or Morell 71	oute Number,	- 1	
۳.	294. CERTIFIER	AN. To the best of and												$\overline{}$	
COMPLETED	(Check only one) 298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:	On the basis of axamir	nation and/or inve	occurre stigation	n, in my opir	e, date : nion, da	and place, ath occurs	and due to	the cause(s)	and mann	due to th	ed.	and manner as a	40004	
	296. SIGNATURE AND TITLE OF CERTIFIER				.,,,					prace, and				rated.	
H	Must e	hole-	1),	4		29c. LICEI	NSE NUMB			-		(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	1-10-0	E DEATH (ITEM 27	1 /500	Print	Щ	D	26	206		-),	10.	75		
	DR.MUSTAFA C. OZ/2					A DATA	OI D	MD 0	1010						
	31. DATE FILEDI/MONTH, (Day, Year)	22 DEMOTRANIC	2010114714000			MIN	ULIU,	MU. Z	:1012						
	MAY 1 0 1993	Juna Da	vidson-As	nde	2										

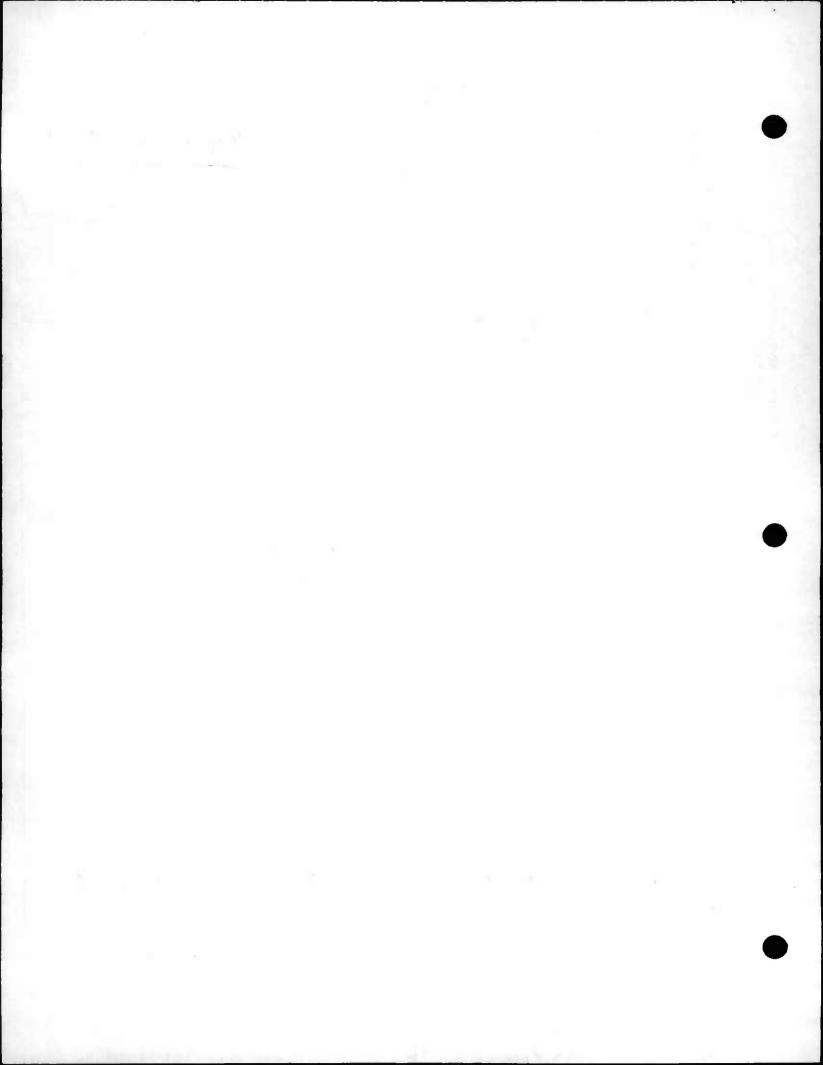
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



pes 1, 2, 3 should

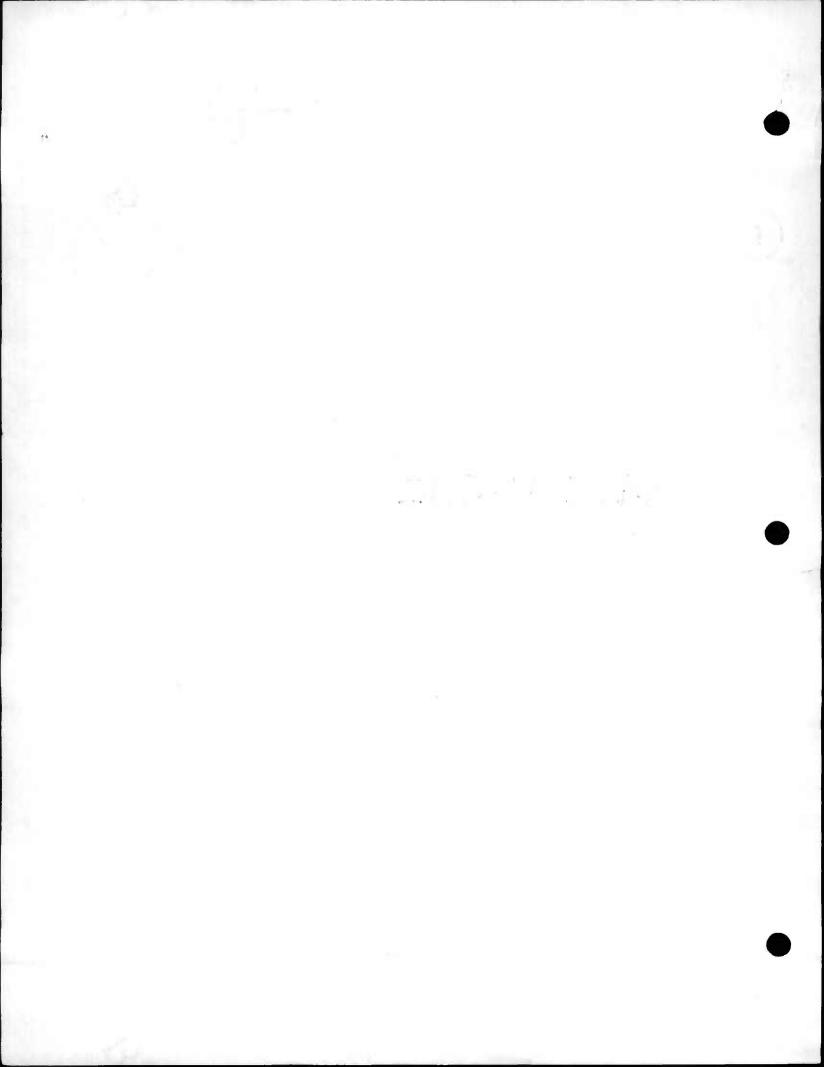
	Item5,7,20a,Film69 FOR 1. STATE REGISTRAR	9,5/18/9 STATE OF I	3,1t MARYLAND C	DEPAR ERTIF	RTMENT	OF H	EALTH DEA	AND TH	MENTA	AL HYGIEN REG. NO.	E 9	3	13553	
	1. DECEDENT'S NAME (First, Middle, Last) ROOSEJELT					utl	er		MON	las 1	7 /	993	TIME OF DEATH	
	4. SOCIÁL SECURITY NUMBER 251 56 4699	5. SEX 1 1 M/2 F	6. AGE (In yrs. In	st birthday) YRS.	MONTHS DAVE			MIN.	(Mon	OF BURTH OF IT. Day, Year of	/11/3 - 19		ACE (State or Foreign	
OR	Pa. FACILITY NAME (# not institution, give si Doctor 's Hospita]							юн ог ы ylan	EATH		9c. COUNTY OF DEATH PG			
DIRECTOR	10a. STATE 10b. COUNTY Maryland	, PG			10c. CITY, TOWN OR LOCATION Upper Marlboro,							- 1	Dd. INSIDE CITY	
RAL	10. STREET AND NUMBER 12629 Darlenen Str	eet		101. ZIP CODE 20772							1 AES 2 NO			
D BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 FYES, GIVE WAR OR DATES YES					MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: NO 14. RACE - Black, Specify: Specify: Black							
COMPLETED	(Specify only highest grade	16a. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) 4 Year'S Retired E.E.O. Specialist Gov.									USTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) Alex Butler, Sr.	•			16. MOTHER'S NAME (First, Middle, Meiden Surname) Lucille Miles									
բ	Shanita B. McKe	ennie	9	196. MAULING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 928 Dunloring Court Upper Marlboro, Md.										
	20b. PLACE AND DATE OF DISPOSITION (Name of The State September of State September of State September of State September of State September of September of State September of										ryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	was	T	TAPI	rewa.	rt F	ss of fa uner ing	al E					
	23. PART I. Enfer the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO	ise on each line	e.	not enter	the mo	de of dy	ing, suc	h aa car	rdiac or reapi	ratory arr	eat,	Approximate interval Between Onset and Death	
CERTIFICATION	ATTAC COLUMN COLUMN COLUMN													
PHYSICIAN: MEDICAL	PART II. Other significant condition:	t resulting in the undarlying cause given in Part					Part i.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24i			RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	₹:		EATH (Ch		er (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28a. DATE OF (Month, D		28b. TIM	- T	28c. INJI	URY AT			SCRIBE HOW II	NJURY OCC	CURED		
	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fact	ory, office	•		28f. LOI City	CATION (Street a or Town, State)	ind Number	or Rural Rout	Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINEI												nd manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	NE	29c. LICENSE NUM D 2 5 9					The state of the s				993 Year)		
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)			ы 27) (Туре	, Print)						12			
	MAY 1 0 1001	32. HEGISTRA	R'S SIGNATURE	0.2										

DHMH-16 Rev 1/89



1	 STATE REGISTRAR

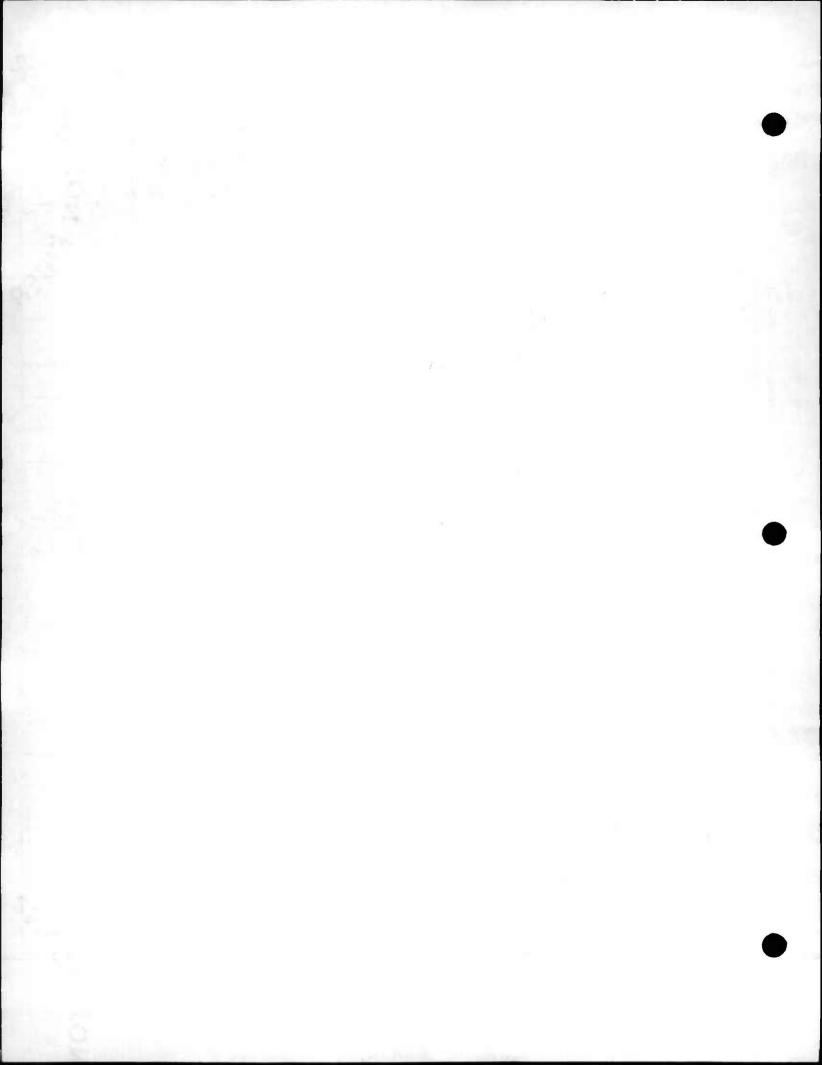
	1 - STATE REGISTRAR	SIAIE UP N					DEAT		MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED B		4.1						2. DAT	E OF DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S RAXTO	6. AGE (In yrs. last	hirthriay)	IF UNDE	1 VEA0	IF UNDER	24 1000	0	4 - 30	0-1	993	0420 Am
- 1	578-34-5437	1 M 2 F	6.7	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	nth, Day, Year)		Countr	,,
_	9e. FACILITY NAME (If not institution, give	•			9b. CIT	r, TOWN C	R LOCATIO	ON OF DE		-18-26	9c. COL	INOT	th Carolina EATH
Ē.	Washington Adven	tist Hosp	oital		Т	akom	a Par	rk			Montgomery		
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
		nce Georg	ge		Hyat								LIMITS? 以文 YES 2 INO
RA	100. STREET AND NUMBER 5038 - 38th Aven					101	. ZIP CODE						VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM		13.	WAS DEC	ENDENT O	782 F HISPANI	IC ORIG	HIGIN? (Specify Yes or No.— 14. RACE — American Indian, Black, White, etc.			
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced	☐ YES 2 [XNO MR OR DATES)	- 1	If yes, spe	24 NO	n, Mexicen	i, Puerlo	Rican, etc.)	G. 110—	Specif	fy:	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY										Lack			
Elementary/Secondary (0-12) College (1-4 or 5+)													
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use relired.) 12 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Ghe kind of working life. Do NOT use relired.) 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY 18b. KIND OF BUSINESS/INDUSTRY													
BE C	Unkno	wn					IO. MOTO		nkno		surneme)		
10	190. INFORMANT'S NAME (Type/Print) Ruth Harris									nber, City or Town			
						-		. нуа	_	ville,		207	
	20e, METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other piece) Harmony Memorial Park 5/4/93 Landover, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home												
	10 m	Slewa	U. L.	1					Road	, N.E.	, Was	sh.,	
	nock, or heart failure. List only one cause on each line.												Approximats interval Between Onset and Death
ATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING b. Metastatic language Cancer DUE TO (OR AS A CONSEQUENCE OF):											2 mden	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO ((OR AS A CONSEOL	ENCE O	F):							-	
DICAL (PART II. Other significant condition	a contributing to	daath but not rea	uiting	In the ur	ndarlying	cause g	ivan in P	Part I.	24s. WAS AN A	WED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MED									_	1 YES 2	NNO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEI													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only a	ne)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Sinpatient 2 -	INJURY	DOA 26b. TIM		28c. INJU		-	_	er (Specify) SCRIBE HOW IN	HIBY OC	CUREN	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Da	ry, Year)	INJ	M	WOI				John L.	oom oo	CONED	
	3 Suicide 6 Could not be determined	26e. PLACE OF building,	FINJURY — At hometc. (Specify)	e, ferm, i	street, fect	ory, office				CATION (Street ar	nd Number	or Rural R	oute Number,
COMPLETED		ICIAN: To the best of a											end menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	11		C	,	printerly the		NSE NUME		- erru piece, end			end menner se stated, (Month, Day, Year)
TO BE	20 NAME AND ADDRESS OF DESCRIPTION	Hon	_ r	1)		D	-33	4	82	•	4/2	
	30, NAME AND ADDRESS OF PERSON WH	7227-13	Hano	27) (Typo.	-	ky	G	he	cub	selt, N	4	207	70
	MAY 1 0 199	32. REGISTRAF	R'S SIGNATURE		,	O)						



DHMH-16 Rev 1/89

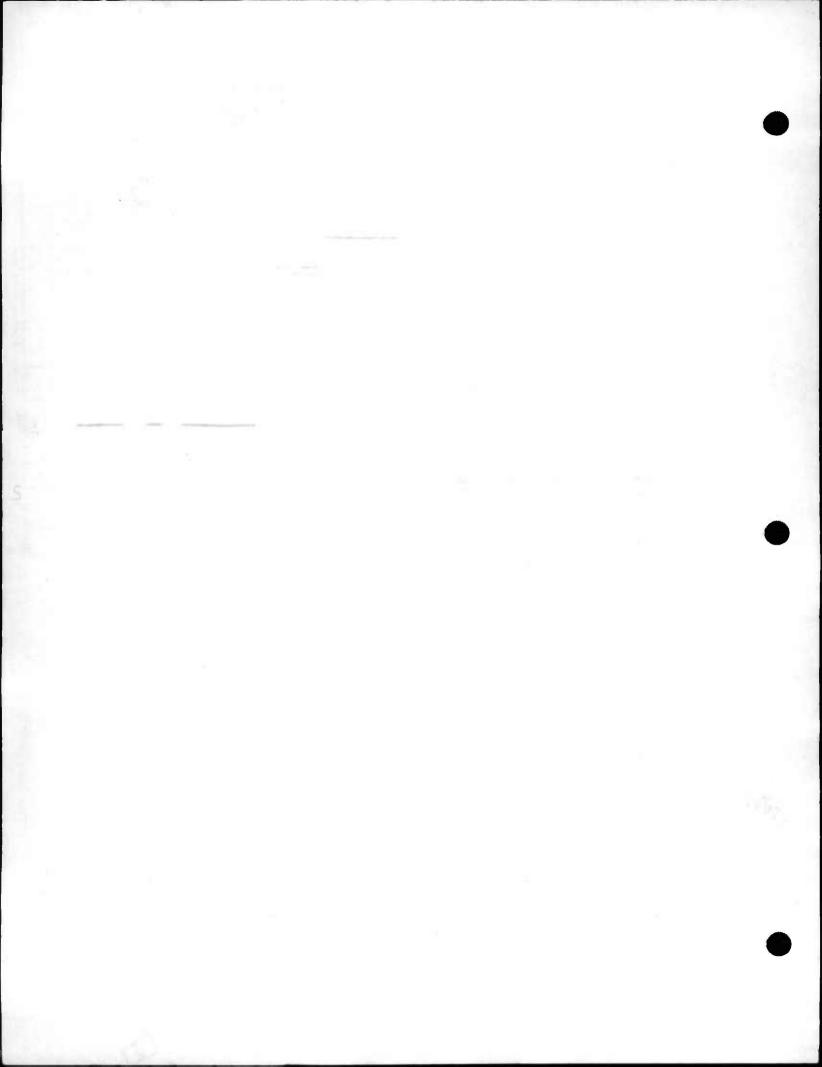
1 -	FOR STATE REGISTRAF
1. 0	DECEDENT'S NA

	REGISTRAR		CERTIFIC	AIE O	F DEATH	F	IEG. NO.	
Ī	1. DECEDENT'S NAME (First, Middle, Last)	IN BELK	NAP	Joy 1	Belknap	2. DATE OF MONTH	DEATH DAY	TEAR 3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 139-18-9436			FUNDER 1 YEA		7. DATE OF I	DIFITH 19. Year) 2-24	BirthiPLACE (State or Foreign Country)
TOR	Pa. FACILITY NAME (If not institution, give	street and number)	6	ANN	APO (S		9c. COU	INTY OF DEATH
ပ္က	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV .						
DIRECTOR	MD Anne Arundel Edgewater							t YES 2 NO
FUNERAL	96 Fidlers Hi	ll Road			21037		tog. Co	SA
151	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS (ECENDENT OF HISPAN	IIC ORIGIN? (S	oncify Yes or No	14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cuban, Mexicas	n, Puerto Rica	n, etc.)	Black, White, etc.
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			ES XIXNO Specify			Specify: White
ETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US (Give kind of work	UAL OCCUP	TION most of working	16b, KIN	D OF BUSINESS/IN	DUSTRY
COMPLET	Elementary/Secondary (0-12) 1 2	College (1-4 or 5+) 4+	Housew:	etired.)	Thou of working	Н	ousehol	đ
हिं।	17. FATHER'S NAME (First, Middle, Last)				48 MOTHER'S MAI	AE /Elms Adiabat	le, Maiden Surname)	
BE C	John J. Ruddy				Kathry	n G	riffin	
01	Edwin S. Belk	nap	96 Fig	dlers	ot and Number or Rural F Hill Ro	oute Number, o	City or Town, State, Zig Edgewat	er, MD 21037
	20a. METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State CO	petery, crematory or other Ouaker Ce	place)		DATE		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L		<u> Zuaker</u> Ce		AND ADDRESS OF FAC		Gares	ville,MD
	1 7 7 7 1	CENSEE			lesty Fur		Home	D A
	Kim VII VI	15 1/04	100					
	23. PART I. Enter the diseases, pr	A CONTRACTOR OF THE CONTRACTOR	10 1 0 5	114 F	idgelyAt	enue	Annap	olis,MD 21401
	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Weres	each line.				or respiratory an	Approximata interval Between Onset and Death
Z		DUE TO (OR AS	A CONSEQUENCE OF):					
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
S								
ا بـ	PART ii. Other eignificant condition	ne contributing to deeth	out not reculting in	the underly	ing ceuse given in	Part I. 24e	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
\\ \\ \\ \							PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL						— ' [YES 2 NO	OF DEATH?
Σ						-		1 TYES 2 NO
Z								
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	H@SPITAL:	10	Z6. THER:	PLACE OF DEATH (Che	eck only one)		
S	1 TYES 2 NO	1 Inpatient 2 - ER/Out			ome 5 🗆 Rasidence	8 🗆 Other (Sp	ecify)	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y	NJURY AT WORK?	28d. DEŞCRI	BE HOW INJURY OC	CURED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Soe	Y — At home, farm, stre	et, factory, o	fica	28f. LOCATIO City or To	N (Street and Number wn, State)	r or Rural Route Number,
COMPLETED	an orestron	SICIAN: To the best of my know	riedge, death occurred (it the time, d	ate and place, and due	to the causals	and manner as sta	ted.
COM	one) 2 - HEAL EXAMIN	ER: or the basis of examination	on and/or investigation, i	n my opinior	, death occured at the	tima, date and	place, and due to the	ne cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIC	state V	(I)		29c. DOENSE HUM	364	29d. DAT	E SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETE CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)				
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	IATURE					
10	MAY 1 0 1993	Lulia Davida	1- Bull 80					



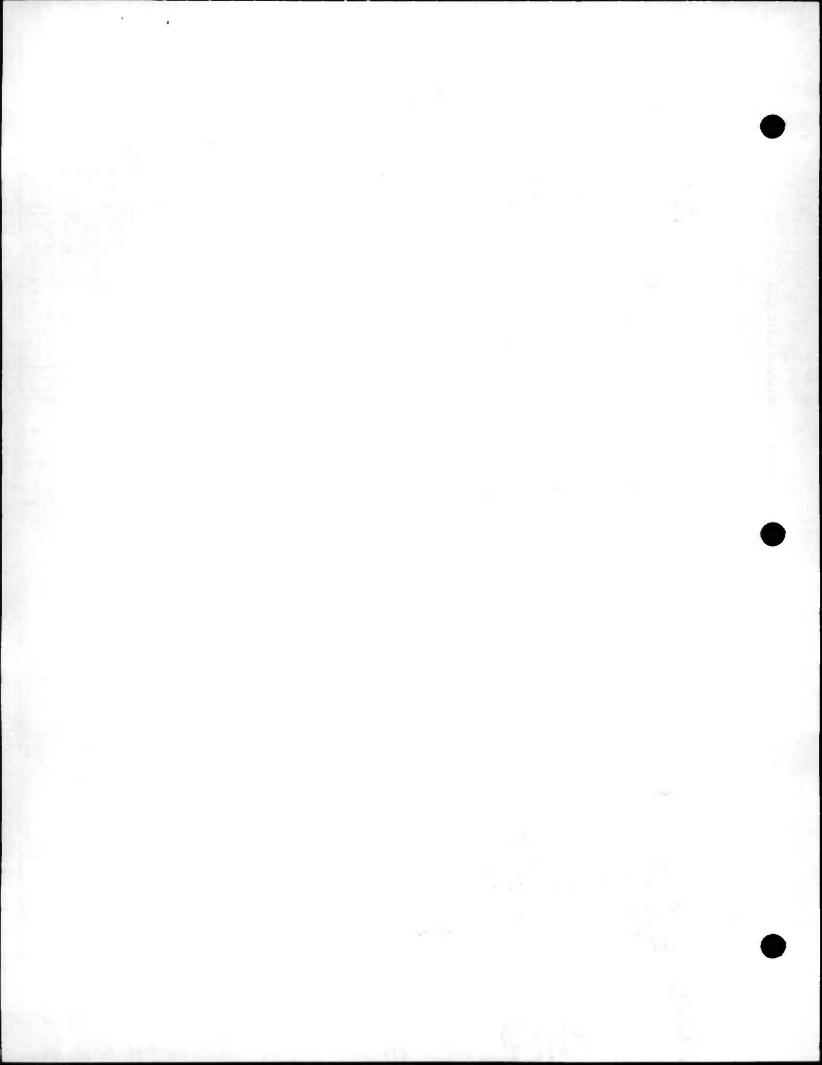
15

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH A	ND MENT	TAL HYGIENE REG. NO.	73	10000
	1. DECEDENT'S NAME (First, Middle, L	ast)		THE OF BEATT		ATE OF DEATH		3. TIME OF DEATH
	IRVIN	M	BA	RGAR		NTH DAY	93	12:18 PM w
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24		TE OF BIRTH		IPLACE (State or Foreign
	214 10 6445	1X 1 2 F 7	O YRS.	ONTHS DAYS HOURS I		onth, Day, Year)	Count	y)
	90. FACILITY NAME (If not institution, g			b. CITY, TOWN OR LOCATION		2-16-192	COUNTY OF D	yland
E C	NORTH ARUNDEL			GLEN BURNI		96.		COUNTY
DIRECTOR	RESIDENCE OF DECEDENT		SIMITON	ODDN DORWY			n.n.	COONTT
문	10a. STATE 10b. CO			TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	Maryland Ar	nne Arundel	Pa	sadona GLEN	BURNIE			1 TES TO NO
4	10e. STREET AND NUMBER			10f. ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?
6	7679 Solley	Road		2112	2- 2106	50 T	ini+ad	l States
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF H	IISPANIC ORI	GIN? (Specity Yee or No	- 14. BACE	- American Indian
BYF	1 Never Married 2 X X Merried	FORCES? 1 X X ES	2 NO	If yes, specify Cuban, if 1 ☐ YES 25 NO	faxican, Puer	to Rican, etc.)	Speci	k, White, atc.
	3 Widowed 4 Divorced	TATTAT T	T	722			0,000	White
COMPLETED	15. DECEDENT'S (Specify only highest g	EDUCATION	16e. DECEDENT'S US	SUAL OCCUPATION k done during most of working		16b. KIND OF BUSINESS	INDUSTRY	
<u>—</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
AP	7th Grade		Electri	cian		W.R. Gra	ce	
Ö	17. FATHER'S NAME (First, Middle, Last))		18. MOTHER	'S NAME (Firs	st, Middle, Maiden Surner	ne)	
BE (Mitchell Cur	tian Bargar		Gr	aco V	iolla Wi	11inc	,
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or	Rural Route N	umber City or Town, State	Zio Code)	1050
2	Dorothy Bar	gar		Solley Road	CIE	N BURNIE, ME	Md.	21060
ĺ	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF			ATE 20c. LOCATION	City of To	nun State
	1 Suriel 2 Cremetion 3 6 F	Removal from State CO.	metery, crematory or othe	place)				
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	Glen Hav	en Mem. Par	CKD+T			
ł	James 1	D-0-5						eral Home
	James F.	Hackman, J	r.	3204 Moun	tain	Rd., Pas	adena	a, Md.2112
	23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	A CONSEQUENCE OF):	zocedo	1	yent	arrast,	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):			0		
PHYSICIAN: MEDICAL	PART II. Other algolficant condi	tiona contributing to death (but not resulting in	the underlying cause give	n in Part i.	24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ķ I	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF OEAT	H (Check only	one)		
S	EXAMINER? 1 YES 2 NO	HOSPITAL; 1 ☐ inpatient 2 ☐ ER/Out		THER: Nursing Home 5 Reside				
£∥	27. MANNER OF DEATH	28a. OATE OF INJURY	26b. TIME C		_	DESCRIBE HOW INJURY	OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK? M 1 YES 2 N		ESCHIBE HOW INSURT	OCCOMED	
面	2 Accident Investigation 3 Suicide B Could not	28s. PLACE OF INJURY	/ — At home, form, etra	1 123 2 1				
입	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, tectory, offica building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, tectory, offica city or Town, State) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
iii ji	29e. CERTIFIER							
COMPLETED	(Check only	HYSICIAN: To the best of my know MINER: On the beele of examination						end manner ee stated.
BE	296. SIGNATURE AND TILLE OF CERTI	FIER	^	29c. LICENSI	NUMBER	29d.	DATE SIGNED	(Month, Day, Year)
		[[^		1 0	IAF	P	Of.	- 9 B- 851
유	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CADING OF DE	EATH (ITEM®27) (Type, Pri	int)	44		-0	1
	DR.CHARLES WU/	1600 CRAIN HI	GHWAY SW/G		D.2106	<u>51</u>		
	MAY 1 1 1993	Suis Devices	and the					
1	MW1 - T 1999							

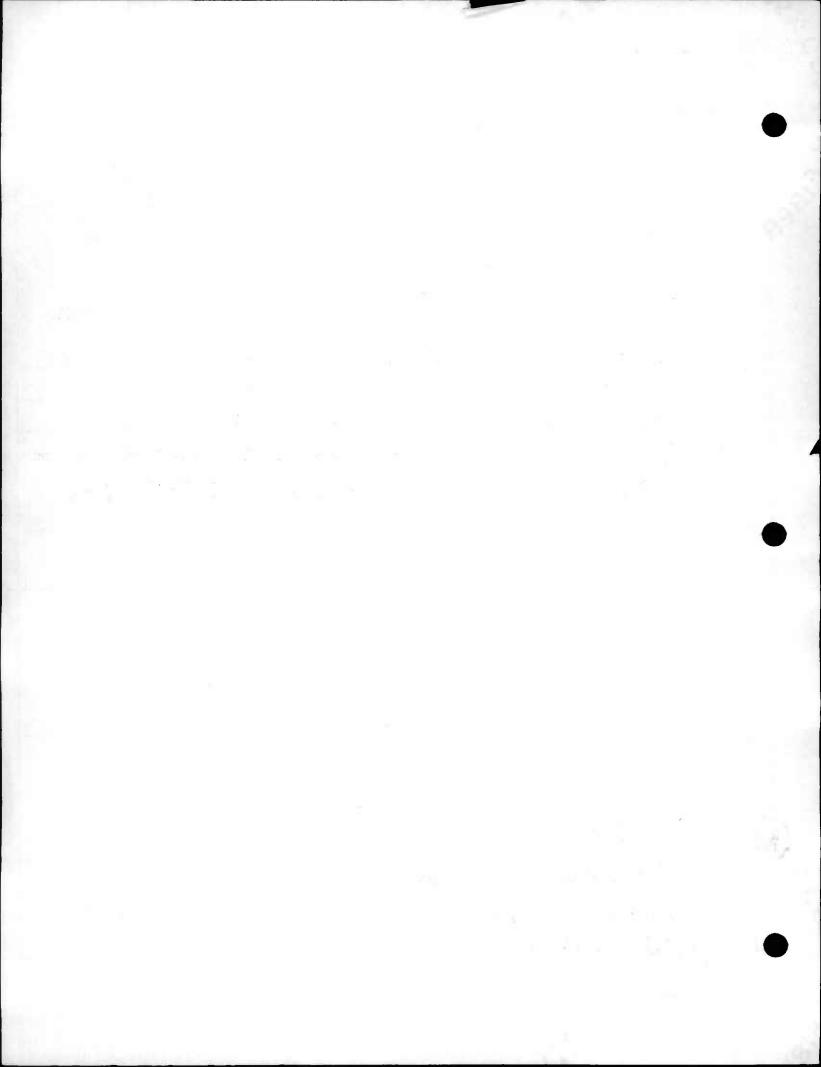


ENISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	HE MISSING ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNCTOR CONTRACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	bd within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	DRTANT: Triem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE CL	TO THE	be filed	IMPOR

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DEATH
1 8	CONAN	JAMES		BAILE	Y	0.5 (06 PAY	993	5:56 A M
		5. SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIR	THPLACE (State or Foreign
	139-72-0849	1KM 2 F 19	YRS.	MONTHS DAYS	HOURS MIN.	April			intry)
1 3	9s. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN	OR LOCATION OF			COUNTY OF	
8	THE BACK LOT OF	KENT PLAS	7. Z	CHESTERTOWN KENT					
ម	RESIDENCE OF DECEDENT						KENI		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
	New Jersey Salem	a County	Peni	nsville					1 X YES 2 NO
RA				1	of. ZIP CODE		'		F WHAT COUNTRY?
FUNERAL	14 Lenape Dr.				08070			USA	
교	1 X Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 YES	2XXNO	13. WAS OF	CENDENT OF HISP/ pecify Cuban, Mexic	NIC ORIGIN? (Sp an, Puerto Rican,	ecify Yes or No , etc.)	0 14. RA Bis	NCE — American Indian, ack, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S ZYCKNO Spec	lty:		Spe	White
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KINI	OF BUSINES	S/INDUSTRY	
ET	(Specify only highest grade co.	ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during n se retired.)	lost of working				
틸		year	Stude	nt			College	e	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle			
ш	James V. Bailey				Marg	garet A.	House	е	
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rura				
F	Mr. James V. Baile	ey	14 Lei	nape Dr.	Pennsy	ville, N	J 08	8070	
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Remove		PLACE AND DATE		leme of	OATE	20c. LOCATIO	ON — City or	Town, State
	4 Donation 5 Other (Specify)	La	keView 1	Memoria]	Park	5/11	Sykesy	ville,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			ND AODRESS OF F	ACILITY			
	John K A	les L			g Byers Liberty				
	23. PART /. Enter the diseases, or cor	mplications that cause	tha death. Do	not enter tha m	ode of dying, su	ch ea cerdiec	or reepirator	v arreet.	MD 21133
1 1	shock, or heart failure. Lis IMMEDIATE CAUSE (Final	at only one ceuse on e	ach line.						interval Between Onset and Death
		CADINA	C. 122011	n +	C	EIAM	0		Onset and Death
	resulting in death) a.	COMPAGE TO (OR AS A	CONSEQUENCE	P):	0014)	- Viep	V	-	
z	C b								
[일]	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
2	CAUSE (Disease or Injury								
빌	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
CERTIFICATION	d.								
CAL	PART II. Other aignificent conditions	contributing to deeth b	ut not recuiting	in tha underlyi	ng ceuse given is	n Part i. 24a.	WAS AN AUTO		4b. WERE AUTOPSY FINDINGS
							PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED							YES 2 N	"	OF GEATH? 1 □ YES 2 □ NO
7									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (C	heck only one)			
Sic		HOSPITAL:	etient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 KT Other (Soc	iclfy) CU(ODDIN	IG MALL
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIR	IE OF 28c. IF	JURY AT	26d. DESCRIB			
ВУБ	1 Netural 5 Pending 2 Accident Investigation	(MONOI, Day, Ibar)	liv.		YES 2XXNO	SELF-I	INFLIC	CTED/	GUNSHOT
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, factory, off		281. LOCATION	(Street and N	umber or Rura	PLAZA SHOPP
	4 Homicide determined			NG MAI.	r.	ING MA			PLAZA SHOPP
12	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner of the cause(e) and mann								
COMPLET	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end manner es stated.								e(e) end manner es stated.
ECC	296. GHATURE AND TITLE OF CERTIFIER	VI			29c. LICENSE NU				EO (Month, Day, Yeer)
00	Molarier The	Trull			0.C.				07/1993
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)				03/0	, 1, 1, 1, 1, 1
	4 DOGSONO D. K	ORFU UD.	lll Pen	n Stre	et, Bal	timore	e. Mar	rvlar	nd 21201
	31. DATE FILED (Month, Day, Year)	32. PEGISTEAR'S	ATTENDO.	5020			-, 110.	_ , _ ur.	21201
	MAY 1 1 1993 90	Man Anna James							



		FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT					GIENE	3	3558
		1. DECEDENT'S NAME (First, Middle, Last) TRACY	L.	(Linden)		LEY	. 01	DEAT		2. DATE OF D	EATH	95	9:10 A
Should		4. SOCIAL SECURITY NUMBER 212-92-6562 9e. FACILITY NAME (If not institution, give st	5. SEX 1 M 2 F	6. AGE (In yrs. les 29	t birthday) YRS.	MONTHS 9b. CITY,	DAYS	HOURS COCATION	MIN.	7. DATE OF BI (Month, Day, 5/17/	163	Country)	ACE (State or Foreign
60	стов	820 HERNDON CO	URT			BA	1.TT	MORE		ity	NA		
020 physician. burial-transit permit. Pages 1, 2,	L DIRECTOR	Maryland NA				altim	ore	City	(Br	ooklyr		1	Od. INSIDE CITY LIMITS?
an. ransit pe	FUNERAL	219 Pontia					107.	ZIP CODE	21225	5	10g. CI	USA	AT COUNTRY?
215-0020 attending physicis	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR I YES 2XX	MED	16		cify Cuban,		C ORIGIN? (Spi Puarto Rican,	etc.)	14. RACE - Black, 1 Specify:	- American Indian, White, atc. White
21 al or for t	TO BE COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5	+) (Gi	tve kind of v Do NOT us	usual oci vork done di le retired.)	uring mos	of working			OF BUSINESS/IN		employed
YLAND by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last) Webster Edward	and 1	Bailey	ousii	ic bu	31110	18. MOTHE	ER'S NAM	E (First, Middle,	Maiden Surname)	Baile	
MARYLAND retained by the hospit 5 should be detached notified at once.		19a. INFORMANT'S NAME (Type/Print)						d Number o	or Rural Ro	oute Number, Cit	y or Town, State, Z	p Code)	= у
Page		Mr. Webster E. 20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Rem.		20b. PLACE A	NODATE	OF DISPOSI	TION (Nan	ne of		Balto.,	20c. LOCATION -	21225 City or Town	, State
BALTIMORE, ter death. Page 6 may by the funeral director, page wal.		4 Donation 5 Other (Specify)	Ker Ker		Have cker	22. N	AME AND	ADDRESS	S OF FACI	LITY	Glen Bu of Bro Balto.		Maryland
aft of a	Н	23. PART i. Enter the diseases, or cahook, or haert failure.	omplications the	it coused the de	eth. Do n	23 not enter t	the mod	e of dyin	apsc ng, auch	aa cerdiec o	Balto.	, Md.	Approximate
within pletely cremat		iMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF):						interval Between Onset and Deeth				
687 xecuted and con burial, burial	ATION	Sequentially list conditions, if eny, leeding to immediata cause. Enter UNDERLYING	OUE TO	OUE TO (OR AS A CONSEQUENCE OF):									
P chi	ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C. OUE TO (OR AS A CONSEQUENCE OF):										
Me he	AL CE	PART II. Other algolificant condition	contributing to	death but not re	esuiting i	n the und	ierlying	causa gi	iven in P		WAS AN AUTOPSY PERFORMEO?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
REC v requires been sign t, of Heal	N: MEDICA										YES 2 NO	0	DMPLETION OF CAUSE F DEATH?
E ## = =	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1/2/YES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER:	:	CE OF OE		k only one)	(hr)		
O 뜻 함을 함	ву Рну	27. MANNER OF DEATH 1)((3) Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY lay, Ybar)	28b. TIMI	E OF 2	28c. INJUI WOR 1 YE	RY AT	:		HOW INJURY OC	CURED	
ATTEN GEOR: after 28 is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	me, ferm, s	treet, factor	ry, office	1,5	1	28f. LOCATION City or Town	(Street and Number n, State)	r or Rural Rou	le Number,
TO THE FUNDED THE FUNDED WITHIN 72 hours IMPORTANT: If Item	COMPLI												nd menner se stated.
TO THE TO THE DE FILE WITHIN	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	- LOZ	ReM	1)	D-1-st		29c. LICEN	.M.		29d. OAT		6/93
		J. LARON LOCK	E,MD	111			reet	:, В	alt	imore	, Mary	land	21201
	j	31. DATE FILED (Month, Day, Year)		lon-Fanda	M.								
			V										DHMH-16 Rev 1/89



REGISTRAR			Late III	ICATE OF	F DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O		w	WEAR	3. TIME OF DEATH
WILLIAM PAUL F	BROWN			_		5	8		73	6: 14AM
	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE 0	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	1 M 2 D F	83	YRS.	MONTHS DAYS	HOURS MIN.		5/09			
9a. FACILITY NAME (If not institution, give stre	et end number)			96. CITY, TOW	OR LOCATION OF			9c. COU	NTY OF D	
Good Samaritan Ho	spital			To	wson			Ва	ltim	ore
10e. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Maeryland Balti	.more			Towsor						1 TES 2 NO
10s. STREET AND NUMBER				1	01. ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?
1401 E. Joppa Roa					21286				U.S.	Α
1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	YES 2	RMED NO	13. WAS DI	ECENDENT OF HISPA specify Cuban, Mexic	UNIC ORIGIN?	(Specify Yes can, etc.)	or No-	14. RACE Black	- American Indian, c, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES		1 🗆 YI	S 2 NO Spec	ffy:			Speci	
15. DECEDENT'S EDUCA	ATION	16a. Di	ECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BUS	INESS/INC		hite
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	- 1/4	Sive kind of w e. Do NOT ue	vork done during i se retired.)	nost of worlding					
12th grade		, L		D						
12th grade 17. FATHER'S NAME (First, Middle, Last)		2.4	actor	у кер.	18. MOTHER'S N	AME (First, Mi	ddle, Malden	Surname)	ulph	er
Michael Joseph B	rown				Kather	ine Ac	nes G	ibbl	in	
19a. INFORMANT'S NAME (Type/Print)		19	D. MAILING	ADORESS (Stree	end Number or Rura	Route Number	r, City or Town	n, Stete, Zip	Code)	
Michael Rose Bara	noski				a Road			212		
1208. METHOD OF DISPOSITION 1209. Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	cemetary, cri	ematory or ot			OATE		CATION —		
21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Dulane	ey Va	lley Me	m. Garde	ns 5/1	1/93	_Coc	keys	ville, MD
100 -A- 1	211	1.			on Funer					
Mislinas.	Kopard	K	_	8521	Toch Pare	on Bla	τ ο π	OWSO	n. M	D 21286
23. PART i. Enter the diseases, or co shock, or heert failure. Li	mplications that	caused the de	eath. Do n	not enter the m	ode of dylna su	ch as cardi	ac or respir	ratory an	rest.	Approximate
			e.		or of the same		•			
IMMEDIATE CAUSE (Final	0.			^			·			Interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition resulting in death)	173	make	- ·	Inem				,		Interval Between
disease or condition	AS OUE TO		- ·	Inem	nelis					Interval Between
disease or condition resulting in death) Sequentielly list conditions,		male (OR AS A CONSE	20 COUENCE OF	Inem						Interval Between
disease or condition resulting in death)		make	20 COUENCE OF	Inem						Interval Between
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO	male (OR AS A CONSE	COUENCE OF	Inem						Interval Between
disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSE	COUENCE OF	Inem						Interval Between
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF	Inem 7: 7:	mlis	-				Interval Between
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Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Suicide 6 Could not be determined	DUE TO DUE TO Contributing to HOSPITAL: I Minetient 2 28e. PLACE O building, AN: To the best of	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COUENCE OF COUNCE OF COUENCE OF COUENCE OF COUENCE OF COUNCE OF COU	Present Sectory, off	PLACE OF DEATH (C	heck only one; 8 Other 28d. DESC 28f. LOCAL City or	24e. WAS AN I PERFORI 1 YES 2 ' (Specify) RIBE HOW IN Town, State)	AUTOPSY MED? NO NURY OCC and Number	24b. CUREO or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO DUE TO Contributing to HOSPITAL: I Minetient 2 28e. PLACE O building, AN: To the best of	(OR AS A CONSE (OR AS A CONSE	OUENCE OF COUENCE OF COUNCE OF COUENCE OF COUENCE OF COUENCE OF COUNCE OF COU	Present Sectory, off	PLACE OF DEATH (Come 5 Residence HJURY AT ORKY VES 2 NO Ice te and place, and du death occured at th	heck only one; 8 Other 28d. DESC 28f. LOCAl City or	24e. WAS AN I PERFORI 1 YES 2 ' (Specify) RIBE HOW IN Town, State)	AUTOPSY MEO? NO NO NO NO NO NO NO NO NO	24b. CUREO or Rural R ted.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

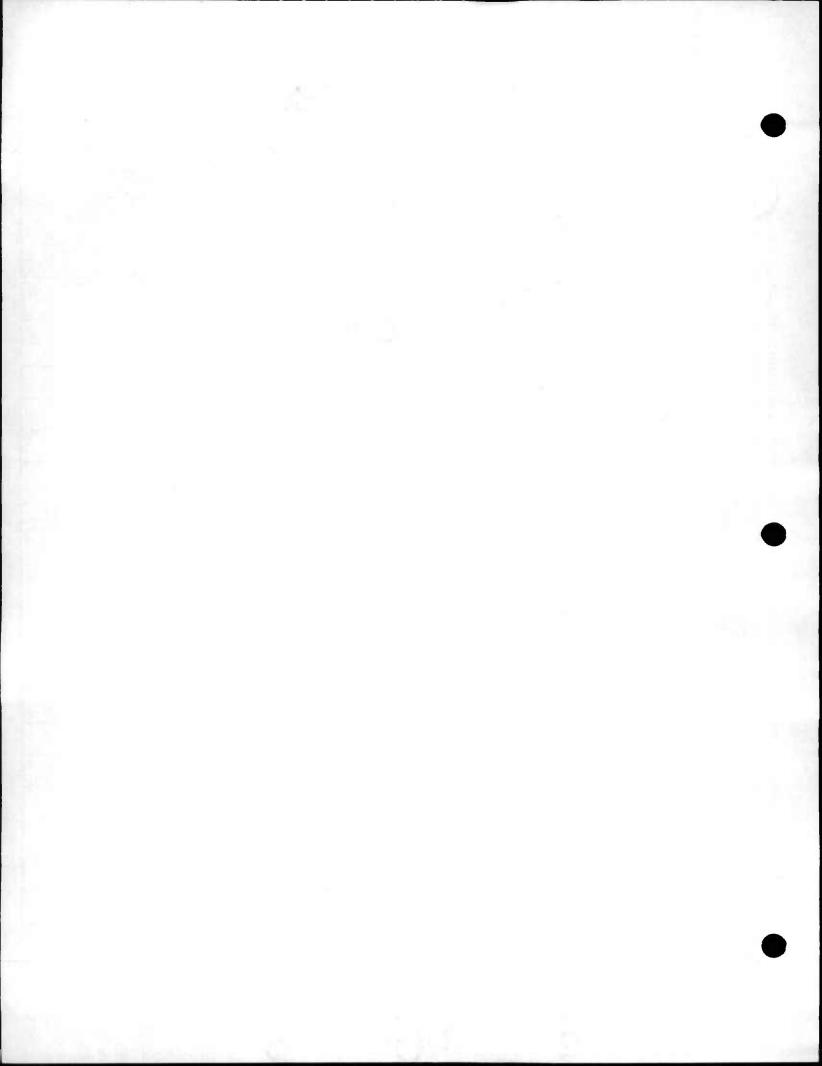
BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

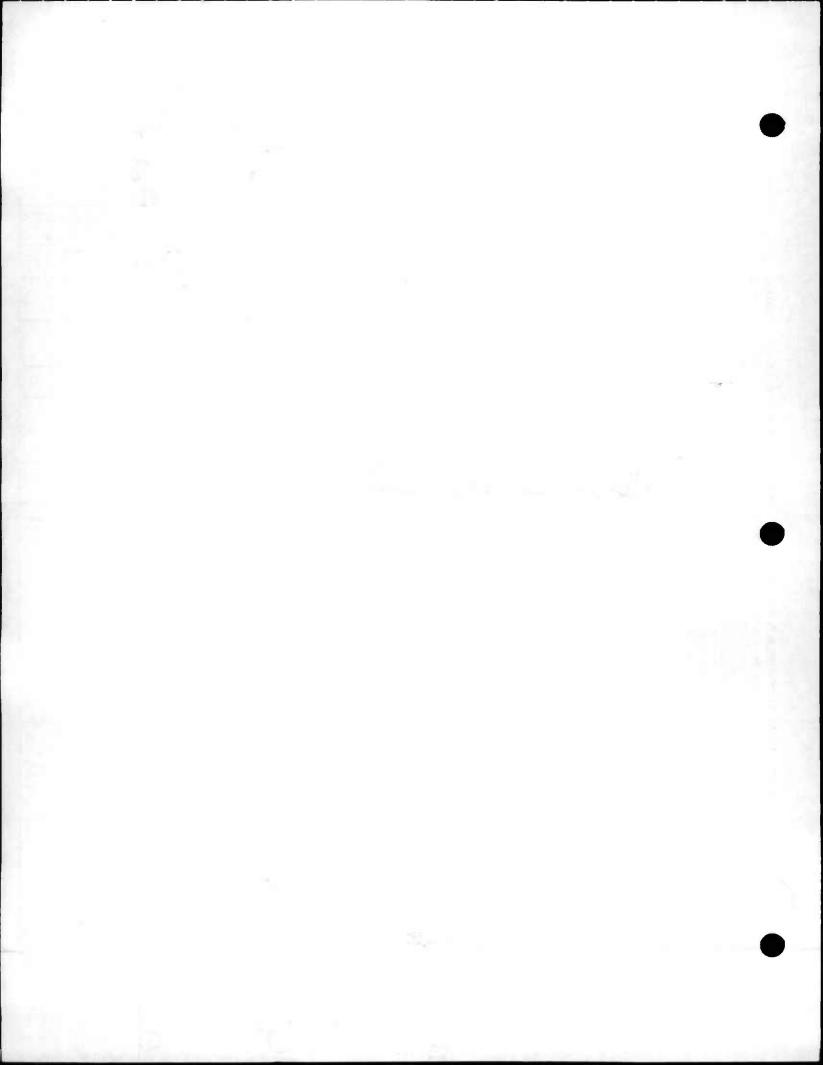
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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		REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.	
		1. DECEDENT'S NAME (First Middle, Last)	ICK	0	BROW		ATE OF DEATH DISTRICT DAY DAY DAY 9	STEAR 6,20 A M
Pl	BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 213-32-6297	1 🔀 M 2 🗆 F	VRS. M	ONTHS DAYS H	DUMS MM. 4-	forth, Day, Year)	BALTIMORE, MD.
, 2, 3 should		9a. FACILITY NAME (If not institution, give BON SECOURS HOSE RESIDENCE OF DECEDENT		9	BALT	IMORE		TY OF DEATH LTIMORE
ges 1,		10a. STATE 10b. COUNT	Y	10c. CITY, 1	OWN OR LOCATION	ı		10d. INSIDE CITY
permit. Pages		MD.			BALT	IMORE CITY	7	1 X YES 2 NO
peri		10e. STREET AND NUMBER			10f. ZH	P CODE	10g. CITIZ	EN OF WHAT COUNTRY?
n. ansit		2209 W. LAFAYETTE	AVENUE		- 2	21216	Ü	SA.
24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit ion, or removal.		11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, specify	DENT OF HISPANIC OR y Cuban, Mexican, Pue NO Specily:	IGIN? (Specify Yes or No— rto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: BLACK
r attend use as	8	15. DECEDENT'S EDU		16a. DECEDENT'S US			16b. KIND OF BUSINESS/INDU	
ospital or the for us	COMPLET	(Specify only highest grade	College (1-4 or 5+)	BOOKKEE		f working		
the hospit detached once.	Į į	17. FATHER'S NAME (First, Middle, Last)			16	L MOTHER'S NAME (Fit	st, Middle, Maiden Surname)	
d be	BE	EARL J. BROV	IN SR			SARAH	BROWN	
5 should notified	5	19a. INFORMANT'S NAME (Type/Print)					lumber, City or Town, State, Zip (
ay be re page 5		LILLY MAY BROW		1005 NO	RTH PAYS	ON STREET	, BALTIMORE,	MD. 21217
ge 6 may irector, pa r must b		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	M	b. PLACE AND DATE OF I		of E	BALTIMORE	
ter death. Page 6 m the funeral director, yval.		21. SIGNATURE OF FUNERAL SERVICE U	DR	2	JOSEPH	H. BROWN BALTIMORE ST	JR. FUNERAL	HOME, P.A. 223; P.O. BOX 4433
executed within and completely to burial, cremat matic event, 1	CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. SUE TO (OR AS)	A CONSEQUENCE OF	nyoen en	ligh ann	in fair	st, Approximate interval Between Onset and Death
law requires that the as been signed by Dept, of Health and 23 shows any It	AN: MEDICAL	PART II Other significant condition	s contributing to Keyfih to	but not besulting in the subject of	yo J	ruff	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALARILE PINOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
V: The cate h State	/SICI/	29. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	OF DEATH /Check one	CONTRACT CON	
SICIAL certifi the	H	27. MANNER OF BEATH	1 ☐ inpetient 2 € ER/Outs	29b. TIME O		☐ Residence 6 ☐ C	CHARLES IN COLUMN 1	
DING PHYS After this death with	ВУ Р	1 Natural 5 Pending Particular Investigation	(Morth, Day, Year)	NJUR	WORK?	2 HO	DESCRIBE HOW INJURY OCCU	
L OR ATTENDING P L DIRECTOR; After t hours after death Item 28 is mar	ETED	3 Guidide 6 Could not be 4 Homicide determined	building, etc. (Spe	r At home, term, stre- city)	et, factory, affice	201, 4	OCATION (Street and Number (Sty or Ewn, State)	Filand Route Mumber
HOSPITAL OR A FUNERAL DIRE WITHIN 72 HOURS	COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examination				cause(s) and manner as stated late and place, and due to the	i. cause(s) and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	29b. SIGNATURE AND TITLE OF SERVICE	Um-	MI		SUCENSE NUMBER	63 P.S	14193
		30. NAME AND ANDRESS OF PERSON WI	BEUTRI	10 1°	7 40 U	BAC	7.89	BALT, MD
		MAY 1 1 1993	Silia Dandon-	Bychall				7123



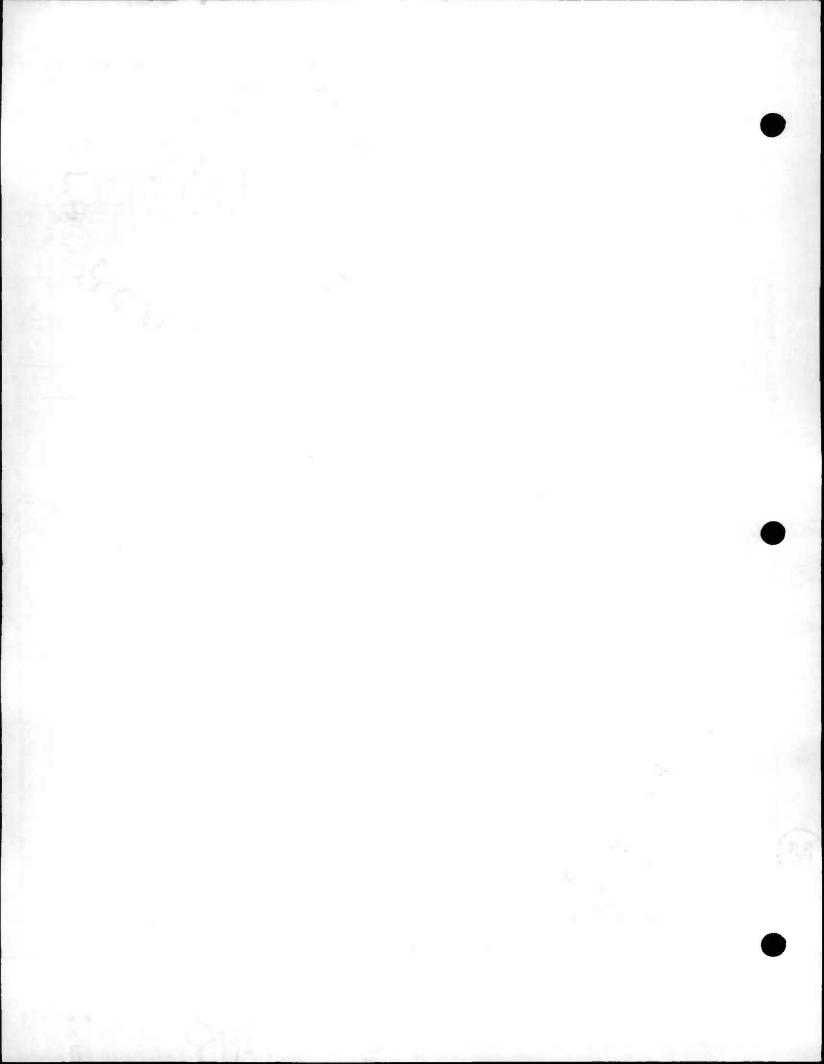
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS DO

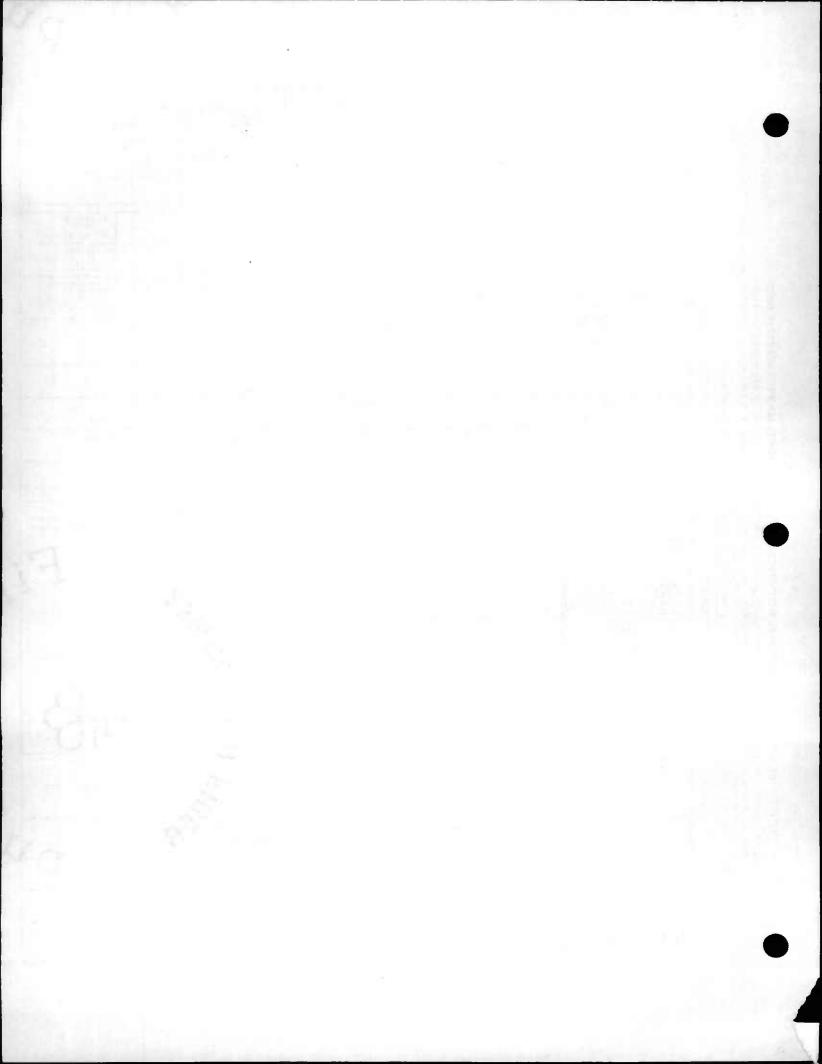
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	MPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at nece
DIVISION OF VITA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate to filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or item

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEA	LTH AND I		YGIENE EG. NO.	, 10001	
Ŋ	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	W.	В	ROWN		2. DATE OF D		3. TIME OF DEATH 8:02 P _M	
	4. SOCIAL SECURITY NUMBER 228-26-2739	1 <u>√</u> 2 M 2 □ F			UNDER 24 HRS.	7. DATE OF B (Month, Day 3-23-	(Year)	B. BIRTHPLACE (State or Foreign Country) VIRGINIA	
TOR	9a. FACILITY NAME (If not institution, give s 200 N. PAYSON S RESIDENCE OF DECEDENT	The second second		BALTIMO			9c. COUNT	Y OF GEATH	
DIRECTOR	MD.			TOWN OR LOCATION	<u> </u>			10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
FUNERAL	100. STREET AND NUMBER 200 NORTH PAYSO	N STREET		101. ZIP	21223			EN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1/2 YES 2 FF YES, GIVE WAR OR DATES				n, Puerto Rican	, etc.)	4. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use BARBER	rk done during most of retired.)	working	16b, KINI	O OF BUSINESS/INDU		
80	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NA	ME (First, Middle	, Maiden Sumame)		
BE	WILLIE	BROWN			LAURA			OGAN	
2	19a. INFORMANT'S NAME (Type/Print) COLUMBUS	BROWN					ity or Town, State, Zip C		
	20a. METHOD OF DISPOSITION	206		RTH PAYSO		TIMORE	MD. 212		
	1 Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		etery, crematory or other	er piecel.	TERY	1	CLIFTO		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D. R	Cont	JOSEPH	H. BRO	WN JR.	FUNERAL	HONE, P.A. 4433 D. 21223; P.O. BOX	
CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF):								
CAL	PART ii. Other significant condition	e contributing to deeth be	ut not resulting in	the underlying ce	use given in		WAS AN AUTOPSY PERFORMED? YES 2X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
N: MEDI						— I	NQUIRY	1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE	OF OEATH (Ch	ack only one)			
14S	1 XYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp. 28s. OATE OF INJURY	atient 3 DOA 4	OF 28c. INJURY					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WORK?	2 NO	280. DEŞCHIB	E HOW INJURY OCCU	HEO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						l. cause(a) end menner as stated.	
TO BE C	296. SIGNATURE AND WILE OF CHARLES	~		C	C. LICENSE NUN			SIGNED (Month, Day, Year) / 10/93	
F	30. NAME AND ADDRESS OF PRISON WH	<u>√</u> 1	11 Penn		Balt	imore	, Maryla	and 21201	
	MAY 1 1 1993	32. REGISTRAR'S SIGNA							



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20	I by the attending physician and completely filled in by the funeral d	<u> </u>	
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AL ENDING PRISOLANT THE IAM REQUIRES THAT THE GEATH CENTRALE DE EXECUTED WITHIN 24 HOURS AFIET DEALT. FAGE OF HISY DE FOTAINED DY THE HOSPITAL OF	CTOR: After this certificate has been signed by the attend	th w	
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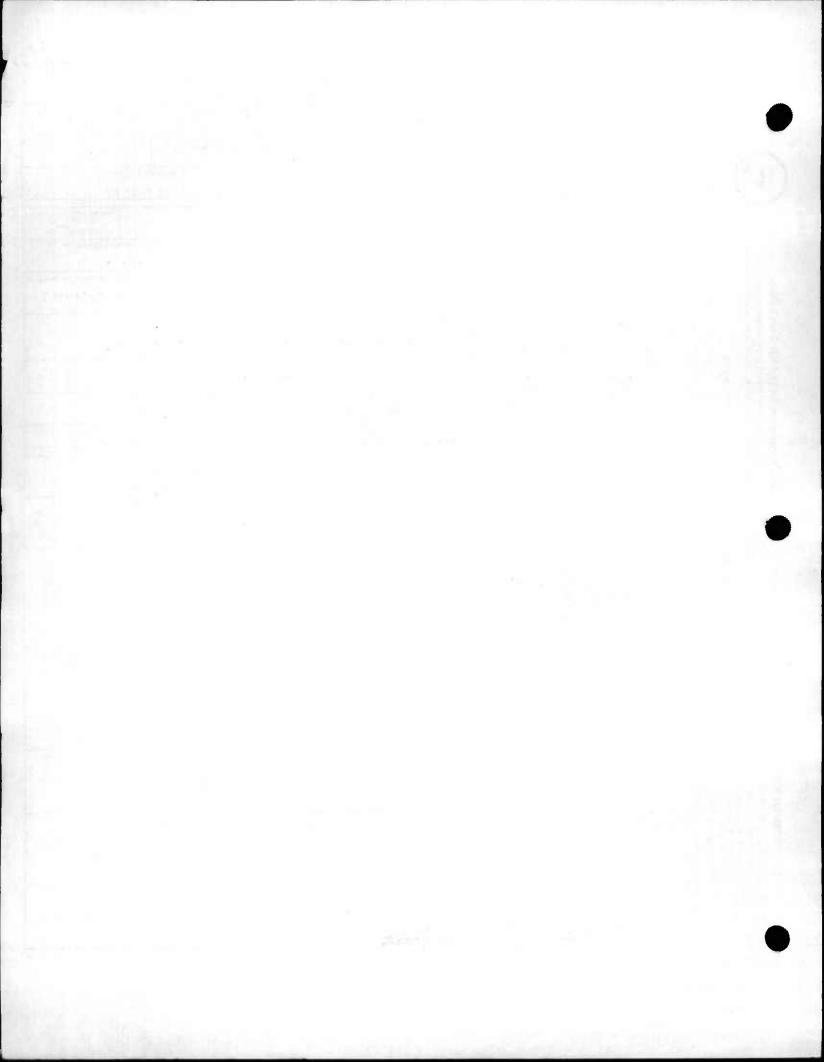
	1. DECEDENT'S NAME (First, Middle		ממשמ					2. DATE	of DEATH	DAY T	3. TIME OF DE
- 1	RUTH 4. SOCIAL SECURITY NUMBER	BELL CA	RTER	In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	+	OF BIRTH		8. BIRTHPLACE (State or
	257-24-8896	-A 10 M 2 1x	0.75	YRS.	MONTHS	DAYS	HOURS MIN.	12	6/19	18	GEORGIA
	9a. FACILITY NAME (If not institution						OR LOCATION OF E	DEATH		_	TY OF DEATH
10R	3800 BELEV		E			BAI	LTIMORE	;			
DIRECTOR		COUNTY		10c. CI	TY, TOWN O	R LOCA	TION				10d. INSIDE C
	MD				BALT	CIMC	ORE CIT	Ϋ́			YES 2
3AL	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY
FUNERAL	3800 BELVED	DERE AVE		APT 726		WAS DEC	2121 CENDENT OF HISPA		10 m - 14 W		USA
В	1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	1 YES	2 NO	l H	f yes, sp	pecify Cuben, Mexic S 25 NO Spec	an, Puerto	N7 (Specify Yo Rican, etc.)	es or No—	14. RACE — American Ir Bleck, Whita, etc. Specify: BLACK
COMPLETED	15. DECEDENT (Specify only highe Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 o	₹5+)	life. Do NOT	work done d	during mo	ost of working	161	b. KIND OF BU	USINESS/INDU	
Ö	17. FATHER'S NAME (First, Middle, L	Last)					18. MOTHER'S N	AME (First,	Middle, Maide	n Sumame)	
BE C	LAWRENCE	PAGE					BERT			EMAN	
TO E	19a. INFORMANT'S NAME (Type/Pric						and Number or Rural				
		VMAN	201	PLACE AND DATE			RE AVE,	DAI	-	<u> </u>	21215
	20a. METHOD OF DISPOSITION 1	☐ Removal from State		etery, crematory or	other place)	-	EMATORY	1	-		MORE, MD
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	2	SAN ISH BAINING	22. 1	NAME A	ND ADDRESS OF F	ACILITY			
	N 60.0	1 6 -1 1			1 7/					A T T	LC VARIA
	23. PART I. Enter the disease shock, or heart for immediate CAUSE (Final disease or condition resulting in death)	allure. List only one	Cause on e	ech line.	not enter	the mo	PH L. F W. NOF ode of dying, su	CTH C	AVE diac or resp	BAL!	Po, MD . 23
RTIFICATION	shock, or heert for immediate CAUSE (Final disease or condition	a	TO (OR AS A	the death. Do ech line. CONSEQUENCE (CONSEQUENCE (not enter	the mo	W . NOF	CTH C	AVE diac or resp	BAL!	Po, MD . 23
MEDICAL CERTIFI	shock, or heart fill immediate cause in the cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	TO (OR AS A	CONSEQUENCE (DOF):	222 the mo	W. NOF	RTH	AVE disc or respectively	BAL! piratory arm (Colle	Po, MD . 23
AN: MEDICAL CERTIFI	shock, or heart fill IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant co	a. DUE b. DUE c. DUE d. DUCAL HOSPITAL	TO (OR AS A	CONSEQUENCE (CO	DOF):	2 2 2 the mo	W. NOF	ch as car	AVE diac or resp Local 24a. WAS A PERFO 1 □ YES	BAL! piratory arm (Colle	PO, MD . 2 J PSt, Approxi Interval Onset a 24b. WERE AUTOPSY AMALABLE PRIC COMPLETION O OF DEATH?
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ay be	page		4
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		IMPORTANT: If from 28 is marked as item 22 shows any injury or other traumatic ayant the medical ayandray must be no
deal	e fun	<u>.</u>	-
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1 D	100	2 20	4 100
SPIT	VERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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	1 - REGISTRAR		CERTIFIC	CATE OF D	PEATH	REG. NO).	
3	1. DECEOENT'S NAME (First, Middle, Last)					DATE OF DEATH	DAY YEA	3. TIME OF DEATH
	FRANK T.M. CHA	ita	TEU-MING C			. 5	6 93	11:50 a
	4. SOCIAL SECURITY NUMBER 212-72-9164	1 Ø M 2 □ F 6:	3 YRS.	ONTHS DAYS H	OURS MIN.	Month, Day, Year)	6. BI	erthplace (State or Foreign cuntry) China
~	9a. FACILITY NAME (If not institution, give :	street and number)		96. CITY, TOWN OR	LOCATION OF OEAT	н	9c. COUNTY O	F DEATH
DIRECTOR	GREATER BALTIM	ORE MEDICAL	CENTER	TOWSON			BALTIM	ORE
EC	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION	N			10d. INSIDE CITY
E	MD B	ALTIMORE		TOWSON				LIMITS?
AL	10e. STREET AND NUMBER			101, 21	P CODE		10g. CITIZEN C	F WHAT COUNTRY?
EH.	7601 KNOLLWO	OD ROAD			21204		U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2XXXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S ZYNO	If yea, specif	DENT OF HISPANIC fy Cuben, Mexicen, I	ORIGIN? (Specify Yes	8	ACE — American Indian, lack, White, atc. pacify: Oriental
9	15. DECEOENT'S EOU		16a. OECEOENT'S U	SUAL OCCUPATION	to the same of the	16b. KINO OF BU	JSINESS/INOUSTR	Y
Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most o retired.)				
AP.	12	4	Merchan	t Marine	Captain	Van St	ipping	Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)			1	B. MOTHER'S NAME	(First, Middle, Meider	Surname)	
BE (Hsi-Chun	Chang			Chan-1	Lin Yang	J	
TO B	19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and				
-	Mrs Haru Chang		7601	Knollwoo	od Road,	Towson,	Md. 212	86
	20a. METHOD OF DISPOSITION 1 Burlel 2XXCremation 3 Rem 4 Donation 6 Other (Specify)	noval from Stata	Ob. PLACE AND DATE OF SET THE PROPERTY OF CHIEF SET THE PROPERTY OF CH	rvice Co	rp. 5-10)-93 To	ocation - chy of	
	21. SIGNATURE OF FUNERAL SERVICE LI		0 .		ADDRESS OF FACIL		T	
	► Wallace	S. Brook	Si In.			neral Hor Towson		204
CERTIFICATION	Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C						
MEDICAL	PART II. Other algorificant condition Polycystic kidr			the underlying c	ause given in Pa	rt i. 24a. WAS AI PERFO 1 X YES	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 X YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PLAC	E OF DEATH (Check	only one)		
ဒ္ဓ	EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:				
PHY	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. INJURY WORK	Y AT 20	d. DESCRIBE HOW	INJURY OCCURED	
			RY — At home, farm, atr.			of. LOCATION (Street City or Town, State		ral Route Number,
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S	pecify)					
MPLETED BY	3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28e. PLACE OF INJU- building, etc. (S ICIAN: To the best of my kn	owledge, death occurred					se(s) and manner es stated.
COMPLETED BY	3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	ICIAN: To the bast of my kn	owledge, death occurred	In my opinion, deat		e, date and place, e	nd due to the ceu	se(s) and manner as stated.
MPLETED BY	3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFVINO PHYS 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the bast of my kn	owledge, death occurred tion and/or investigation,	In my opinion, deat	h occured at the tim	e, date and place, e	29d. DATE SIGN	
BE COMPLETED BY	3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFVINO PHYS 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the bast of my kn	owledge, death occurred than and/or investigation,	In my opinion, deat	h occured at the time. D28885	e, date and place, e	29d. DATE SIGN	IEO (Month, Day, Year)
BE COMPLETED BY	3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	ICIAN: To the bast of my kn ER: On the basis of examina O COMPLETED CAUSE OF 1 M. D. 670	owledge, death occurred than end/or investigation, DEATH (ITEM 27) (Type, P	In my opinion, deat	h occured at the time. D28885	e, date and place, e	29d. DATE SIGN	IEO (Month, Day, Year)

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FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

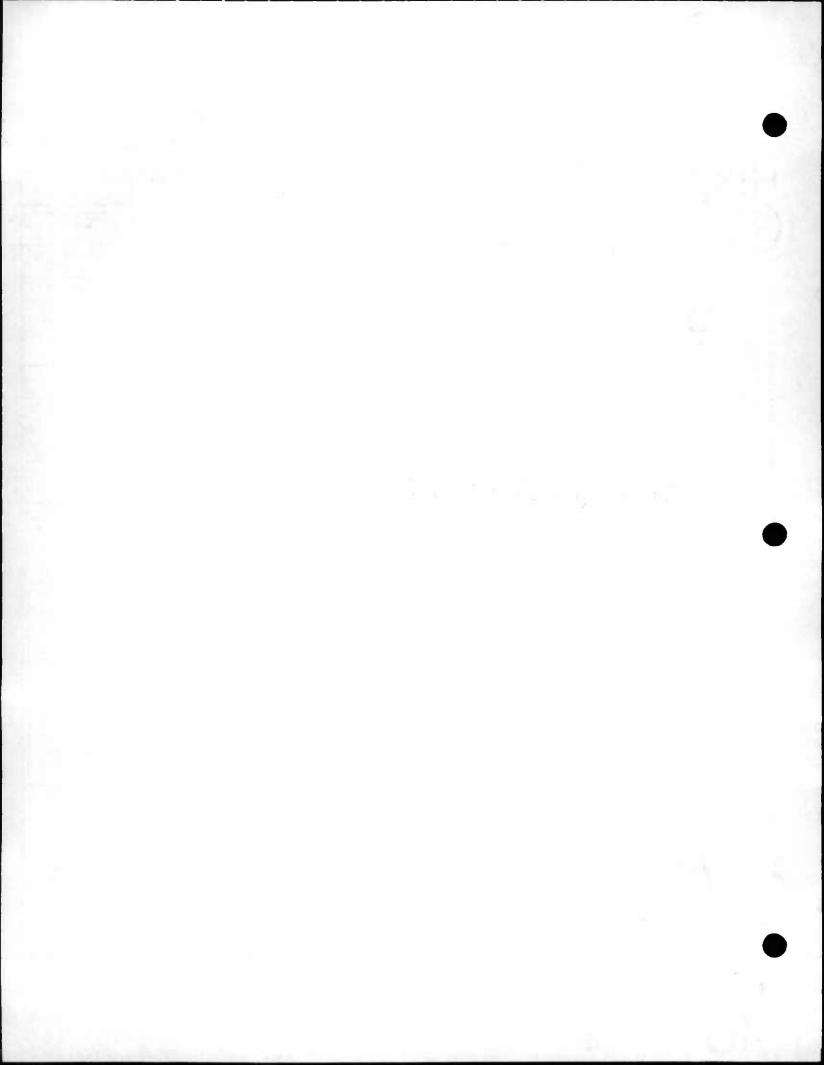
1 - STATE REGISTRAR		CE	RTIFIC	ATE OF	DEAT	Н	RE	G. NO				
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	AY	YEAR	3. TIME OF DE	ATH
Louise M. Craw	ford						May	U.		1993	0530	A. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF B			8. BIRTH Countr	PLACE (State or	Foreign -
578-05-6708-A	1 □ M 2 🔀 F	81	YRS.	MINS DATS	HOURS	mere,	June 2	2, 1	911		igh, N	.C.
Sa. FACILITY NAME (If not institution, give			9	b. CITY, TOWN	OR LOCATIO	N OF DE	ATH		9c. COL	JNTY OF D		
Washington Adver	ntist Hos	<u>pital</u>		Tako	ma				Mon	tgome	ery	
10a. STATE 10b. COUNT	Y		10c. CITY, 1	OWN OR LOCA	TION						10d. INSIDE CI	TY
Maryland Prince	as Casuma		T.7.		11-						LIMITS?	
10e. STREET AND NUMBER	ce George		нұ	attsvi	. ZIP CODE				10g. CI1	FIZEN OF V	WHAT COUNTRY	
837 Fairoak Aver	nue				2	0781)		Tim	21.20	C1 - 1	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Sp	ecify Yes	or No-	14. RACE	States	dlen,
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE W	☐ YES 2 MINO AR OR DATES	•		ecify Cuben 2 XNO		n, Puerto Rican,	etc.)		Speci	t, White, etc. ly:	
	1										Black	
15. DECEDENT'S EDU (Specify only highest grade	completed)	(G/v	EDENT'S US kind of world Do NOT use n	WAL OCCUPATI k done during me	ON ost of working	7	166. KIND	OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+	,	ired	ourou.)			i	Des de				
17. FATHER'S NAME (First, Middle, Last)	<u> </u>	I/C C	rred		16. 940774	ED'C NA	ME (First, Middle		vate			
Arthur Horton							e Crens		Surrieme)			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AE	DRESS (Street			Route Number, Cl		n. State. Zi	in Code)		
James E. Crawfor	rd.	- 1									2078	2
20a. METHOD OF DISPOSITION		20b. PLACE AN	DATEOF	DISPOSITION (N		TIYE	DATE			City or To		2
1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Lincol	atory or other	orial ('emet	eru	5/6/93	SII	i + l ar	ad Ma	har lux	
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	/		22. NAME A	ND ADDRES	S OF FA	CILITY		11111		тутани.	
Osh 7	8/2.000	1-111					AL HOME					_
PART I. Enter the diseases, or	complications that	caused the dear	th. Do not	enter the mo	de of dyla	ng such	has cardiac	· E	- , was	snign	ton, D	
snock, or heart failure.	List only one cau	se on each line.									Interval	Between
IMMEDIATE CAUSE (Final disease or condition	CAR	D10-F	DOL	MOTT	ANY	1	DOWN	8	(-		Unset a	nd Death
resulting in death)	OUE TO	OR AS A CONSEQU	ENCE OF):	1 10 3 (3. 1		3000		> 1	•	-	
	. CA	D. C. 1	No	MA	0	C	1 .	2 2	6	p	Ť	
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEOL	ENCE OF):			4	-	<i>J</i> _U_	1 4		1	
cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEOL	ENCE OF):									
resorting in death) LAST	d											
PART II. Other significant condition	ns contributing to	death but not re-	witing in t	the underlyin	g cause gi	Iven in	Part I. 24a.	WAS AN	AUTOPSY.	^ 24b.	WERE AUTOPSY	FINDINGS
10 covere	Xia	0) A	6+c	Dic)		PERFOR	RMED?		AMAILABLE PRIO	R TO
-Selc60+	C C.	26010	1161	600	(b 0	Di	Consi	YES 2	ZUNO		OF DEATH?	
			0.0		V420	44	2018				1 YES 2	NO
25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DE	ATH (Chi	ack only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		THER:	10 5 🗌 Res	sidence	6 Other (Spe	cify)	-			
27. MANNER OF DEATH	26e. DATE OF (Month, Da		28b. TIME O	F 28c. IN.	JURY AT		28d. DESCRIB		NJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,,,,	INJOH		YES 2	NO						
3 Suicide 6 Sould not be	28e. PLACE Of building,	INJURY — At hom	e, farm, stre	et, factory, offic	•		261. LOCATION City or Tow			or Rural F	loute Number,	
4 Homicide Setermined		2000000						, отшо,				
29a. CERTIFIER (Check only 1 Y CERTIFYING PHYS	ICIAN: To the best of	my knowledge, deat	h occurred a	at the time, date	end place,	end due	to the cause(e)	end mer	nner ee sta	rted,		
2 MEDICAL EXAMINE	R: On the beels of ex	amination end/or im	restigation, i	in my opinion, o	leath occure	d at the	lime, date end j	place, en	d due to t	he cause(s) and manner ee	stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R	ΦΛ			29c. LICEI	NSE NUM	IBER		29d. DA1	TE SIGNED	(Month, Day, Yea	7_
1,180mm	ed A	· 11/0		an M), r	245	593		•	5,	3,00	3
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, Pri	int) 371 F			sland A	15700	110			/
Mohammed A. Man	nan, M.D.						Maryl:			112		
31. DATE FILED (Month, Day, Year)												
MAY 1 0 199	32. REGISTRAI	Javidson-A					mar y 1	at IIC)	71,17	1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

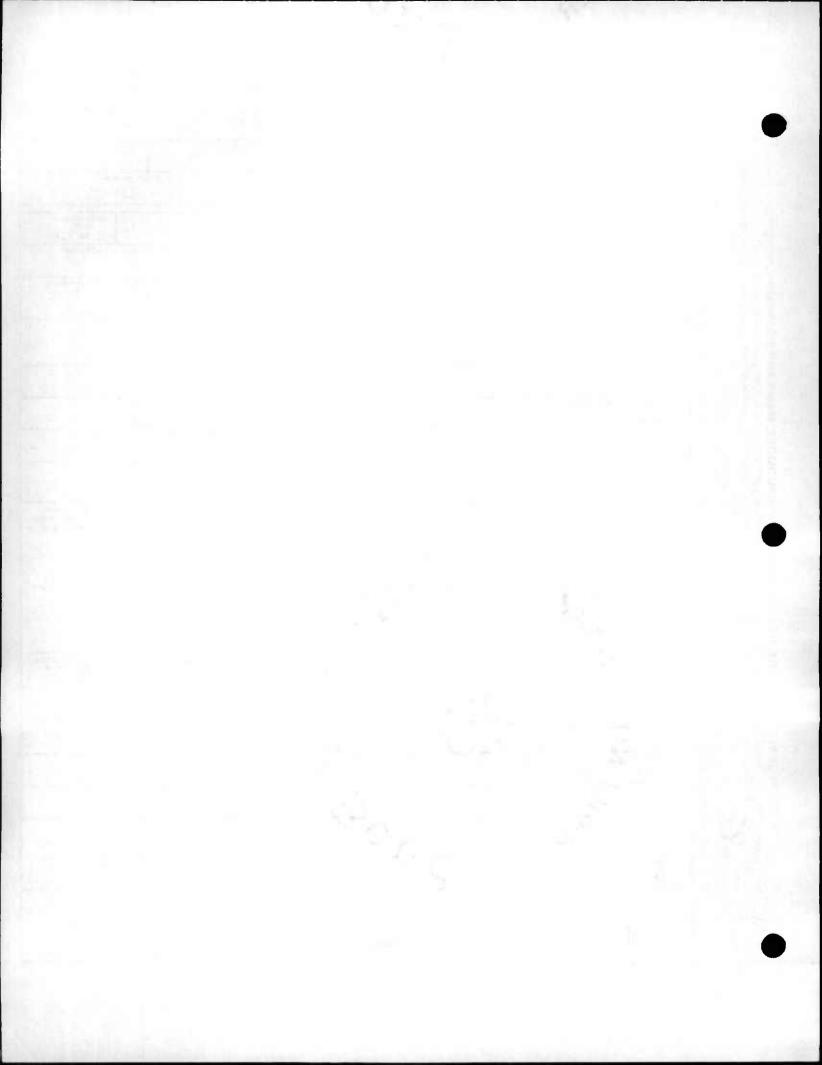


	REGISTRAR		CERTI	FICATE (OF DEATH	R	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)		177			2. DATE OF I	DEATH	WEAR	3. TIME OF DEATH
	ORAL W. COX					May 7		YEAR	6:05 a.
	4. SOCIAL SECURITY NUMBER	The second secon	GE (In yrs. last birthda			7. DATE OF E (Month, De	BIRTH		THPLACE (State or Foreig
1	214-16-5347	1 M 2 □ F	73 YRS.	MONTHS D	WS HOURS MIN.	1/1/2			RGINIA
	9a. FACILITY NAME (If not institution, give	street and number)		100	WN OR LOCATION OF D	EATH	9	c. COUNTY OF	
	VA MEDICAL CENTER			FORT	HOWARD			BALTI	MORE
2	10a. STATE 10b. COUNT	TY	10c. C	CITY, TOWN OR L	OCATION				10d. INSIDE CITY
	MARYLAND BALT	IMORE	BA	LTIMORE					LIMITS?
1	10s. STREET AND NUMBER	LIORE		BILLIONE	10f. ZIP CODE		1	0g. CITIZEN OF	WHAT COUNTRY?
5	1906 WILKENS AVEN	UE			21223			USA	
TONE.	11. MARITAL STATUS	12. WAS DECEDENT EVI FORCES? 1 X 1 IF YES, GIVE WAR O	ER IN U.S. ARMED		DECENDENT OF HISPA				CE — American Indian, ick, White, etc.
6	1 Never Married 2 Married 3 Wildowed 4 Divorced				YES 2 NO Specif		i, ettaj		noffy:
	15. DECEDENT'S EDU	9/8/42 1		'S USUAL OCCU	DATION	405 1/101	D OF BURNIN	ESS/INDUSTRY	WHITE
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind	of work done during use retired.)	ng most of working	100. KH	D OF BUSIN	ESS/INDUSTHY	
	11	College (I-4 of 5+)	Carper	nter		Cor	nstru	ction	
T COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			name)	
u II	CHARLES COX				MARY J	ANE BR	AGG		
2	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				
-	CLINICAL RECORDS		VAMC	9600 N	ORTH POINT	ROAD,	FORT	HOWARI	o, MD 2105
	20g, METHOD OF DISPOSITION 1 & Burtal 2 Cremation 3 Ren	noval from State	20b. PLACE AND DAT	E OF DISPOSITIO	Name of	DATE		TON — City or	
	4 Donation 5 Other (Specify)	A	Marylan	nd Vet	erans Ce	m 🖡	Crow	nsvil	le,MD
Ī	21. SIGNATURE OF PURERAL SERVICE D	6/11/1		22. NAR	rdesty F	CILITY	l Hom	ne, P.	Α.
	Call of	aula			Ridgely				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE						
5	cause. Enter UNDERLYING CAUSE (Diseese or injury	c,							
	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):					
H	Tooding in death 2.451	d							
ا ا	PART ii. Other eignificent condition	ns contributing to dee	th but not resultin	g in the under	riying cause given in	Part i. 24a	. WAS AN AU		4b. WERE AUTOPSY FIN
EDICAL						10	PERFORME YES 2 X		MAILABLE PRIOR TO COMPLETION OF CAL
W: MEDICA					MT.		M		OF DEATH?
2	e and a								
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			8. PLACE OF DEATH (C)	neck only one)			
2	1 TYES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Sp	ecify)		
	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		NJURY	c. INJURY AT WORK?	28d. DESCRIE	BE HOW INJU	DRY OCCURED	
5	2 Accident Investigation	28- 84 405 05	HIM ALL		YES 2 NO				
4	3 Suicide 8 Could not ba	26s, PLACE OF INJ building, etc. (IURY At home, farm (Specify)	n, street, tactory,	offica	26t, LOCATIO City or To	N (Street and wn, State)	Number or Rura	f Route Number,
	4 Homicide determined								
3	20- CERTIFIER								
3	29a. CERTIFIER (Check only	SICIAN: To the best of my k							11 25
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the basis of sxamin							r(s) and manner as atet
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINITIES AND TITLE OF CERTIFIE	ER: On the basis of sxamin				time, dats and	place, and d	us to the cause	ED (Month, Day, Year)
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of sxamin	nation and/or investiga	itlen, in my opini	on, death occured at the	time, dats and	place, and d	us to the cause	ED (Month, Day, Year)
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	ER: On the basis of sxamin	F DEATH (ITEM 27) (7)	pe, Print)	290/EICENSE NU	time, data and	place, and d	od, DATE SIGNE	ED (Morith, Day, Year)
IO BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	HO COMPLETED CAUSE OF , VA MEDICA	F DEATH (ITEM 27) (7)	pe, Print)	290/EICENSE NU	time, data and	place, and d	od, DATE SIGNE	ED (Morith, Day, Year)

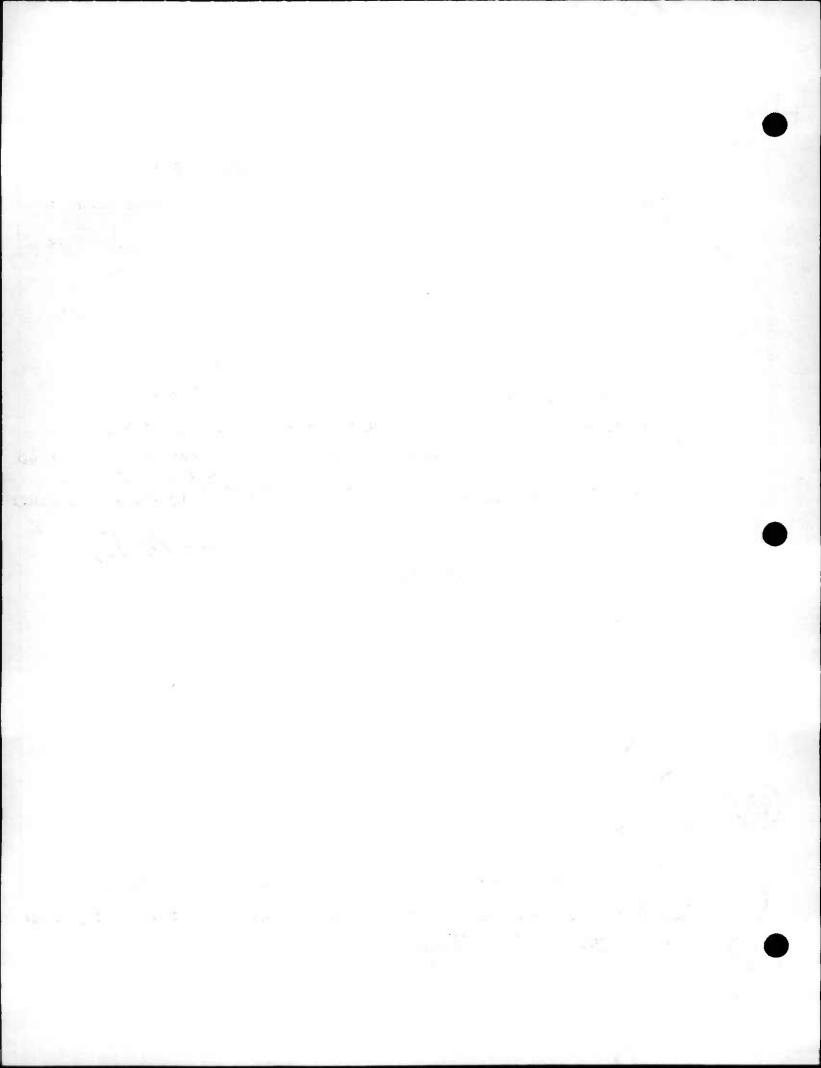


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	1 - STATE OF MARYLAN	D / DEPARTMENT OF HEALTH / CERTIFICATE OF DEAT	AND MENTAL HYGIENE H REG. NO.	93 13300
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH	3. TIME OF DEATH
	Douglas Mansfield	Cookson	May 05	1993 M
3		s. lest birthday) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS		8. BIRTHPLACE (State or Foreign Country)
1	212-36-0214 TM2 F 54	YRS.	Oct. 12, 19	38
· c	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION	OF DEATH	C. COUNTY OF DEATH CL 11 CL
DIRECTOR	North Arundel Hospital	=Glen Bur	nie, A.A.	Anne Arundel
l m	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Anne Arundel	Pasadena		LIMITS?
M	Maryland Anne Arundel 10. STREET AND NUMBER	101. ZIP CODE	1	eg. CITIZEN OF WHAT COUNTRY?
FUNERAL	7794 Fox Court	2112	2	U.S.A.
Ξ	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S 1 Never Married 2 Married FORCES? 1 YES 2	NO If yes, specify Cuban.	HISPANIC ORIGIN? (Specify Yea or Mexican, Puerto Rican, etc.)	
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 NO		Specify:
8	15. DECEDENT'S EDUCATION 18	DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSIN	White
<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)	100.1015 01 500111	200,000
Ā	8 0		Kenncoi	++
COMPLET	17. FATHER'S NAME (First, Middle, Last)	18. MOTHE	R'S NAME (First, Middle, Maiden Sur	
BE	William A. Cookson	Vei		
5	198. INFORMANT'S NAME (Type/Print)	19b. MAILING AOORESS (Street and Number of	r Rural Route Number, City or Town, S	itate, Zip Code)
	Dobbio Susnowitz	821 207th Str	ot Dasadona	Md 21122
	1 30 Burial 2 Cremation 3 Removal from State cemeter	ACE AND DATE OF DISPOSITION (Name of v. crematory or other piece)		ION — City or Town, State
	4 Donation 5 Other (Specify) MOS	dowridge Mem Par	ck 15/8/193 I	Howard Marylavi
	Q410 D1		3204 Mc	ountain Rd.
Щ	Septe (Holemann		Funeral Home	Pasadena Md 2110
	23. PART I. Enter the diseases, or complications that ceused the shock, or heart feiture. List only one cause on each	e death. Do not enter the mode of dyln-	g, such as cardiac or respirate	ory arreat, Approximate Interval Between
	IMMEDIATE CAUSE (Final	7	/	Onset and Death
	disease or condition resulting in death)		ud-	12.1
	DUE TO (OR AS A CO	SEQUENCE OF):		
<u>8</u>	Sequentially list conditions,	SEQUENCE OF:		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	SEASON DE CAN		
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO	NSEQUENCE OF):		
띮	resulting In death) LAST			
	PART II. Other aignificant conditions contributing to death but in	of resulting in the underlying cause of	ma la Bast I as una in un	
CAL		or reading in the underlying cause gir	ren In Part I. 24s. WAS AN AUT PERFORME	D? AWAILABLE PRIOR TO
MEDIC			1 □ YES 2	NO COMPLETION OF CAUSE OF DEATH?
Σ				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26 PLACE OF OF	TH (Check only one)	
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatier	OTHER:	Control of the Contro	
둦	27. MANNER OF DEATH 28s. OATE OF INJURY	28b. TIME OF 28c. INJURY AT	28d. OESCRIBE HOW INJU	RY OCCURED
BY	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	M 1 YES 2	NO	
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — A building stc. (Speciful	t home, tarm, street, factory, office	281, LOCATION (Street and	Number or Rural Route Number,
	4 Homicide determined		City or Town, State)	
2	29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge	, death occurred at the time, date and piace, a	nd dus to the cause(s) and manner	as stated.
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and			
	29b. SIGNATURE AND TITLE OF CERTIFUE		45	ed. DATE SIONED, (Month, Day, Year)
) BE	man Kerla	Dá	12110	5/1/63
은	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	-	0/10/19
ļ	DR MARK KAPLAN, MD	7845 CAKWOOL	RD GUENT	WENIE, MD 21061
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR	RE		
	1 1993 Julie Davidson Band	L.		



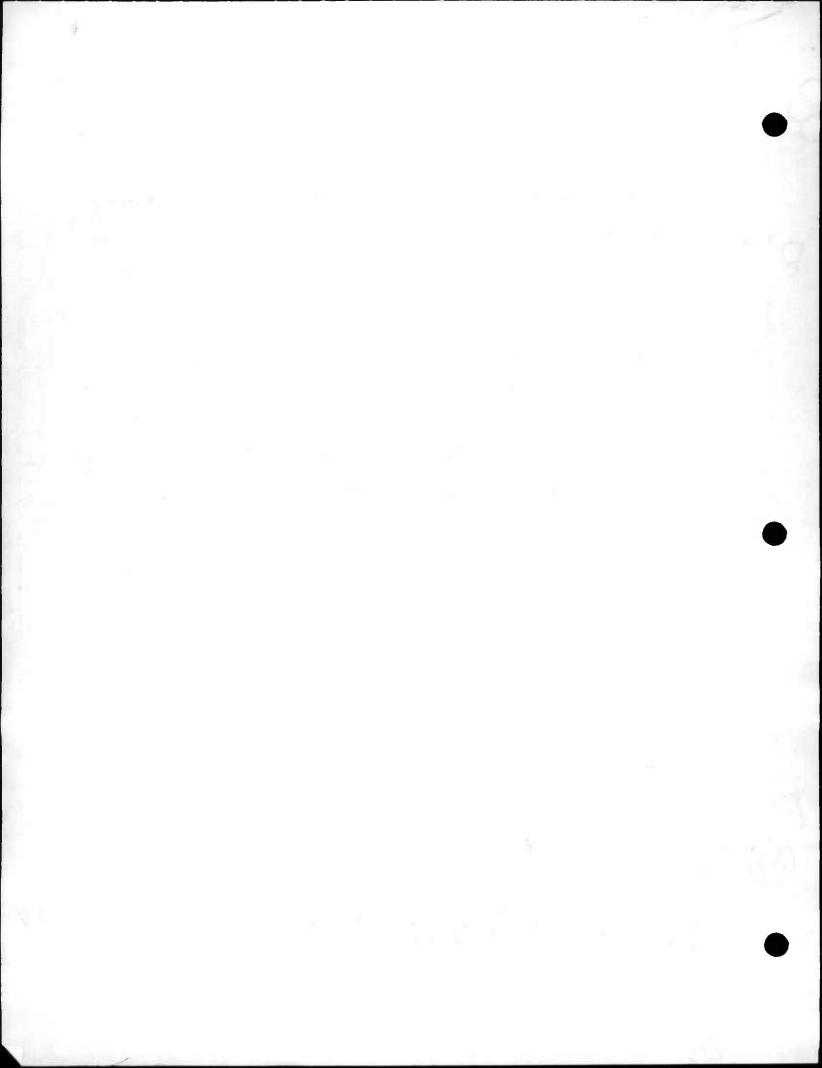
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE PORTENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

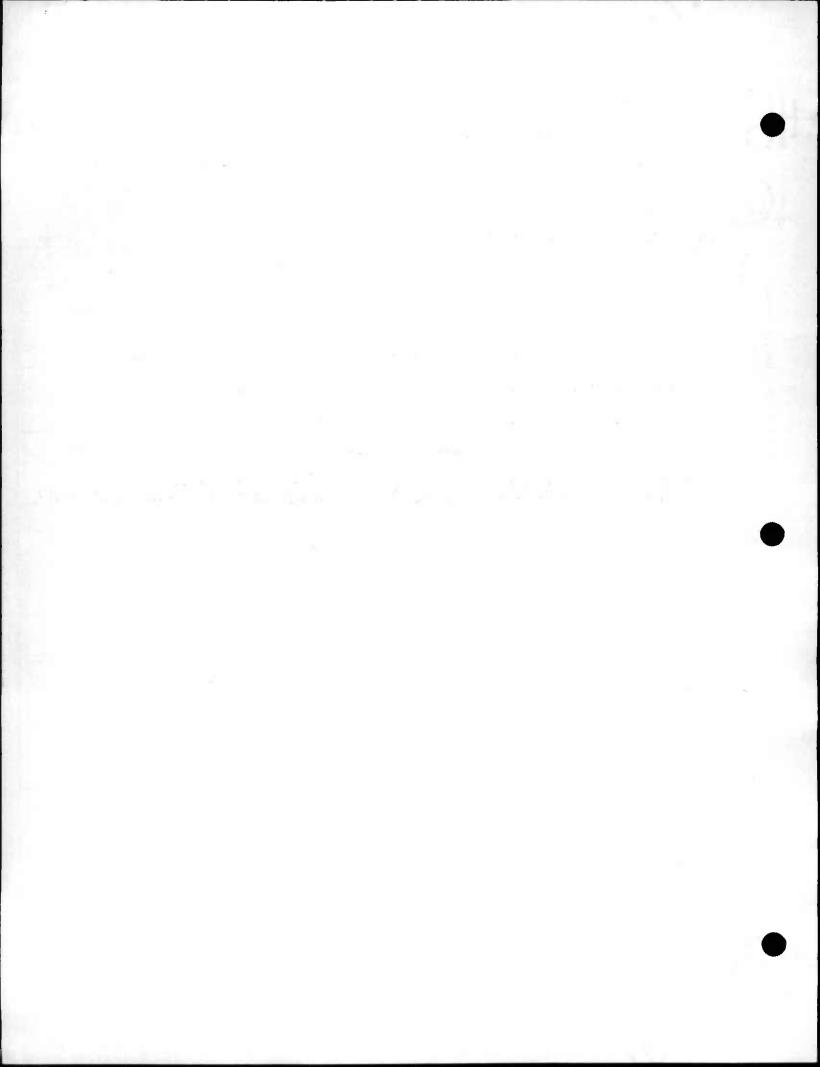
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF M	MARYLAND /		RTMENT				MENT	TAL HYGIEN	9 ; E	5	3567
	1. DECEDENT'S NAME (First, Middle, Last)	Anna	V. Cos						MO	TE OF DEATH		YEAR	3. TIME OF DEATH 4;00 A
	4. SOCIAL SECURITY NUMBER 215-14-2229	5. SEX 1 M 2 X F	6. AGE (In yrs. las			1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(M	TE OF BIRTH onth, Day, Year) /9/191		8. BIRTH Count	HPLACE (State or Foreign ny) ryland
TOR	99. FACILITY NAME (If not institution, give so Harbor Inn Co RESIDENCE OF DECEDENT		ent Ho	me			Cit					NTY OF D	
DIRECTOR	Maryland –			10c. CIT	Y, TOWN		on City	Md					10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO
FUNERAL	10e. STREET AND NUMBER 141 11. MARITAL STATUS	4 Bolto				2	2121	7				USA	WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 Th	MED (O		II yes, sp	ENDENT O	n, Maxica	n, Puer	GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE Bleck Spec	E — American Indian, k, Whita, alc. #y: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed) College (1-4 or 5	(Gi	ive kind of Do NOT u		during mo		9		16b. KIND OF BUS	INESS/ING	DUSTRY	
	12th.Grade 17. FATNER'S NAME (First, Middle, Lost) Un	known		wder	make	er	18. MOTI	VER'S NA		st, Middle, Maiden	,		In our
TO BE	19a. INFORMANT'S NAME (Type/Print) Kathleen			. MAILING	ADDRES	s (Street a	nd Number	or Rural F	Poute No	rginia umber, City or Town ngs Mil	, State, Zip	Code)	known 1117
	20e. METNOD OF DISPOSITION 1 □ Burtel 2 ☑ Cremation 3 □ Rame 4 □ Donation 8 ☑ Other (Specify)	ovel from State	20b. PLACE A cometery, cre. Metro	AND DATE	OF DISPOS	ITION (Na	me of		D		CATION —	City or To	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Y- 1/a	nlor		22.	NAME AN	D ADDRES	S OF FAC	CILITY	Ва	1to	.Md.	21230 Fort Ave.
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dniy one cau	se on aach iine	•	not enter	the mod	de of dyi	ng, aucl	h as c	erdiac or respir	ratory en	reat,	Approximate interval Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC) OT (OR AS A CONSEC	Cd DUENCE O	F): C() F):	e he	vo V	anci	rla	w Acci	der	v	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(DR AS A CONSEC	OUENCE D	F):								
ا بر	PART II. Other algnificent conditions	contributing to	deeth but not re	esulting	in the ur	derlying	ceuse g	iven in	Part i.	24s. WAS AN A PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL								_				1 NES 2 NO
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	lin.	ACE OF DE			ther (Specify)			
훒	27. MANNER OF DEATH	28a, DATE OF (Month, De	INJURY	28b. TIM		28c. INJU	JRY AT	and on the		ESCRIBE NOW IN	JURY OC	CURED	
8	1. Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, rour)	1145	М	1 Y	ES 2	NO					
	3 Suicide 8 Could not be determined	28s. PLACE Of building,	F INJURY — At horatc. (Specify)	me, larm, :	street, lect	ory, offica			28f. LC	OCATION (Street as ity or Town, State)	nd Number	or Rural R	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER												and manner ea stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	acur					29c. LICE	D G (BER		29d. DATI	E SIGNED	(Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO RAMES h SAB 31. DATE FILED (Month, Day, Year)	APATH	i 85			uto	orh	5+	Re	et	B	aht	o Mil alar
	MAY 1 1 1993	Julia Dais	R'S SIGNATURE	all.									



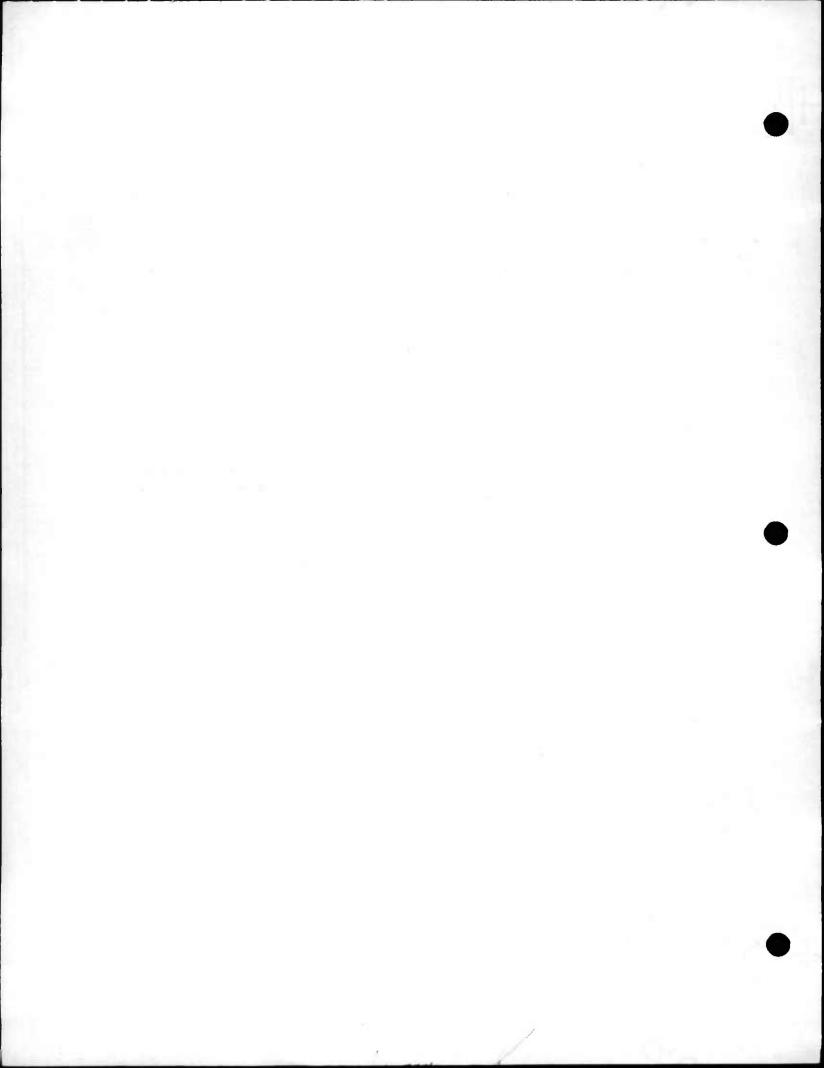
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	1 - STATE REGISTRAR		SIMIE UI	MANTE	CERT				TH	REG. NO				
	1. DECEDENT'S NAME (First	FRANC	те сан	זאַ אַ דא	TD				2	MONTE OF GEATH	M2 9		10:00	P.,
	4. SOCIAL SECURITY NUM		5. SEX	ALAN, 6. AGE (II	In yrs. lest birthde	y) IF UND	ER 1 YEAR	IF UNDER	R 24 HRS. 7	. DATE OF BIRTH			ACE (State or Form	
	215-74-8228	3	1 ∑ M 2 □ F		34 YRS	MONTHS	1	HOURS	MIN.	(Month, Day, Year) 05-03-58		Country)	ington,	-
	9a. FACILITY NAME (If not in	institution, give s				9b. Cl	TY, TOWN	OR LOCATI	ION OF DEAT			TY OF DEAT		, ,,
CTOR	13407 VIR		MANOR	ROAL)	L	.aure	1			PRI	1CE	GEORGE	ES
ш	RESIDENCE OF DEC	10b. COUNTY	Y		10c.	CITY, TOWN	OR LOCAT	TION				10	od. INSIDE CITY	
DIR	Maryland	Prin	nce Georg	aes			aure	200					LIMITS?	40
AL	10e. STREET AND NUMBER							f. ZIP COO	E		10g. CITIZE		T COUNTRY?	
FUNER	12601 Carla	and Pla						2070	08			USA		
BY	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	1 YES	3/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13	If yes, sp	ENDENT C	OF HISPANIC on, Maxican, F Specify:	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No — 1	Black, W	American Indian White, etc.	n,
ED	15. DEC	CEDENT'S EDU	CATION	$\neg \neg$	16a. OECEDENT	'S USUAL	OCCUPATION	ON		16b. KIND OF BU	SINESS/INDU		MITTUE	
E	Elementary/Secondary (6		College (1-4 or 5	+)	life. Do NO	use retired.		st of worki	ng					
COMPL	12		0		Crafi	sman				Floor	Compar	ıy		
	17. FATHER'S NAME (First, M James F. Ca		Cn							(First, Middle, Maider				
8	190. INFORMANT'S NAME (, 51.		10h MAII	NO ACORE	no (Cimal s			. Calhou				
6	James F. Ca	77	, Sr.	40	6649	Park	Hal.	1 Dr	ive, L	.aurel,MD	vn, State, Zip C 207 (
	20a. METHOD OR/DISPOSIT 1 Burial 2 Commatic			20b.	PLACEANDDAT	E OF DISPO	OSITION (Na	ame of		DATE 20c. LC	CATION — CI		State	
	4 Donation 5 Other	r (Specify)		_ Ba	Tt Tillor	₹onMage	ħing	ton (Cremat	ory L	aurel,			
4	21. SIGNATURE OF FUNERA	IL SERVICE LIC	ENSEE		\				SS OF FACILI	lome, Inc				
		2/5	11	-	hai)					ng Road,		1 M	D 2070	17
	23. PART I. Enter the d	iseesea, or o	complications the	at caused	the deeth. D	not ent	ar the mo	de of dy	ing, auch a	a cerdiec or reap	Iratory arres	1 9 1 1 8t,	Approximet	te
	IMMEDIATE CAUSE (Fir	eart fallure.	List only one cau	use on ea	ich ilne.								Interval Bat Onset and	
	diseese or condition resulting in death)	→	a	Mul	CONSEQUENCE	Vh	yur	ies						
			DUE TO	(OR AS A	CONSEQUENCE	OF):	1							
CATION	Sequentially list condit		b	OR AS A	CONSEQUENCE	OFI:								
CAT	if any, leading to Imme cause. Enter UNDERLY	ING		(4		0. ,.								
ERTIFIC	CAUSE (Disease or Inju		DUE TO	(OR AS A	CONSEQUENCE	OF):		-0)					-	
ER	resulting in death) LAS	T L	d											
L'C	PART II. Other algnifica	int condition	s contributing to	deeth bu	it not resultir	g in the t	ınderiying	d cause (given in Par	rt I. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINI	DINGS
MEDICAL										PERFO	RMED?	CO	MPLETION OF CA	0
MEC										1/2160	ı 🗆 MO		DEATH?	0
										_		1	C.20	
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF O	EATH (Check	only one)				
IXSI	1 XYES 2 NO		1 Inpatient 2				urning Hom		sidence &	Xother (Specify)	ON ST	rree'	Γ	
РНУ	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF (Month, D. 5 - 2 - 1	D Q Z		IME OF NJURY		DBK7	, Ď	RIVER I	Man Acch	ro F	IXED	
ВУ	2 Accident	Investigation			— At home, farm	7 P.		YES 2 🖔	ОМ		OF	BJEC	T IMPA	CT
旦		Could not be determined	building,	, atc. (Specify	(y)	STRE			1	of LOCATION (Street City or Town, State, 3407 VI	RGINI			ROAI
COMPLETE	29a. CERTIFIER	TIEVING DHYSI	CIAN: To the heat of	* :=: tenenti		_							ANUK	(OA)
MP			CIAN: To the best of R: On the basis of a										4	
- 11	29b. SIGNATURE AND THE			4		man, ar m.y	Opinion, I							ted.
B	Do		11	1/11	A us				ENSE NUMBE C.M.E			- 3 - 1	Onth, Day, Year)	
유	30. NAME AND ADDRESS OF	F PERSON WHO	- A	SE OF DEA	TH (ITEM 27) (7)	pe, Print)		0.0	. • № . E	•	7 3-	- 3 - L	993	
	• •						Str	eet,	Bal	timore,	Mary	/land	d 212	0.1
ì	31. DATE FILED IN THE DOLL	Y6/10 4000	32. REGISTRA	AFFE SIGNA	TURE	-				camor o,	1101	Lam		0 1



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	WE GW	Deco	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dent, of Health and Mental Hollere prior to burial command.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	F	T this	arke
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	1 - STATE REGISTRAR		STATE OF MAR				HEALTH AND		YGIEN	E	
	1. DECEDENT'S NAME (First	Middle, Last)	-1 /	7	+0,		31	2. DATE OF I	DEATH PA	γ	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	-	5. SEX 8. AC	GE (In yrs. las	et birthday)	IF UNDER 1 YEA	IR IF UNDER 24 HRS.	7. OATE OF E	Ч	1 14	8. BIRTHPLACE (State or Foreign
	236-42-670		1 □ M 2 🏠 F 63		YRS.	ONTHS DAY	B HOURS MIN.	7/8/2	v. Year)		W. Va.
DIRECTOR	9a. FACILITY NAME (If not in	rn M	laryland	Hosp	ital	b. CITY, TOW	or location of c				nce George
REC	10a. STATE	10b. COUNTY	J			TOWN OR LO			-		10d. INSIDE CITY
	Md		PG		Ft	Washi	ngton				1 K YES 2 NO
FUNERAL	100. STREET AND NUMBER		lley Drive				10f. ZIP CODE 20744				EN OF WHAT COUNTRY?
UNE	11. MARITAL STATUS		12. WAS DECEDENT EVE	R IN U.S. AR	MED	13. WAS	DECENDENT OF HISPA	NIC OBIGINS (S	nacify Yes	USA	14. RACE — American Indian,
BY FI	1 Never Married 2 3 Uldowed 4 Divo	Married	FORCES? 1 Y	ES 2 2 1	40	If yes,	specify Cuban, Mexic	an, Puarto Ricar	n, etc.)	U 140-	Black, White, atc.
											Втаск
TE	(Specify only Elementary/Secondary (0	y highest grade c	completed)	/G	CEDENT'S US tive kind of wor Do NOT use	k done durino	ATION most of working	16b, KIN	D OF BUS	INESS/INDU	STRY
COMPLETED	12 Yrs		College (1-4 or 5+) None	Sch	ool Sy	stem					
ш	17. FATHER'S NAME (First, M.) William S	,	r				16. MOTHER'S N. Grace	AME (First, Middle Bowles	e, Maiden :	Surname)	
TO B	19a. INFORMANT'S NAME (7)			196	b. MAILING A	DDRESS (Stre	et and Number or Rural	Route Number, C	City or Town	n, State, Zip C	Code)
	Juanita Gray						10a,b,c,d				
9	1 Burial 2 Crematio	n 3 🗆 Remov	val from State	cemetery, cre	and oate of	r place!	Name of Park 5/	15/03			ty or Town, Stata
	21. SIGNATURE OF FUNERAL		INSEE	Harmo	ny Mei						Co., Inc.
	Luc	en	Smus	0				3030 1	2th S		, DC 20017
	23. PART 1. Enter the di	IRABBAS OF CC									
	/ whock, or he	east reliure. Li	ist only one ceuse or	sed the de	ath. Do not	enter the	mode of dying, suc	ch as cardiac	or respir	atory arre	Interval Between
	ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	east reliure. Li	ist only one ceuse or	sed the de n each line	ath. Do not	enter the	mode of dying, such	ch as cardlac	or respir	atory arre	
	iMMEDIATE CAUSE (Findiseese or condition_	east reliure. Li	ist only one ceuse or	a bo	lic H	ford	0515	ch as cardlac	or respir	ratory arre	Interval Between
NOIL	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentielly list condition	a.	. Mit	A DO / S A CONSEC	DUENCE OF	ford not	0515 Fac	lure	or respir	ratory arre	Interval Between
ICATION	iMMEDIATE CAUSE (Findiseese or condition resulting in desth) Sequentielly list condition from the cause. Enter UNDERLY!	ions, diate	DUE TO (OR A	A DO / S A CONSEC M / C S A CONSEC M / C	DUENCE OF):	ford not Di	0515 Fac	ure Mell	or respir	ratory arre	Interval Between
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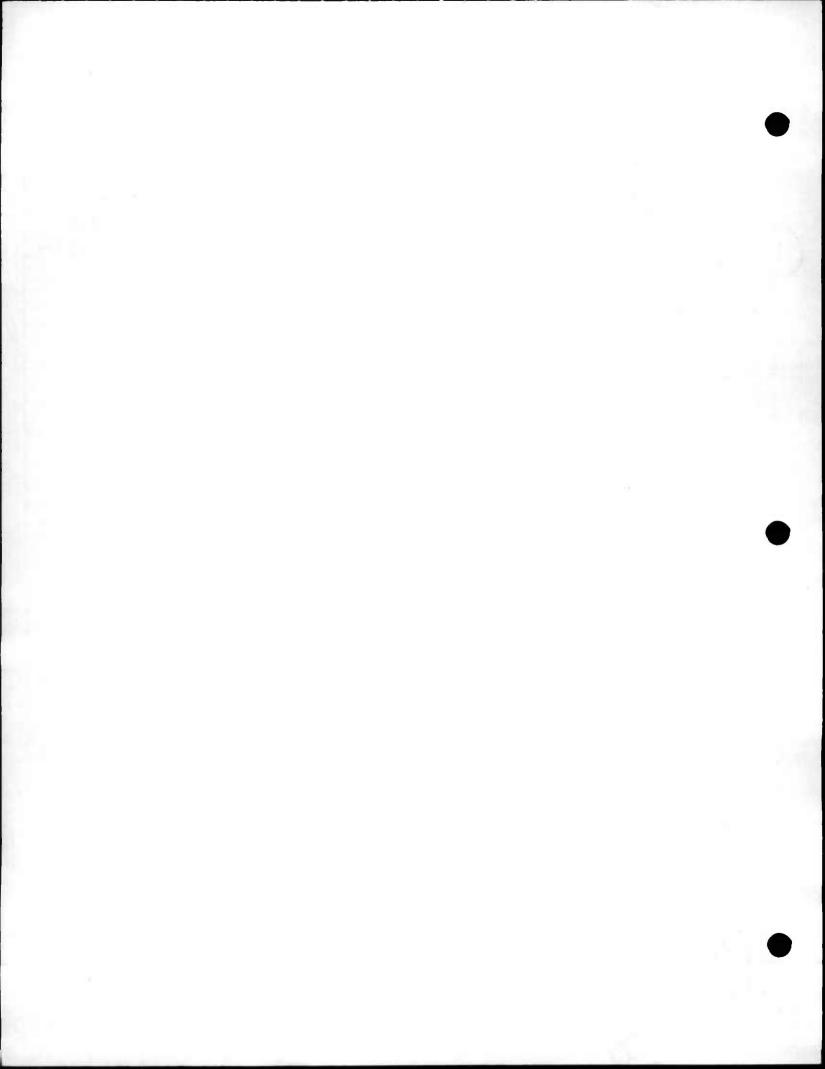


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to burial, cremation, or removal	is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRA	AR	STATE OF I		D / DEPARTM		IEALTH AND	MENTA	L HYGIEN	E	0 10070			
1. DECEDENT'S	NAME (First, Middle, Last)	Jessie F. Curlee						May 7	,1993	3. TIME OF DEATH			
4. SOCIAL SECU 2/2-/ 9a. FACILITY NA	PRITY NUMBER 2-25/6 ME (If not institution, give	5. SEX 1 M 2 KF	6. AGE (In yrs	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE (Mon	OF BIRTH (h, Day, Year) -20-/	943	B. BIRTHPLACE (State or Foreign Country) North Caroli			
RESIDENCE	Franklin Square Hospital Baltimore Ba.									Baltimore			
	Md. Baltimore Baltimore									10d. INSIDE CITY LIMITS? 1 \(\text{YES} \(2 \) \(\text{NO} \)			
3127	Hiss Ave			101. ZIP CODE 109. CITIZEN OF WHAT COUNTY U. S. A.									
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Markean, Pt 1 YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC OF 1 YES, Specify Cuban, Markean, Pt 1 YES, SIVE WAR OR DATES													
Elementary/S	15. OECEDENT'S EDU (Specify only highest grade econdary (0-12)	College (1-4 or 5	+)	DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo tired.)	ON st of working	160	. KIND OF BUS					
17. FATHER'S NA	17. FATHER'S NAME (First, Michilo, Last) ELias H. Baucom							16. MOTHER'S NAME (First, Middle, Melden Surname) Julia Bermingham					
	any O. C	noghan		196. MAILING ADI	DRESS (Street a	Rd. Pi	Floute Num	ber, City or Tow	n, State, Zip C	21208			
1 Burial 2 4 Donation	20a. METHOD OF DISPOSITION 1 A Burlai 2 Cremation 3 Ramoval from Stata 20b. PLACE AND OATE OF DISPOSITION (Name of cametery, crematory or other place) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND OATE OF DISPOSITION (Name of cametery, crematory or other place) 4 A Donation 5 Other (Specify) 22c. NAME AND ADDRESS OF FACILITY Hantley Miller Funeral Home 7527 Hanford Rd. Balto., Md. 2/234												
iMMEDIATE C.	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, thick, or hairt failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Discription of the consequence of:												
if any, leading cause. Enter t CAUSE (Disea that initiated e	Sequentieity liat conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions contributing to death but not resulting in the underlying cau						g cause given in	PERFORMEO? 1 YES 2 NO OF DEATH?			24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
EXAMINER?	OTHER:												
27. MANNER OF D 1 Netural 2 Accident	5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIME OF	F 28c, INJ WO	1 YES 2 NO NO NO NO NO NO NO			JURY OCCU	Y OCCURED			
3 Suicide										Rurel Route Number,			
29a. CERTIFIER (Check only one)	(Check only 1 Chart IFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
296. SIGNATURE	200 SIGNATINE AND TITLE OF OFFICERS							SIGNED (Month, Day, Year)					
STANI	STANIEU 2 GO PH STANIE SIGNATURE STANIE SIGNATURE MAY 1 0 1993												



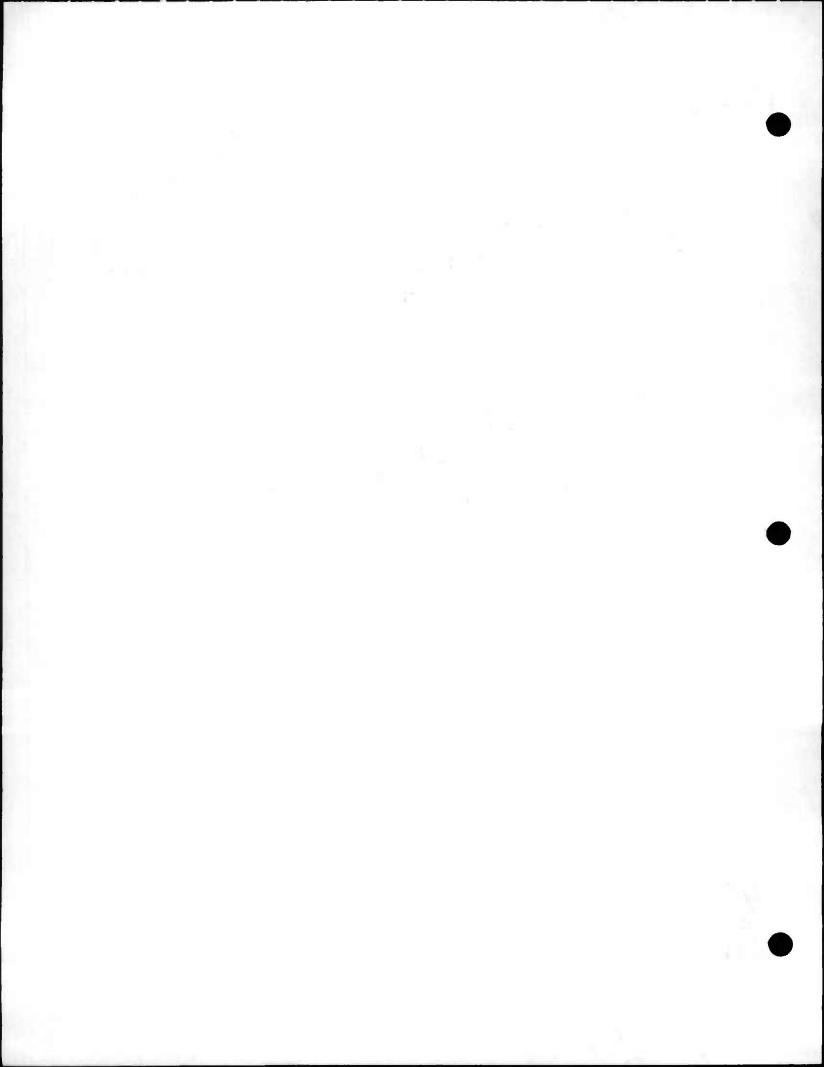
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE
þ	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE	OF DEATH

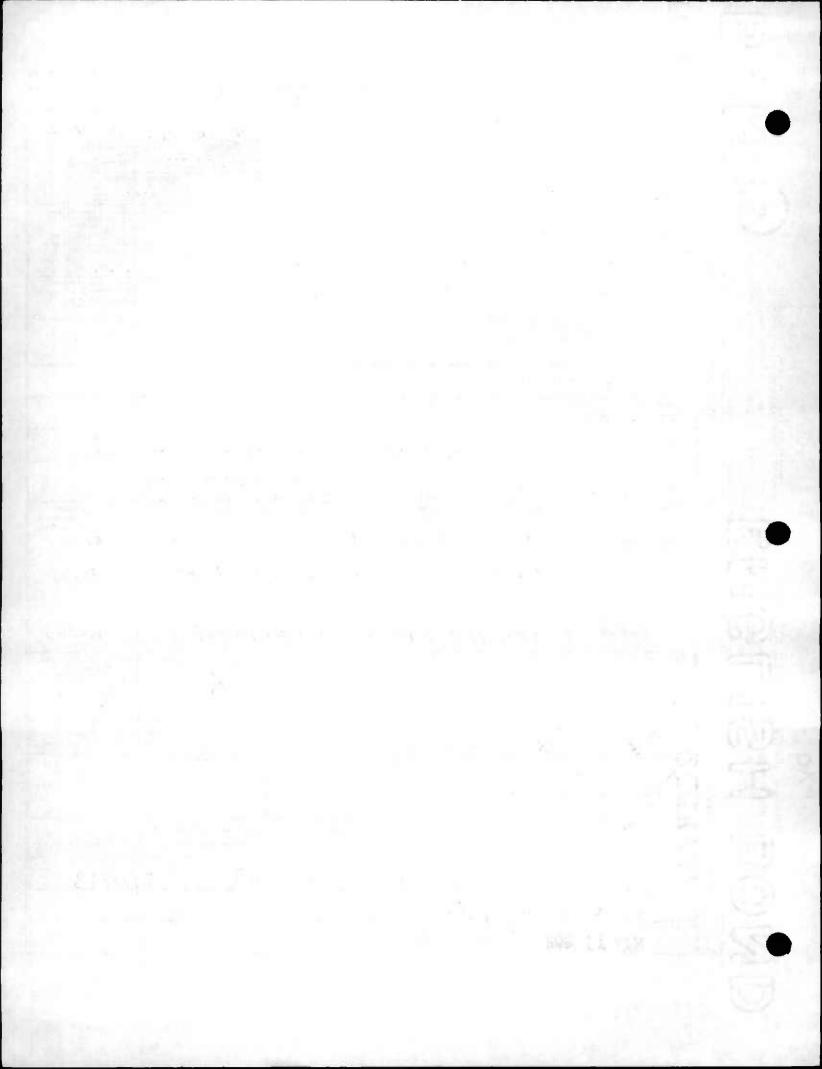
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH														
	Donald Clarence Conaway Donald Clarence Conaway Donald Clarence Conaway										11:12 AM				
	4. SOCIAL SECURITY NUME		5. SEX 8. AGE (In yrs. less		rs. last birthday) # UNDER 1 YE		_	AR IF UNDER 24 HRS.		7. DATE OF BIRTH			BIRTHPLACE (State or Foreign		
	212-24-3227				YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1-9-2	2		Count	" Md.	
	90. FACILITY NAME (If not in					ON OF DE	ATH		9c. COU	INTY OF D	DEATH				
6	5241 Bartholow Rd.					Syk	esvi	lle				Car	roll		
딥	RESIDENCE OF DEC	10c CI	c. CITY, TOWN OR LOCATION												
DIRECTOR	Md.	Carro			Sykesville							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	5241 Bartho	101. ZIP COOE 21784						10g. CITIZEN OF WHAT COUNTRY?							
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR					3. ARMEO 13. WAS DECENDENT OF HISPANIC O									
B	1 Never Married 2 X Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES					If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black The YES 2 NO Specify: Specifical Specification of the Yes and Yes a specifical Specification of the Yes and Yes an						k, White, etc.			
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16a.	DECEDENT'S (Give kind of	USUAL C	CCUPATION TO	ON models	00	16b. KIND	OF BUS	INESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0		College (1-4 or 5)	rmer,	se retired.)				Fan	mino	g & Transportation			
No.	17. FATHER'S NAME (First, M	iddle, Last)		114	Incr,	200					E (First, Middle, Maiden Surname)				
BEC	Clarence V	Varner	Conaway							e Myerl		eurname)			
2	190. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADORES	S (Street)	and Number	r or Rural R	loute Number, City	or Town	State, Zip	D Code)		
	20a. METNOD OF DISPOSITION 1 Graph Burlel 2 Graph Comments Comment	EAND OATE			ame of		OATE	OATE 20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22.	NAME A	ND ADDRE	SS OF FAC	ILITY		-			
	Haight Funeral Home Sykesville,							e, Md.							
	23. PART I. Enter the di ahock, or his	seases, or caert failure. I	complications the	caused the	deeth. Do i	not enter	r the mo	de of dy	ing, auch	aa cardiac o	respin	atory en	reat,	Approximate	
ahock, of haert failure. Liet only one dause on each line.									intarval Batween Onset and Death						
	disease or condition	→ ,	DISSEMINATED GREINSMA POSTAT									Yaks .			
			DUE TO	(OR AS A CONS	EQUENCE O	F):				-73					
CERTIFICATION	Sequentially list conditi	(OR AS A CONS	A CONSEQUENCE OF):												
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cause. Enter UNDERLYING												1		
Ė	CAUSE (Disease or inju that initieted events		OUE TO	OR AS A CONS	EQUENCE O	F):									
	resulting in death) LAS		í												
- 14	PART II. Other significa	nt conditions	s contributing to	death but not	resulting	In the ur	nderlylni	Cause (alven in E	Pert I - Jan W	WAS AN A	UTOBOV	1 045	Webs almossy swamps	
DICAL			PERFO					ERFORM	MED?	240.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE				
WED					-				·	_ '0'	YES 2	_ NO	1	OF DEATH?	
										-				1 TES 2 NO	
<u> </u>	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATN (Chec	ck only one)					
Sign	1 TYES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHEI	R:				(f\str)				
27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. 0E\$CRIBE HOW INJURY OCCURE								CUREO	REO						
2 scriberr 2 scriberr 3 Suicide 6 Could not be determined 4 Homicide determined 4 Homicide determined									loute Number,						
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and management of the cause(s															
į.	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
290. SIGNATURE AND TITLE OF CERTIFIER 290. DATE SIGNED ((Month, Dev. Year)						
<u> </u>	4149 11	gara	M)					1/2	518	6		<u>▶</u> ८	1/	0193	
Arthur T. Lomano MD MOL LIRGETY ROL GLOGESBURG, MD.									0, 2) 184						
	MAY 11 199	33 8	32. REGISTRAI	R'S SIGNATURE	0										



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

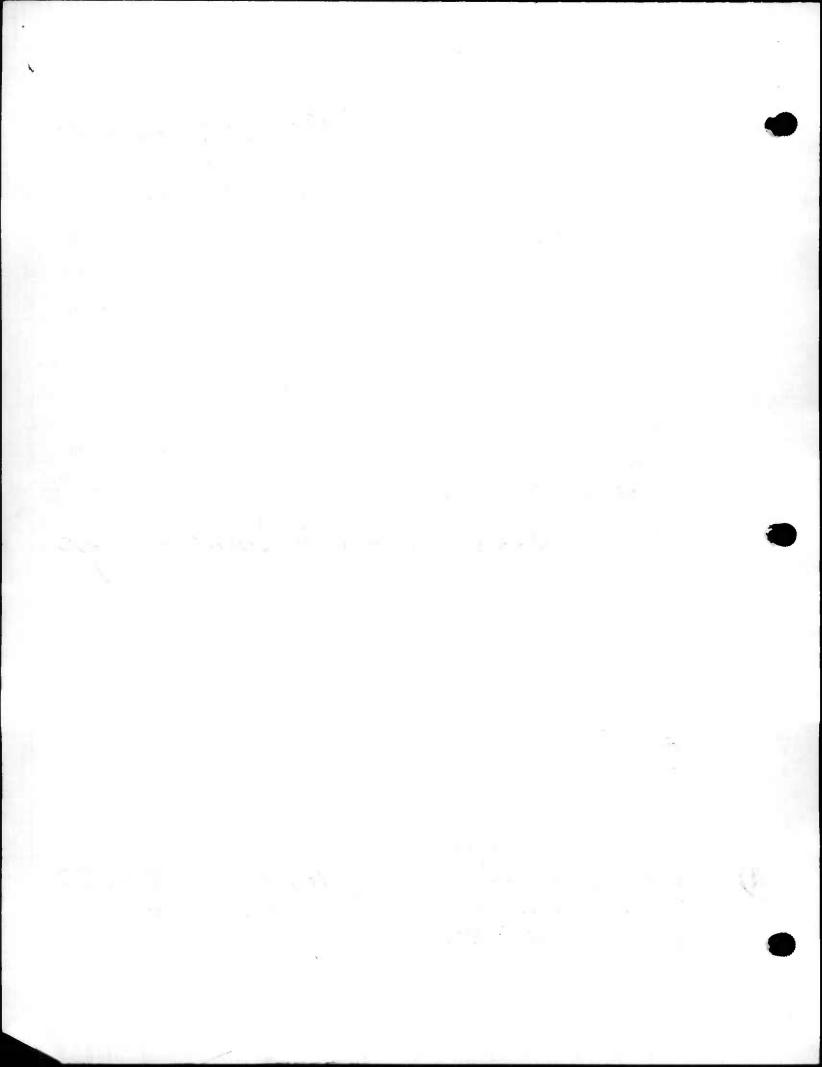
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lost) ELIZABETH B. DERDA 2. DATE OF DEATH MONTH DAY VEAR 12:20												
	4. SOCIAL SECURITY NUME	1-1-1	5. SEX 6.	. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 2	BIRTHPL	ACE (State or Foreign		
	217-09-6990		1 - M 2X F	73	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) Sept. 25	.1919	Country) Mai	ryland		
	Be. FACILITY NAME (If not in	estitution, give stre	et end number)			9b. CITY, TOW	N OR LOCATION OF D		9c. COUNT				
DIRECTOR	St. Joseph		tal			ľ	owson		Ba	ltimo	ore		
<u>i</u>	10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LO	CATION			10	Od. INSIDE CITY		
	Maryland	Balt	imore		Co	ckeysv	ille			1 TES 2X NO			
FUNERAL	10e. STREET AND NUMBER		Malcolm	Circlo			10f. ZIP CODE		10g. CITIZEN OF WHAT COU				
밀	11. MARITAL STATUS		12. WAS DECEDENT I		MED	12 9/40 0	21030	NIC OBIOINS (Parents V	U.S.A. ORIGIN? (Specify Yee or No. 14. RACE — American				
B	1 Never Merried 2 X 3 Widowed 4 Divo	Married	FORCES? 1 IF YES, GIVE WAR	YES 2	10	- American Indian, Vhite, atc. White							
		EDENT'S EDUCA		13	his kind of w	USUAL OCCUPA	TION most of working	16b. KIND OF B	USINESS/INDUS	STRY			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5+)	life.	omema	e retired.)	•	Own Home					
	17. FATHER'S NAME (First, M James		stian	•			16. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Dembeck						
TO BE	190. INFORMANT'S NAME (1					ADDRESS (Stre	et and Number or Rural	Route Number, City or R	own, State, Zip C	Code)			
	20e. METHOD OF DISPOSIT					OF DISPOSITI	ON (Name	DATE 20c. I	OCATION — CI	ty or Town	, State		
	1 X Yourlai 2 Crematic 4 Donation 5 Dother		/el from Stale	St. S	crematory tanis	or other place)	emetery 5	-13-93 Di	undalk.	Mar	vland		
	4 Donation 5 Other (Specify) St. Stanislaus Cemetery 5-13-93 Dundalk, Maryl 21. Signature of funeral service Licensee 22. Name and address of Facility												
	> Wal	lace -	S-Brac	Se, 2	1.	1050	Towson F York Roa	uneral Hord	ne, Inc	21204			
	23. PART I. Enter the d										Approximata		
	shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. LEFT UPPER LOBE OF LUNG PNEVMONIA DAYS										Onset and Death		
			DUE TO (O	R AS A CONSE	QUENCE OF	F):	10.00-010	TIN INC	40100	25	DANE		
NOIT	Sequentially list conditions, if any, leading to immediate Sequentially list conditions										17/4 42		
2	cause. Entar UNDERLY CAUSE (Disease or inje		LUNG	D AS A CONSE	ONSEQUENCE OF):								
CERTIFICATION	thet initiated events resulting in death) LAS	ST d	STATUS/	post /	MIT	IN	REPLAC	EMENT		WEEKS			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL									ORMED?	, 0	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
											YES 2 NO		
										1	3		
S	25. WAS CASE REFERRED TEXAMINER?	4	HØSPITAL:			OTHER;	PLACE OF DEATH (C	heck only one)					
PHYSICIAN	1 U YES 1 NO		Inpatient 2 🗆 E			4 - Nursing I	lome 5 🗆 Residence						
ву Рн	*8Z. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28c. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED												
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)										ite Number,		
J.	29e. CERTIFIER CER	TIFYING PHYSIC	IAN: To the best of m	y knowledge, de	eth occurr	ed at the time.	late end place, end du	e to the cause(e) end n	nenner as state	d.			
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated.												
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Storen A HR MD Pattword D3 45 43 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1796). Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1967) 5 10 9 3												
	30. NAME AND ADDRESS O	F PERSON WHO	- AXE	MD									
1	31. DATE FILED (Month, Day,		32. REGISTRAR	'S SIGNATURE	Candal	L							
	MAT	A 1000	19		-								



SALLIMONE, MANITAND ZIZOS-3140	INSICIAN: The law requires that the death certificate be executed within 2—fours after death. Page 6 may be retained by the hospital or attending physician.	WINDECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. DOA 13149,	FINSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	HITANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

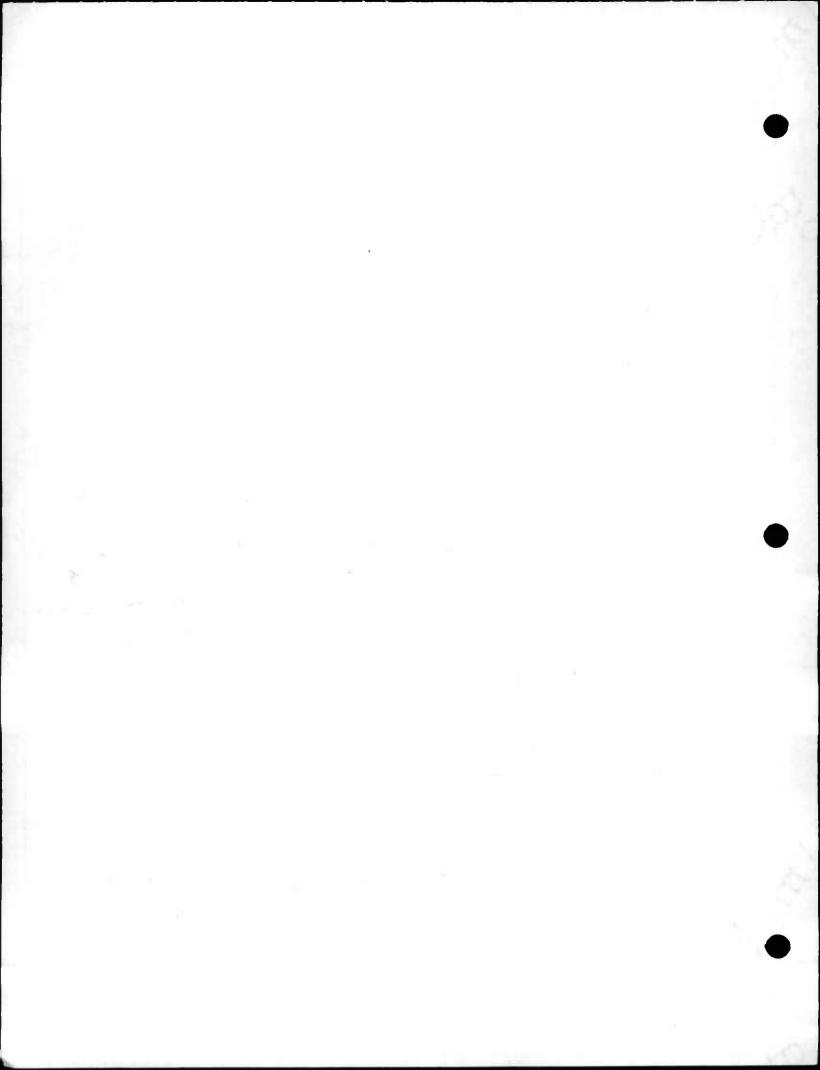
	1 - FOR STATE OF MARYLAND / C		IENT OF H ATE OF			ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				•	2. DATE OF DEATH	į .	YEAR	3. TIME OF DEATH
ĺ	Rev. James G. Dotson				$ \bot $	5 9	5	13	1 7 y x
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	MO	UNDER 1 YEAR NTHS DAYS	HOURS 2	4 HRS, MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHE Country	PLACE (State or Foreign
	220-07-7706 \x x ^{m²□} ⁻ 75	YRS.				8/30/			Maryland
œ .	9a. FACILITY NAME (If not institution, give atreet and number)		L CITY, TOWN O			атн		NTY OF OE	
Ĕ	Carroll County General Hos	p.	Westr	nins	ter		(Carr	011
H H	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
□	Maryland Carroll 10e. STREET AND NUMBER		Sykes		le				1 ☐ YES 2 🙀 NO
FUNERAL DIRECTOR			107.	ZIP CODE					HAT COUNTRY?
Z	535 Martz Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMEO	13. WAS OFCI	ENGENT OF		784 C ORIGIN? (Specify Yes		ted 14. BACE	States
	1 Never Married 2 Married FORCES? 1 TYPES 2 I		If yes, spe	city Cuban,		, Puerto Rican, etc.)	01 110 -	Black, Specifi	— American Indian, White, etc.
Ä	3 Widowed 4 Divorced	WII		-X	ороступ			The same	Black
COMPLETED	(Specify only highest grade completed) (6	ECEDENT'S US Give kind of work B. Do NOT use n	done during mos	N st of working		16b. KINO OF BUS			
ا ڐ	Elementary/Secondary (0-12) College (1-4 or 5+)							_	yee at ate Hosp.
N	12 vears Ret	: Met	nogist			NE (First, Middle, Maiden		1 500	ite nosp.
ŭ	John Dotson					Gassawa			
) BE	19a. INFORMANT'S NAME (Type/Print)	Db. MAILING AC	ORESS (Street a	nd Number (or Rural R	oute Number, City or Town	n, State, Zi	p Code)	
임	Mrs. Betty Dotson	535 M	artz E	Road	S	ykesvill	e, N	1d 2	1784
	1 N Burial 2 Cremetion 3 Removal from State Other 6	vlace)	ON (Name of cen					City or To	
	4 Donation 5 Other (Specify) Wnit	е кос	K Chui			etery Sy	ykes	SVIL	le, MD
	A CANA						a1 I	ire	ctors, P.A.
	James & Covey								field, MD
	23. PART LEnter the diseases, or complications that caused the shock, or heart failure. List only one cause on each high	eath. Do not	enter the mo	de of dyir	ig, such 1	as cardiac or reapi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease of condition	i ()	Dealles	-auli	-	Jerear	-	>	Onset and Death
	resulting in death) a. No consideration of the constant of th	-	atovas	2 CECK	.,	Jevene			1900
z	6.								
MI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF):							
5	CAUSE (Disease or Injury	EQUENCE OF):							1
CERTIFICATION	that initiated events resulting in death) LAST	,							
8	PART II. Other aignificant conditions contributing to death but not	esculting in	the underlyle		han la l	Part I. 24a, WAS AN	ALITYADAY	100	WERE ALFTOPSY FINDINGS
CAL	PART II. Other agrinicant conditions contributing to death but not	resulting in	ille underlynn	g cause g	IV O II III I	PERFOR	MED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE
MED						1 🗆 YES 2	□ №		OF DEATH?
Σ					-	_			1 TYES 2 NO
NA.	25. WAS CASE REFERREO TO MEDICAL			ACE OF DE	ATH (Che	ck only one)			
Sic	EXAMINER? 1 Section 1 No Hospital: 1 Inputiant 2 ER/Outpatient		THER:	e 5 🗆 Res	sidence	B Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	RK?		28d. DEŞÇRIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation	ama taum atu		YES 2	NO	28f. LOCATION (Street a	and Marsh		
ED	3 Suicide 8 Could not be datermined 25st. PLACE OF INSORY — AT I	iorne, rairi, acre	et, tactory, offic	•		City or Town, State)	ING NUMBE	w or nover n	oute Number,
9	ISS. CERTIFER 1 CERTIFYING PHYSICIAN: To the best-of my knowledge, of	feath occurred	at the time, date	and place	and due	to the cause(s) and me	oner es et	rted.	
COMPLET	(Control) 2 DEDICAL EXAMINES: On the basis of examination and/o) and menner as stated.
100	296. SIGNATURE AND ATTLE OF DESTIFIES	9	_	Sec LICE	NSE NUM	BER	THE DA	TE SIGNED	(Month, Day, West)
TO BE	Labord (9 Hours	us		10	59	05	•	2. Mo	493
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (7/ps. F	U Car	7	11	7	11	- 4	χ
	31. DATE FILED (Month, Day, Mar) 32 DEGISTRATE SIGNATURE	arron	i cai	un	10	SENTINO	110	7	<i>y</i>
	MAY 1 1 1993 Sulis Deviden Bandan	-							
_	tableta confirming (f			-					



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8	R. P.
E	E #
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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뿔	計画
2	23

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	1 - FOR REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH DEAT	AND A	MENT	AL HYGI			100	1 14
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEAT	Н	17,457	3. TIME OF C	EATH
	DOROTHY ELIZABE	TH EASTER							05		1993	YEAR	2:09	р м
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (in yrs. i		IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTN		8. BIRTI	NPLACE (State	or Foreign
	212-22-5731	1 🗆 M 2 🔀 F	66	YRS.					3	01	1927		RYLAND	
DIRECTOR	90. FACILITY NAME (If not institution, give NORTH ARUNDEL HI RESIDENCE OF DECEDENT		SSOCIAT	TION			IRNIE	ON OF DE	ATN			NE A	RUNDEL	
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE	CITY
	MARYLAND A	NNE ARUND	EL	GI	LEN B	-	E ZIP CODE				J. 6. 61		1 YES 2	™ NO
FUNERAL	8107 GLEN HOLLO	שעדעת נו	ADT B			101	2106					S.A.	WNAT COUNTR	¥7
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT O	F NISPAN	IC ORIG	IN? (Specify	Yes or No-	_	E - American	Indian
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	MO		If yes, spe	cify Cuba	n, Maxicar Specify:	n, Puerto	Rican, etc.)	Blec Spec	k, White, etc.	mount,
D BY													WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	1 (Give kind of the Do NOT us	work done o	CCUPATIO	IN at of workin	g	16	b. KIND OF	BUSINESS/IN	OUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5	·)		,									
W	17. FATNER'S NAME (First, Middle, Lest)	NONE	1	HOMEMA	AKEK	_	10 11077	15010 1111		OWN F				
Ü	FRANK STEVENS										iden Sumame)			
00	19a. INFORMANT'S NAME (Type/Print)		1	l9b. MAILING	ADDRESS	(Street a				ENTIS	Fown, State, 2	in Code		
2	ELMER L. EASTER	SR	- 1	3107									E, MD 2	1061
	20a. METHOD OF DISPOSITION		20b. PLACE	EANDDATE	OF DISPOS	ITION /Na	me of		OA		LOCATION -			.1001
	1 Donation 5 Other (Specify)	noval from Stata	_ cemetery.c	CREN	ther place)	Y, I	NC.		5/		ltimo			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	-	22.1	NAME AN	D ADDRES	SS OF FAC	PLITY	HOME	,			
	I With Nelson	n Sum	brun									NTF	MD 210	161
	23. PART Enter the diseases, Dr	complications tha	t caused the d	leeth. Do r	not enter	the mod	de of dyl	ng, auch	aa ce	rdiac pr re	espiretory a	rreat.	Approx	
	abook, or heart fallure. IMMEDIATE CAUSE (Final	List only one cau	ise on each lin	na.			,				.,		interve	l Betwean
	disease or condition resulting in death)	CA	RNOF	RICA	102	ARC	1	1	ar	27				425
	resulting in death)	DUE TO	(OR AS A CONSI	EOUENCE O	F):			7617	, –, –	(3/			04/1	1/25
Z	Sequentially list conditions,	· SE	PTIC	3	SH	OC/	<						25	hac
Ĕ	If any, leading to immediate	DUE TO	(OR AS A CONSI	EOUENCE OF	F):			4	1 4.		B-0		- 4	. /
5	CAUSE (Disease or Injury	c. Diff. 20	(OR AS A CONSI	476	D	C	ec	01	u	JITH	1.615	/ TON	17/04	ms
CERTIFICATION	that initieted avents resulting in deeth) LAST	RO	PTT 15	PETO	r):	16 8	000	2	2/	1100	71		_ [3	
		d	OR AS A CONSI	V D		(6)	011		VI	U-E/C	-//0	114	1	
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	to continuoung to	accent par not	readiting	in the un	werrying	cause g	iven in F	Part I.	24a, WAS	AN AUTOPSY FORMED?	24b	. WERE AUTOPS	Y FINDINGS
음	MUCTI	PCE	MYE	-201	M				_	1	2 NO		COMPLETION I	
ME									_				1 TYES 2	□ NO
ä		T												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Chec	ck only o	ne)				
ΥS	1 VES 2 NO	1 @ Inpatient 2		_	4 - Nurs	ing Nome				er (Specify)				
	1 Natural 5 Pending	28a. DATE OF (Month, D.	ey. Year	28b. TIM INJ	URY M	28c, INJL WOF	RK?		28d. DE	SCRIBE HO	W INJURY O	CURED		
BY	2 Accident Investigation 3 Suicide 6 Could not be		FINJURY — ALL	ome farm s		1 U Y	ES 2	-	204 1 0	0471041 (0)				
COMPLETED	4 Homicide 6 Could not be detarmined	building,	atc. (Specify)	,	Allest, lact	ory, office			City	or Town, Si	eet and Numbe ate)	r or Hurai i	Houte Number,	
٦	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge d	lasth occurr	ed ad Alexa M					S				
N N	(Check only one) 2 MEDICAL EXAMINE												and manner a	a stated
	29b. SIGNATURE AND TITLE OF CERTIFIE							NSE NUME		Provo				
BE	Antonio (Carl	200		~		77/	C 2	(>	147	29d. DA	E SIGNED	(Month, Day, Ye	ar)
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	EM 27) (Type,	Print)	•	1/10	20	د ر	- 1		0//	- 9	5
	DR. ANTONIO GAT	DULA 1600	CRAIN	HWY.	GLE	N BU	IRNIF	. MD	21	061	#506	Suite	2	
	31. DATE FILED TO TO DOY TOO 190	32. REGISTRA	R'S SIGNATURE	70.				,			= 00			



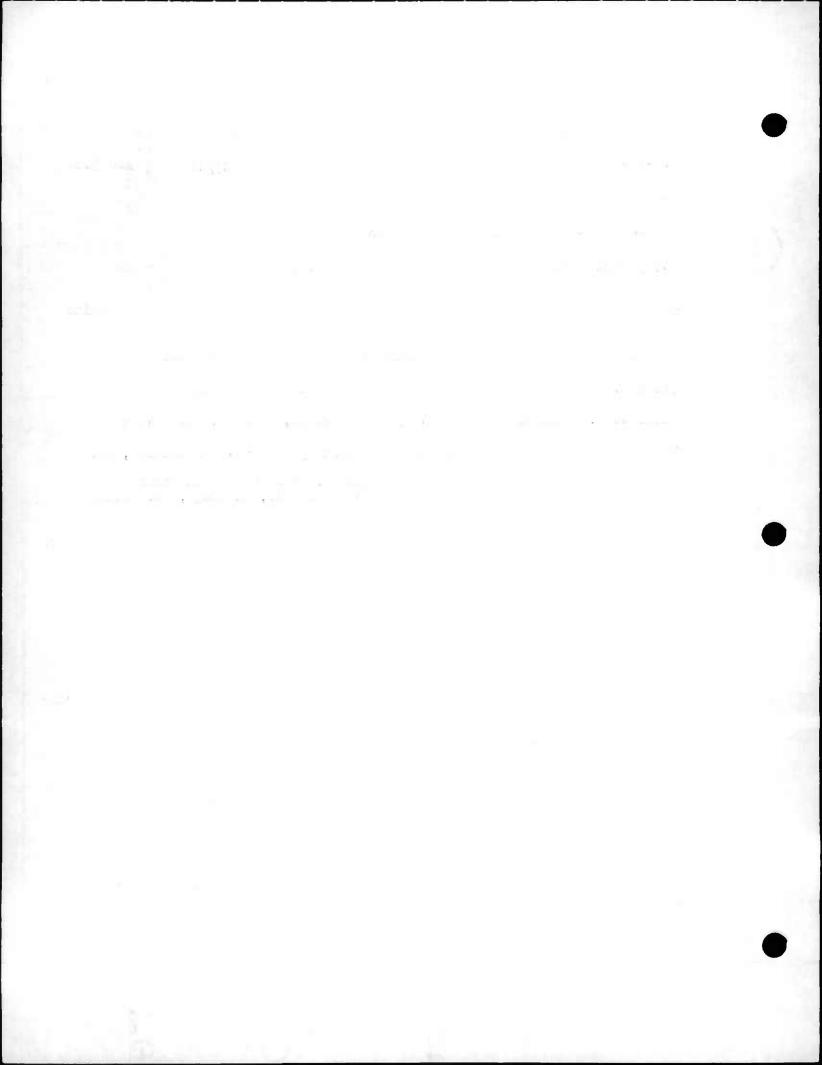
	FUR
1 - 1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR		CE	RTIF	CATE (OF DEATH	REG. N	IO.	
)		1. DECEDENT'S NAME (First, Middle, Last)	Til ohmass					2. DATE OF DEATH		3. TIME OF DEATH
	3		Fishpaw					MONTH 5		1815 P M
무		4. SOCIAL SECURITY NUMBER 214-12-0924	1 🗆 M 2 📆	80	VRS.	MONTHS DA	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 09/19/12		BIRTHPLACE (State or Foreign Country) New York
, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give str Howard County Ger RESIDENCE OF DECEDENT		Ltal			wn or location of di mbia			y of DEATH B.rd
1	DIRECTOR	10a. STATE 10b. COUNTY	Arunel			, town or L	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	1703 Maple Avent	ue				101. ZIP CODE 21076			N OF WHAT COUNTRY?
fing physicial the burtal-tri	ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	YES 2 NO	IED O	If ye	DECENDENT OF HISPAI s, specify Cuban, Mexics YES 2 1 NO Specif	in, Puerto Rican, etc.)	Yes or No- 14	I. RACE — American Indian, Black, White, atc. Specify: White
use as	TED	15. DECEOENT'S EDUC (Specify only highest grade of	completed)	(Giv	EDENT'S to kind of w	USUAL OCCUPOR during	PATION ng most of working	16b. KIND OF I	BUSINESS/INDUS	
spital led fo	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		mema.			Own 1	_	
5 å ä	BE CO	17. FATHER'S NAME (First, Middle, Last) OSCAT H. Werner						ME (First, Middle, Maid 9th Lorch	en Surname)	
e retained s 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) Florence M. Pfei:	ffer				Avenue, Ha			4
may be or, page		20s METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Remo	and the State	20b. PLACE AF	ND DATEO	F DISPOSITIO	N (Name of			•
Page 6 ma Il director, p		4 Donation 5 Other (Specify)		Loudo:	n Pa			5/12 B	altimor	e, Md.
death. funera		Day of	T. Kon	forces	7	Gary	L. Kaufma Main St.	an Funeral	l Homes	
within 24 hours opletely filled In cremation, or n		23. PART I. Enter the diseased, or conshock, or heart lefture. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o	on each line.	ras	aul	mode of dying, suc			Approximata Interval Between Onset and Death
and con bunial,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	A	AS A CONSECU						
th c endi	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEOL	JENCE OF	j: 				
es that the dea gned by the att eatth and Menta	MEDICAL O	PART II. Other significant conditions Hyper Here	contributing to deat	th but not re	sulting i	n the under	lying ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requir	- 11							_		1 TYES 2 NO
N: The li icate has State De item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQŠPITAL:		1		6. PLACE OF DEATH (Ch	eck only one)		
iclan: ertificathe St the St	IYSI	1 YES 2 NO	1 inpetient 2 ER/				Home 5 - Residence			
this with	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUI (Month, Day, Yel	ear)	28b. TIME IN.B.	URRY	WORK?	28d. DEŞCRIBE HOY	V INJURY OCCU	RED
ATTENDI ECTOR: A s after d 1 28 is	8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — Al hom (Specify)	e, ferm, s	treet, factory,	office	26f. LOCATION (Stan City or Touri, Sta	(end Number or te)	Rural Route Number,
THE HOSPITAL DR A THE FUNERAL DIREC filed within 72 hours PORTANT: If Item	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER								couse(e) and manner es stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If I	BE	296/SIDNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	0 1 3	29d. DATE S	HGNEO (Month, Day, Year) - 9 - 4 3
	2	B. CONGER MO	COMPLETED CAUSE OF	LOSS	27) (MDa. Lift	Print) te P2	tuxent 1	oky Col	umbis	MD 21044
5		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE			. *	-	/	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



	1 - STATE REGISTRAR	STATE OF MAR					HEALTH DEAT		MENT		YGIEN EG. NO.		93	13	5/6)
	1. DECEDENT'S NAME (First, Middle, Last) HAROLI)	MITTI	AM	F	ISHI	ER			TE OF	DA	0, 1	YEAR . 993	3. TIME OF 8:00	OEATH A	
	4. SOCIAL SECURITY NUMBER 015-05-2957 9a. FACILITY NAME (If not institution, give st	1 💢 M 2 🗆 F	GE (In yrs. last	t birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS OR LOCATI	MIN.	Ma	TE OF E	URTH	1908	8. BIRTH	sachus		
TOR	Memorial Hospit	al			С	umbe	erlan	.d					1egh			
DIRECTOR	10a. STATE 10b. COUNTY Md. All	egheny			ints									10d. INSIDE LIMITS		
FUNERAL	Rt. 2, Box 193A						1. ZIP CODI					1-17	USA	WHAT COUNTI	TY?	
B	11. MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 N	MED		If yes, sp	CENDENT Concept of the Concept of th	n, Mexice	n, Puer	GIN? (S _i to Ricar	pecify Yes	or No—	14. RACE Black Speci	American k, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gi	ve kind of Do NOT u	USUAL O work done se retired.)	during mo	st of working	ng	1	i6b. KIN	D OF BUS	SINESS/INI	DUSTRY			
ဂ္ဂ	17. FATHER'S NAME (First, Middle, Last)				-		18. MOTE	HER'S NA	ME (Firs	t, Middle	, Maiden	Surneme)				-
BE	Harold B. Fisher						No	ra R	yan							
2	19a. INFORMANT'S NAME (Type/Print) Janet Fisher		1				3A,						1530			
	20 METHOD OF OISPOSITION 1 Dauriel 2 Cremation 3 Ramo 4 Donetion 5 Other (Specify)	oval from Stata	20b. PLACE A cemetery, crer Meado	ND DATE	ge N	emoi	rial	Park	5/	13	20c. LO	cation —	City or To	wn, State [arylar	nd	
	21. SIGNATURE OF BUNERAL SERVICE UC	L. Lou	force	7	Ga	ry 1	nd addres . Ka /ain	uifma	n F					227		
	23. PART I. Enter the diseases or cahock, or haart fulfure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cau List only one cause o	n aach iina.		not entar	tha mo	da of dyi	ing, auct	h as c	ardiac	or reapi	ratory ar	reat,	Appro	ximata al Betweer and Daati	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A														
- 1	PART II. Other significant conditions	s contributing to deat	h but not re	suiting	in the un	darivin	Cause C	liven in i	Part I	240	WAC AN	AUTOPSY	1 245	WERE AUTOP	N FINITING	-
MEDICAL	Coronary		Lun		DUS				_	1	PERFOR	MED?	240.	AWAILABLE PE COMPLETION OF DEATH?	OF CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					_				Ь.						
2	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only	one)						_
2	1 ☐ YES 2 ☐ NÓ 27. MANNER OF DEATH	1 Si-Impatient 2 ER/C					e 5 🗆 Re	sidence								
BY P	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Yea	nr)		URY M	1 🗆 1	PRK7] NO	28d. D	EŞCRIE	E HOW IN	JURY OC	CURED			
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (\$	UHY — At hor Specify)	ne, ferm, :	street, fact	ory, offic	•		28f. L.C	ty or Tou	l (Street a vn, State)	nd Number	or Rural R	loute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my kr	nowledge, dea atlon and/or in	nth occurre	ed at the t	lme, date	end place,	end dua	to the d	euse(s)	and man	ner as sta	led. na ceuse(s) and manner	as stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM						(Month, Day, Y		-
O BE	30. NAME AND AGORESS OF PERSON WHO	Jagin	u	2				434					110	1		
	Dr Daniel Leibma					umb	arlan	d N	// d	-	1500)				-

]

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

the selection out and the agilla e estrente plant pres many, the second

TO THE CHAIN OF ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

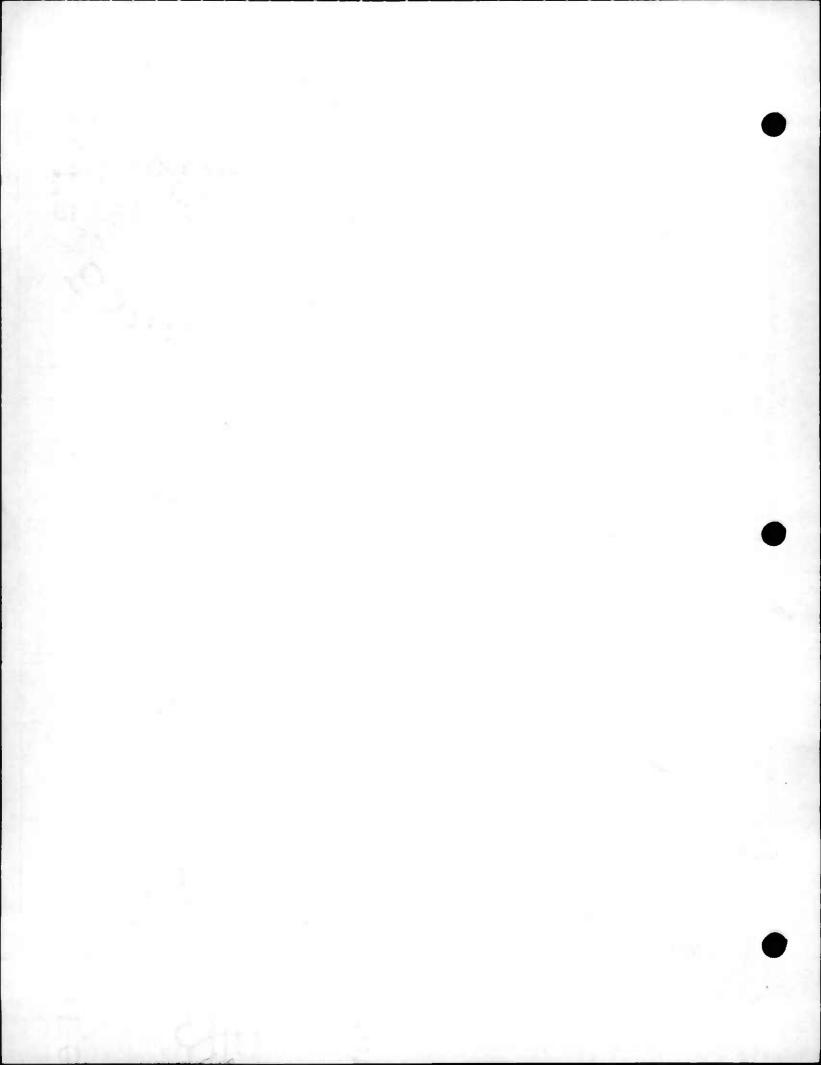
BALTIMORE, MARYLAND 21215-0020

WISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEA	TN
	OWEN	R.	GRA	Y		05 06 h	1995	9:23	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Riprith, Day, Year)	1915	PLACE (State or F	oreign
	9a. FACILITY NAME (If not institution, give :	street and number)	/ ,	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF I	DEATH	
TOR	2016 MCKEAN A	VE		BALT	IMORE				
DIRECTOR	MAYY/AM	Y	10c. CITY 1	4 Tin	ion Porc			10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	2016 BCK	CAN AUG	2	10f	ZIP CODE	7	10g. CITIZEN OF	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ANO	If yes, spe	ENDENT OF HISPAN Helly Cuban, Maxica 2 2 NO Specify	IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No — 14. RAC Blac	E — American Ind k, White, atc.	len,
) BY	3 Widowed 4 Divorced						DI	ACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use r	k done during mo:	N st of working	2	SINESS/INDUSTRY	Sola	£
MP			Fauc	Alic	W	DAIL	1119	SCHOOL	
BE CO	17. FATHER'S NAME (First, Middle, Last) ERNEST	RAY			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	0)	
TO B	(19a, INFORMANT'S NAME (Type/Print)	hand	19b MAILING AI	00	nd Number or Flurel I	Route Number, City or Tow	p., State, Zlp Code)	7 (m/	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	noval from State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	me at	DATE 20c. LO	CATION — City or To	own, Stata	
	4 Departion 5 Other (Specify)	\mathcal{I}	1. Hube	IRN	D ADDRESS OF FA	DI DI	2/10,	7110.	20
	Joseph J	Russ		2050	200 P	CUSS FU	NEVAI BAIX	4d 1	
	23. PART I. Entar tha diseases, or	complications that caused	tha death. Do not	antar tha mo	da of dying, auc	h as cardiac or reap	iratory arreat.	Approxim	016
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on ea	ich lina.				, , , , , , , , , , , , , , , , , , , ,	Interval I	Between
	disease or condition resulting in death)	Antomosc	LEMON L	'ARONIC	when w	or DISED	55	Onest an	a Doetti
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	7 000	V 123000 - 1	1/36/0	70	1	
NC	Sequentially list conditions,	b						-	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FIC	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):					-	
FE	resulting in death) LAST	4						į	
	DADT II. Other circuitions on disco	u.							
CAL	PART II. Other significant condition	a contributing to death be	ut not reaulting in	tha underlying	cause given in	Part I. 24a, WAS AN PERFOR		MAILABLE PRIOF	TO
						1 D YES 2	Tho.	OF DEATH?	CAUSE
Σ						- THE	JOhn	1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL				105 05 05 1711 (0)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	, , , , , , , , , , , , , , , , , , ,	THER:	ACE OF DEATN (Ch				
Η	27. MANNER OF DEATN	28a, DATE OF INJURY	28b. TIME C			6 Other (Specify) 28d. DESCRIBE NOW I	N IIIBA OCCIDED		
ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK?	200. DESCRIBE NOW I	NOONT OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Speci	— At home, farm, stre	et, fectory, office	. A .	281, LOCATION (Street : City or Town, State)	and Number or Rural	Route Number,	-
7	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my knowl	edge, death occurred	at the time data	and place, and due	to the cause(s) and may	anner on eteled		
COMPLETE		ER: On the basis of axamination						s) and menner as	stated.
	280 SIGNATURE AND TITLE OF CERTIFIE		4 /		29c. LICENSE NUM		29d. DATE SIGNE		
TO BE	Moybrie Me	Mule			O.C.M.		▶05-07		
F	4 to a	O COMPLETED CAUSE OF DEA		•	ceet. R	altimore	. Marvl	and 2	1201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE				, 11012] 3.		
	INV 1 1 1993 gui	a Auridson-Randa							



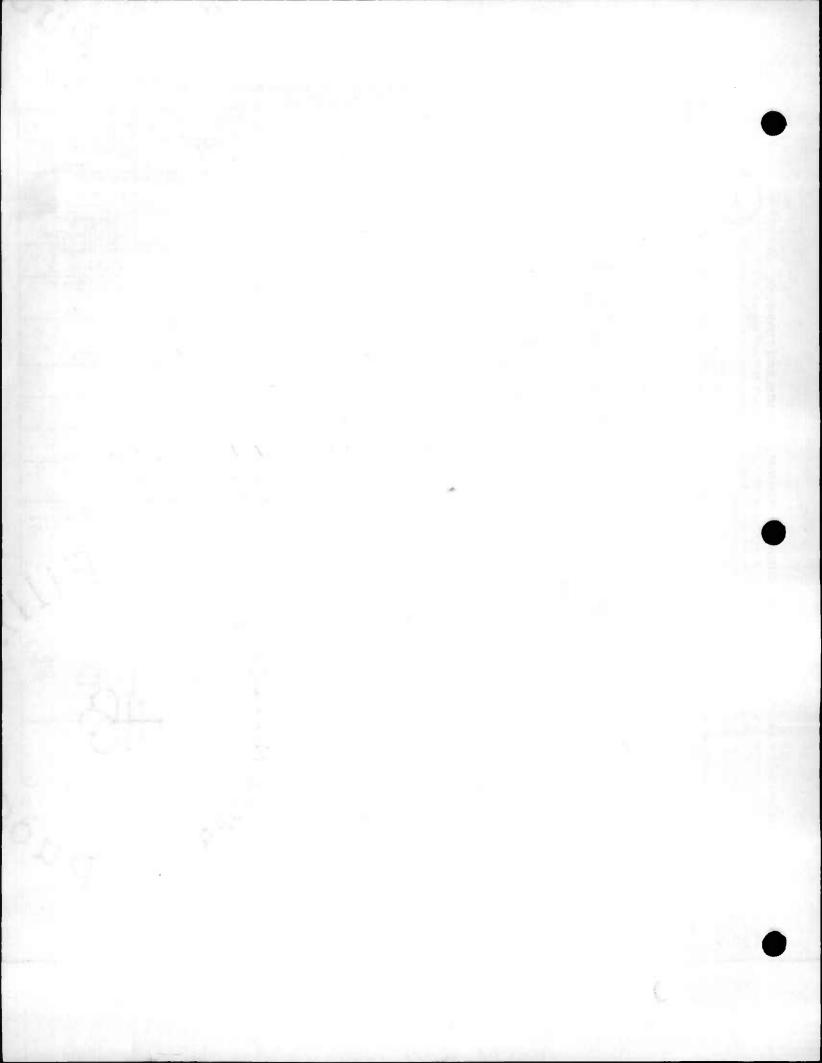


	FOR	93,1t	/ DEDAM						93	13578
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	CATE	OF HE	DEATH AND	MENTA	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last	Gura Wal	lter J. G	ura			MON		Y 6	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH	10	BIRTHPLACE (State or Foreign
	213-26-506=	3 12M2DF	64 YRS.	MONTHS	DAYS	HOURS MIN.	1 1	29 2	9	Maryland
	9a. FACILITY NAME (If not institution, give	1	41	9b. CITY		LOCATION OF D	EATH		ur defe	Y OF DEATH
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN				1	Towson			Bal	timore
	Md.	Howard			on LOCATIO Imbia					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO
- CHELLAR	10e. STREET AND NUMBER	HOWALA		CQ 1 C		ZIP CODE			10g. CITIZE	N OF WNAT COUNTRY?
	6545 Carlinda A					21046				U.S.A.
	11. MARITAL STATUS 1 Never Martled 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO		If yes, spec	NDENT OF HISPA city Cuben, Mexic Z XNO Speci	an, Puerto	iN? (Specify Yes Rican, etc.)	or No-	1. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S t	ork done			16	b. KIND OF BUS	INESS/INDU	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)				Woat	nahor	ise Corp.
	17. FATHER'S NAME (First, Middle, Last)	4	Engine	er		18. MOTHER'S NA	AME (First,			ise corp.
	Frank Gura					Mary	Pal	.ka		
	19a. INFORMANT'S NAME (Type/Print)					d Number or Rural	Route Nur	mber, City or Town	, State, Zip C	ode)
	Nancy Gura 200. METHOD OF DISPOSITION	200	. PLACE AND DATEO	_	as 10		DA	TE 20c. LOC	CATION — CI	ly or Town, State
	1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State cen	netery, crematory or oth oreland M	er place) emoi	cial	Cem. 5	/10/			more, Md.
1	21. UMINATURE OF EUNERAL SERVICE I	JCENSSE.				OWSON F		and Home		
	[Date	200		110	150 Y	ork Rd.	Tow	son. Mo	1. 212	204
	23. PART I. Enter the diseases, or ahock, or heart failure	r complications that caused b. List only one cause on a	d the death. Do no	t enter	the mod	e of dying, suc	ch an car	rdiac or respir	atory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Sensis	1146 W.	[4-]	-<(1	whom o			مرس ۱۱۰	Onset and Dea
1	resulting in death)	DUE TO (OR AS A	A CONSEQUENCE OF	:	24.	3011-0	170		1100	
	Sequentially list conditions,	Mustip		40	(an	100				
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	A CONSEQUENCE OF	: '						
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF	:						
	resulting in death) LAST	d								
	PART II. Other significent condition	ons contributing to deeth b	out not resulting in	the un	derlylng	ceuse given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDING
								1 TYES 2	Pino	COMPLETION OF CAUSE OF DEATH?
										1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				CE OF DEATH (C/	heck only o	one)		
۱	1 TES 2 NO	HOSPITAL:	patient 3 DOA		eing Home	5 🗆 Residence				102
į	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	26b. TIME INJU	OF RY M	28c. INJUI WOR	K?	28d. DE	SCRIBE HOW IN	JURY OCCU	RED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY	/ — At home, farm, at cify)	reet, fact			281. LO	CATION (Street e. y or Town, State)	nd Number or	Rural Route Number,
1	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To line best of my know	riedge, death occurred	at the ti	lme, date e	nd place, end due	to the ca	euse(e) end man	ner as stated	
ا ع		NER: On the basis of examination								
3 11										
BE COMPL	29b. SIGNATURE AND TITLE OF CERTIFI	1 withour	D			DB18				SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

0"1993

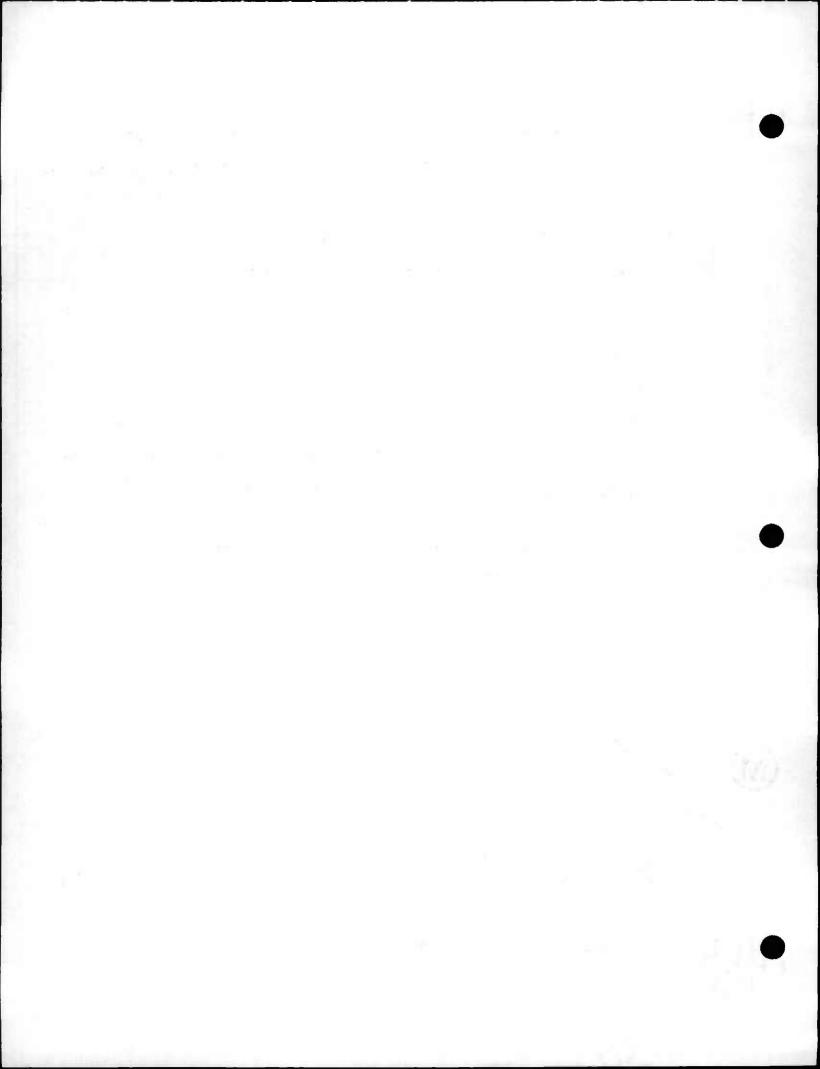
32. ACOUSTRADE SIGNATURE
JUNE DEVIDENT-PANDER



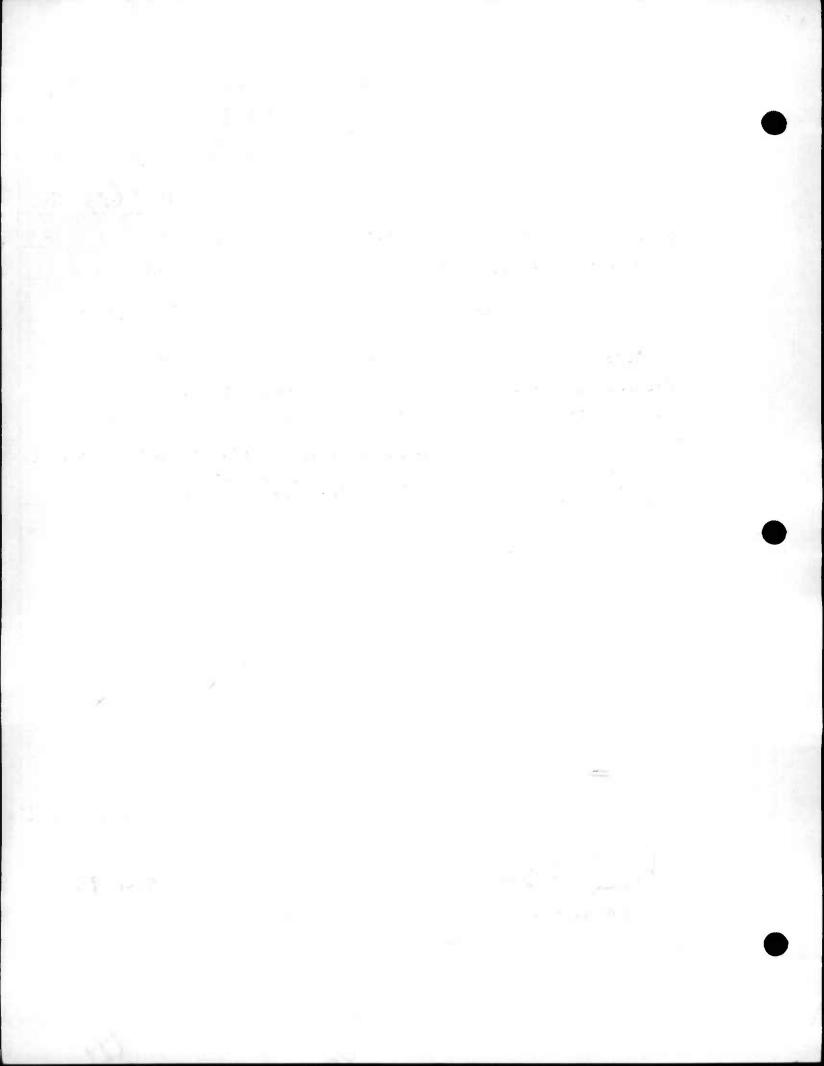
DIVISIO

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEATH
-15	MARG	SARET	GEIDT							0.5	тн ом 04	19	YEAR 93	6:10PM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
	2 1 8-09-344	-	1 🗌 M 2 🖾 F	79	YRS.	MONTHS	DAYS	HOURS	MIN,	02/	th, Day, Year) 107/19	_	MA	RYLAND
5	G.B.M.C.,6	701 N		ES STRE	EET	96. CITY,		WSO		EATH			INTY OF D	
ច្ឆ	RESIDENCE OF DEC	10b. COUNTY			Tage CITY	, TOWN O	0.1.004	TION!						
DIRECTOR	MARYLAND	BAI	TIMORE		10c. C111	BAL								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER		3 1	Ascot C	ourt		101	ZIP CODI				10g. CIT		VHAT COUNTRY?
빌	11. MARITAL STATUS			IT EVER IN U.S. AR					1013			L	USA	
BY FL	1 Never Married 2 2 3 Divo		FORCES? 1	YES 2 X	10	- 11	yes, sp	ecify Cuba	n, Maxicai	n, Puarto	N? (Specify Yea Ricen, atc.)	or No-	14. RACE Black Specia	- American Indian, white, etc.
	15. DEC	EDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		168	. KIND OF BUS	INESS/INE	DUSTRY	
COMPLETED	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5		tve kind of w Do NOT use	ork done of retired.) Iome			פיי	1 200				
SO CO	17. FATHER'S NAME (First, M		also 1 mor								Middle, Maiden			
H	Charles		ckeimey								Guye			
2	Mr. John	Geidt		196	3 As						tin, M			21013
	20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo (Specify)		20b. PLACE A cemetery, cre. St.	metory or oth John	her plecel		_{eter}	У	5/			City or To	wn, State ryland
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIG	ÉNSEE /	7 -	1	\ Bu	rae	O ADDRES	enss	s Fu	nera1	Но	me	
_	Veac	ly H	enso C	dipen	Burgee-Henss Funeral Home 3631 Falls Road Baltimore, MD 21211									
MOLL	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition if any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any, leading to immediately any leading to immediately any leading to immediately any leading to immediately any leading to immediately any leading to immediately and leading to immediately any leading to immediately and any leading to immediately and any leading to im	Ipna, diata	RESPIF DUE TO	RATORY (OR AS A CONSEC	FAIL	URE						eatory art		Approximate interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	T d	l	(OR AS A CONSEC										
DICAL	PART II. Other significa	CONTOITION	contributing to	death but not r	esuiting in	tha un	deriying	cause o	olven in I	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ĕ										_	1 🗌 YES 2	□ NO,		OF OEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					20 01	ACE OF D	PATH (OL					
2	EXAMINER?		HOSPITAL:	FR/Outnation 3		OTHER	:	ACE OF DI						
Ē	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	OF	28c. INJ	e 5 □ Re	sidenca		CRIBE HOW IN	JURY OC	CURED	
10	2 Accident	Pending Investigation	(Month, D		INJU	М	1 🗆 1	RK7 /ES 2) NO					
בו		Could not be determined	building,	F INJURY — At horetc. (Specify)	me, farm, st	reet, tacto	ry, offic	•		28t. LOC City	ATION (Street a or Town, State)	nd Number	or Rural R	oute Number,
COMPLETED			CIAN: To the best of R: On the basis of a											and manner as stated,
BE C	296. SIGNATHRE AND TITLE)				29c LICE	NSE NUM	PER)			(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WILL	COMPLETED CALL	E OF DEATH STO	4 27) (5	Oninet		V:	773			<u> </u>	フーき	112
	GBMC,	670			5 S		EE-	Т						
	31. DATE FILEO (Month, Day, MAY 1 1 19)		32. REGISTRA	R'S SIGNATURE	-									



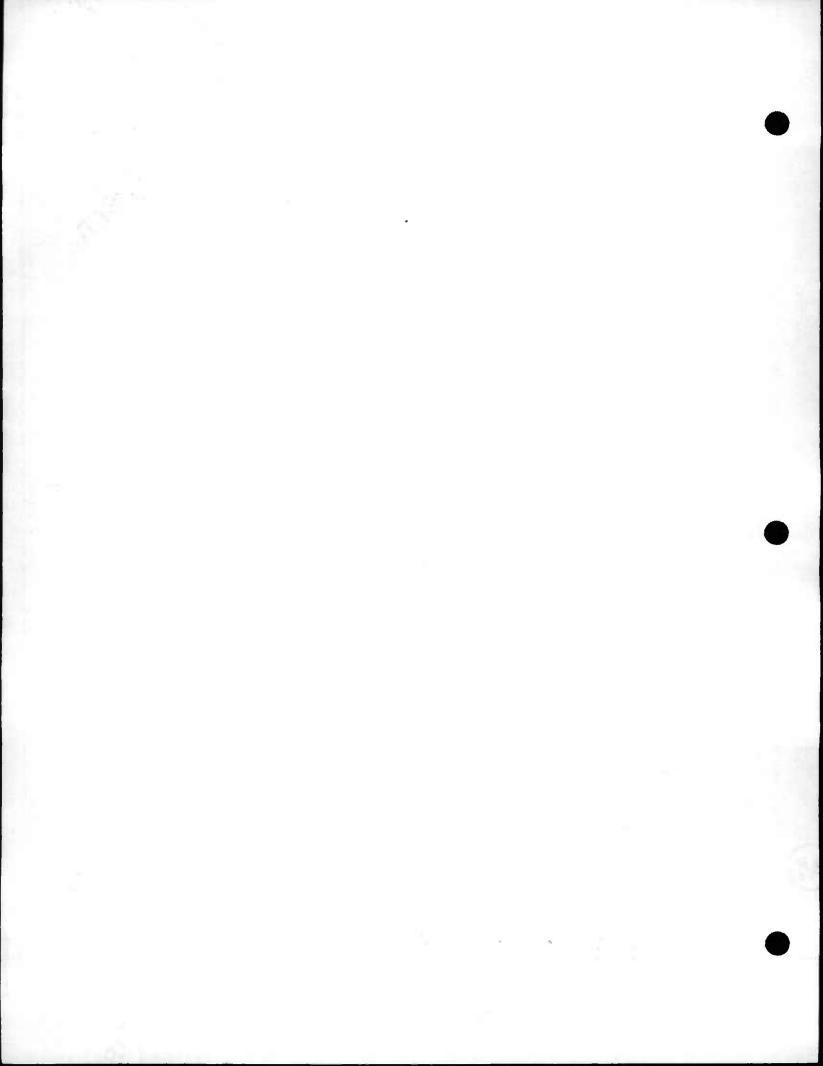
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DIRECTOR	UNIVERSI	ГТҮ НО					MORE C				IMORE CO	UNI
EC	RESIDENCE OF D	10b. COUN	ITY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSI	DE CIT
붑	N.Y.	. 6			Fo	ort Tot	ten	į. v.		-	LIMI 1X YES	TS?
₹ AL	10e. STREET AND NUMB					10	. ZIP CODE			10g. CITIZE	EN OF WHAT COU	TRY?
FUNERAL	140-B1 G	enera.								Unit	ted Sta	te
	11. MARITAL STATUS 1 Never Married 2	Married		1 YES 2	NO	If yes, sp	CENCENT OF HISP ecity Cuban, Mexi	can, Puerl	GIN? (Specify Yolo Rican, atc.)	en or No- 1	14. RACE — Americ Black, White, at	an Indi
B	3 Widowed 4 C	Divorced	The second second	WAR OR DATES		1 TYES	2 □ NO Spec	olfy:			Specify: Black	
윤	15. D (Specify	DECEDENT'S ED	UCATION de completed)	184		USUAL OCCUPATION	ON	1	6b. KIND OF BU	USINESS/INDU		_
E	Elementary/Secondary		College (1-4 or 5	+)	life. Do NOT us	se retired.)	ist or working					
COMPL	N/A					I/A			_	N/A		
	17. FATHER'S NAME (First Ricardo		ens Sr				16. MOTHER'S N					
BE	19a. INFORMANT'S NAME	E (Type/Print)		-	19b. MAILING	ADDRESS (Street e			Thoma		Parde)	
유	Ricardo	Gitte	ens, Sr.		300	0 Vale	ntine i	Aver	ilue		X, N.Y.	
	20a, METHOD OF DISPOS	SITION		20b. PLA	CE AND DATE	OF DISPOSITION (No	ame of	0			ty or Town, State	_
	12 Burial 2 □ Crema 4 □ Donation 5 □ Ott	her (Specify)		_ Ke	nsico	Cemet	ery	5/1	5/93	Valh	alla,N	EW
1 8	21. SIGN TURE OF FURE	RAL SERVICE L	ICENSEE /		1-	22. NAME AI	wart F	ACILITY				
. 1	NA MI	- I	1-110									
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (disease or condition resulting in death)	Final	. List only one car	at caused that use on each	line.	400.	l Benn:	ing	Road.	NE.	Inte	rval E
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

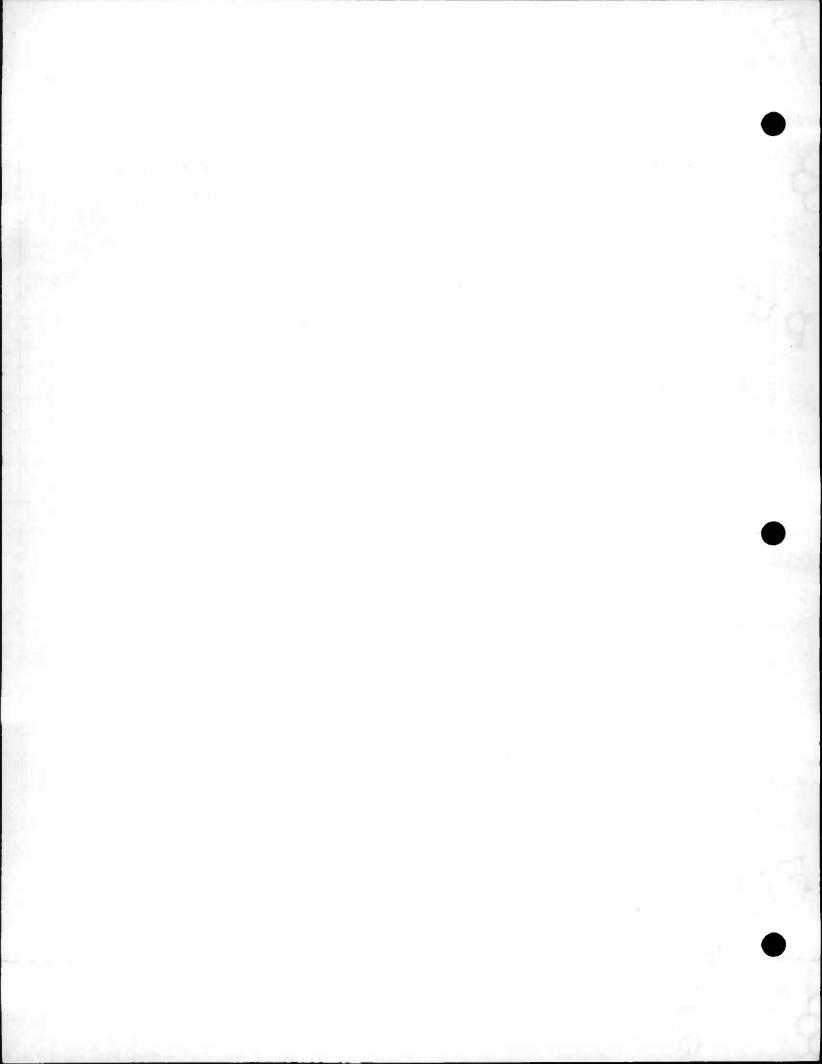
	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lust) BEATRICE G		GIN	EVAN	2. DATE OF DEATH	5 99	3. TIME OF DEATH 10:30 AM
		5. SEX 6. AGE (In yr. 1	s. last birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 28,19	Cou	THPLACE (State or Foreign intry) aryland
OR	9a. FACILITY NAME (If not institution, give street NORTH ARUNDEL HOS	Tr-III Care a		GLEN BURNIE	DEATH	9c. COUNTY OF	A. COUNTY
DIRECTOR	10a. STATE 10b. COUNTY Maryland Anne A	Arundel	10c. CITY, TOW	N OR LOCATION	Pasadena		10d. INSIDE CITY LIMITS?
	10. STREET AND NUMBER 8194 Waterford Rd.			10f. ZIP CODE	122		1 □ YES 2 1 NO F WHAT COUNTRY? d States
Y FUNERAL	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	I3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Spec	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	n or No— 14. RA Ble	CE — American Indian, ack, White, etc.
COMPLETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA: (Specify only highest grade co	TION 16a mpleted) College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire			SINESS/INDUSTRY	
MPL	6 17. FATHER'S NAME (First, Middle, Last)	Conlege (I-4 th 3 7)	Homemake				estic
BE CC	Oscar	Redmo		Mari		F	orward
2	19a. INFORMANT'S NAME (Type/Print) Walter Harvey		8408 FO1	est Dr., Pas	Aoute Number, City or Tow adena, MD	n, Stete, Zip Code) 21122	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	el from Stata cemetery	CE AND DATE OF DISP of cremetory or other plead 1 Haven Me	osition (Neme of ce) emorial Park		cation - city or Len Burn	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Elymun		2. NAME AND ADDRESS OF F McCully Fune 3204 Mountai	ral Home of n Rd., Pasa	F Pasade adena, M	na
	23. PART 1. Enter the diseases, or cor shock, or heart failure. Lis immediate CAUSE (Finel disease or condition resulting in death)	at only one ceuse on each	ilna. UUN (- (ch as cerdiac or respi		Approximate interval Between Onast and Death
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PHYSICIAN: MEDICAL	PART II. Other significent conditions of the significant condition	contributing to death but n	ot resulting in the	a. 01 Or	PERSON 2	RMED?	Ib. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICI	EXAMINER? 1 YES 2 NO 1 27. MANNES DEATH 1 Pending 2 Accident Investigation	HOSPITAL:	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		NJURY OCCURED	
ETED	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street, f	actory, office	281. LOCATION (Street a City or Town, State)	and Number or Rura	Route Number,
COMPLETED		AN: To the best of my knowledge On the basis of axamination and					(s) and manner as stated,
O BE	29b. SIGNATURE AND TITLE OF CENTIFIER	20, no.	0.	29¢ NCENSE NU	9528	P SIGNE	6193
	ELMO CAVOSO, M.	D./273-F PENI	NSULA FAR	M ROAD/ARNOLI	D, MARYLANI	21012	V /
	31. DATE FILED (Modific Day 1867)	REGISTRAR'S SIGNATUR	E_				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6 may be retained by the hospital	ctor, page 5 should be detached	nust be notified at once.
TO THE HOSPITAL ORGANIZATIONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to select marking 20 percent of the first marking 20 per	be neu within 12 hours area-secti with the State Cept. Or regulation while show to bound, crematon, or remove. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNI	IMPORTAN

IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	00	A DECEMENT OF LAND OF LAND AS A SECOND			IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
4 SOCIAL SECURITY NUMBER \$ 1. SECTION OF SECURITY NUMBER \$ 1. SECTION OF SECURITY NUMBER (Free institution, give street and number) \$ 1. SECTION OF SECTION OF DEATH \$ 1. SECTION OF SECTION OF DEATH \$ 1. SECTION OF DEATH \$ 1	00	1. DECEDENT'S NAME (First, Middle, Last)		. ,	1		YEAR 3. TIME OF DEATH						
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BODY Security Name (if not institution, give string and number) Sec. COUNTY OF BEATH	oc.	231-18-94/10		- O MOI		(Month, Day, Year)	Country)						
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Total Control Total Contro	RAL	1/31 /2/	1 1	to	101. ZIP CODE	10g. Cr	TIZEN OF WHAT COUNTRY?						
Total Control Total Contro	SNE	70 - 70 11	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECEMBENT OF HISE	ANIC ODIGING (Specify West of No.	14 BACS - American Indian						
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20a. METHOD OF DISPOSITION	12	MRS, VIVIAN	Henry	1630	11 -1 / -	1 L 1.	to. Md 21216						
22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. MacDiate CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence or):		20a. METHOD OF DISPOSITION 1 Burlail 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) DATE DATE DATE 20b. BLACE AND DATE OF DISPOSITION (Name of cynolegy, crematory or other place) DATE DATE 20c. LOCATION — City or Town, State Condition 5 Other (Specify) DATE DATE 20c. LOCATION — City or Town, State Condition 5 DATE DATE DATE ATE Condition 5 DATE DATE DATE DATE Condition 5 DATE DATE Condition 5 DATE DATE Condition 5 DATE DATE Condit											
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Interval Betwood Interval Be		Naneth.	- Pun		Joseph L. K	uss funer	Home						
Interval Betwood Interval Be	\vdash	23. PART I. Enter the disesses, Dr C	complications that cause	d the death. Do not	anter the mode of duling as	VID HIE DAID.	Mr 21216						
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):		snock, or neart tellure.	List only one ceuse on e	each line.	one the mode of dying, at	on as caldiac or respiratory a	Interval Between Onset and Death						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):			· Infle	ted de	ensitus	ulcer							
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WER AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	_	_	POLA / S A	A CONSEQUENCE OF):	1:40								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WER AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	5 F		DUE TO (OR AS A	CONSEQUENCE OF):	usease.								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WER AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	4	CAUSE (Disease or Injury	c										
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WER AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	15		DUE TO (OR AS A	A CONSEQUENCE OF);									
PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO	RTIFIC	resulting in death) LAST											
T YES 2 NO		BART II Ont - I - III	0.										
	AP.	PART II. Other significant condition	s contributing to desth b	out not resulting in th	he underlying cause given i		MAILABLE PRIOR TO						
	AP.	PART II. Other significant condition	s contributing to desth b	out not resulting in th	he underlying cause given i	PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)	MEDICAL	PART II. Other significant condition	s contributing to desth b	out not resulting in th	he underlying cause given i	PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	PERFORMED? 1 YES 2 NO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
	SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA 4	26. PLACE OF DEATH (0 I'HER: □ Nursing Home 5 □ Residence	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
2 Accident 2 Accident	PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp 28a. DATE OF INJURY	patient 3 DOA 4	26. PLACE OF DEATH (the Residence of the	PERFORMED? 1 YES 2 NO Theck only one)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
4 Homicide determined	D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	patient 3 DOA 4 DO	26. PLACE OF DEATH (the Residence of the	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY OF	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4 DO	26. PLACE OF DEATH (the Residence of the	PERFORMED? 1 YES 2 NO Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY OF	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
	ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, 'bear) 28a. PLACE OF INJURY building, etc. (Spec	postlent: 3 DOA 4	26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO 1, factory, office	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY OF Town, State) 28f. LOCATION (Street and Number City or Town, State)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED Or or Flural Floute Number,						
a Chrebita, Mrs attending physician 72/107/	COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the bast of my know R: On the bast of examination	patient 3 DOA 4 28b. TIME OF INJURY — At home, farm, streecity redge, death occurred at a nand/or investigation, in	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO t, factory, office	PERFORMED? 1 YES 2 NO Theck only one) 26 Other (Specify) 28d. DESCRIBE HOW INJURY OF City or Town, State) 10 to the cause(a) and manner as state time, date and place, and due to the cause (a) and place, and due to the cause (b) and manner as state time, date and place, and due to the cause (b) and manner as state time, date and place, and due to the cause (c)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the cause(a) and manner as stated.						
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 611. South charles St, Baltimore, MD 2 1045	BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Section of the bast of my known) R: On the basis of examination	Detient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DO	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO N N N N N N N N N	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY Of City or Rown, State) 18t. LOCATION (Street and Number City or Rown, State) 18te to the cause(a) and manner as state time, date and place, and due to the cause(a).	MASLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the cause(a) and manner as stated. TE SIGNED (Month, Day, Year)						
1 H 6/1/ \COUTS (1/4/1/4 A WE /\A E 4/1/4 A A C \COUTS (1/4)	E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Section of the bast of my known) R: On the basis of examination	Detient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DO	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO N N N N N N N N N	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY Of City or Rown, State) 18t. LOCATION (Street and Number City or Rown, State) 18te to the cause(a) and manner as state time, date and place, and due to the cause(a).	MASLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the cause(a) and manner as stated. TE SIGNED (Month, Day, Year)						
31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE	BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the bast of my known) R. On the basis of examination COMPLETED CAUSE OF DE	petient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1 DO	26. PLACE OF DEATH (CTHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO N N N N N N N N N	PERFORMED? 1 YES 2 NO Check only one) 6 Other (Specify) 28d. DESCRIBE HOW INJURY Of City or Rown, State) 18t. LOCATION (Street and Number City or Rown, State) 18te to the cause(a) and manner as state time, date and place, and due to the cause(a).	MASLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED or or Rural Route Number, sted. the cause(a) and manner as stated. TE SIGNED (Month, Day, Year)						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

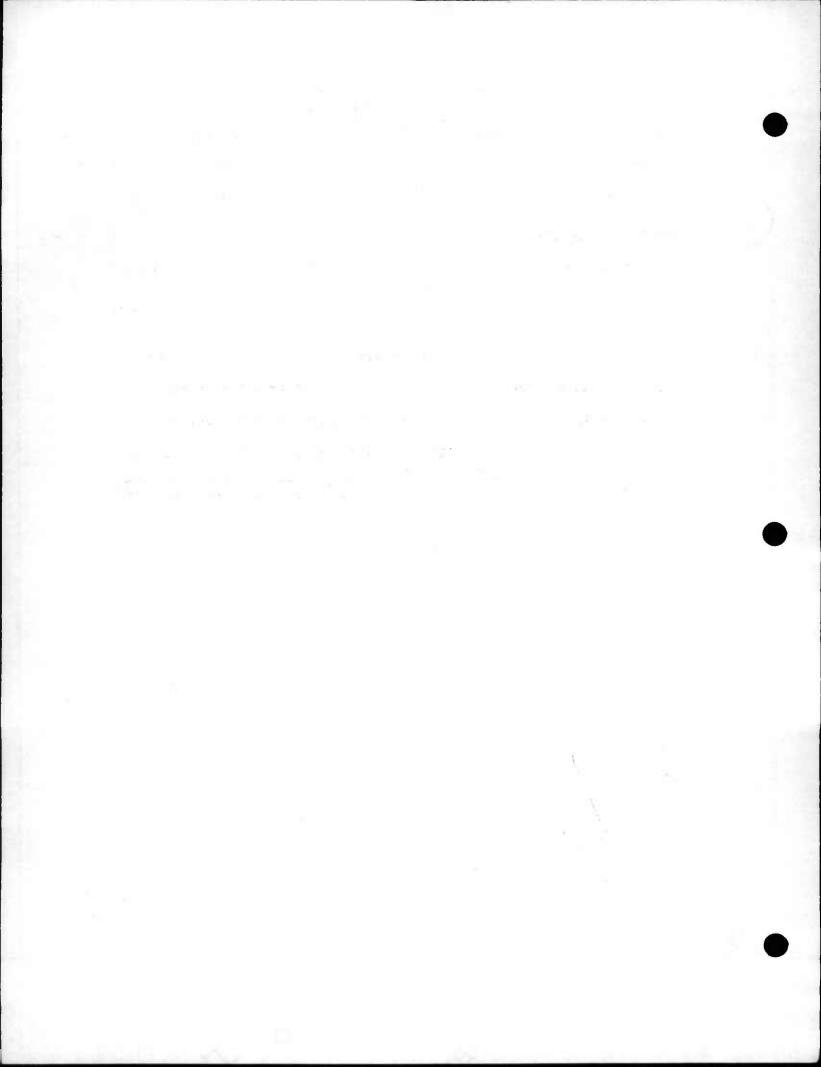
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 05 3. TIME OF DEATH 1993 Robert Hutchinson 07 Wayne 6:23 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11/23/58 HOURS 1 🕅 M 2 🗌 F 220-74-9745 YRS. Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT the CITY TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1965 Denbury Drive 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 TYES 2 NO Specify: retained by the hospital or attending p 5 should be detached for use as the b ΒY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 10 Mover United Van Lines 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bernard E. Hutchinson ĕ Ruth Hale BE notified page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan A. Hutchinson 1965 Denbury Drive, Baltimore, Md. 24 hours after death. Page 6 may be 9 20. METHOD OF DISPOSITION

1 Burtal 2 Cremation 3 Removal from State
4 Donation 5 China (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)
Sacred Heart of Jesus Cem.
5
12 20c. LOCATION - City or Town, State must director, Baltimore, Maryland examiner 21. SKINATURE OF PAMERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes funeral meny 5695 Main St., Elkridge, Md. completely filled in by the rial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate shock, or heart fai re. List only one cause on each line Interval Retween cremation, or IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF) inding physician and com Hygiene prior to burial, traumatic NO Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) attending physician CERTIFICAT CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY been signed by the 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any HEMORRHAGE FROM SPLENIC VASCULAR ANOMALY 1 XYES 2 NO 1 YES 2 NO has be Dept. 4 PHYSICIAN: HOSPITAL DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL certificate ha 28. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 | NO Hent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 the 27. MANNER OF OFATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED marked, this c t) Natural 5 Pending t YES 2 NO After t BY 2 Accident FUNERAL DIRECTOR: Aft within 72 hours after dea TTANT: If Item 28 is n 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide ED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide Ш 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL IN TO THE FUNERAL D DE filed within 72 h tMPORTANT: If It (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. E AND TITLE OF CERTIFIER 29h, SIGNAT 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) O.C.M.E. 05/08/1993 2 30. NAME OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn Street, Baltimore, Maryland 111 21201 31. DATE EN ED 32. REGISTRAR'S SIGNATURE 0 who Davidson-Randell 199

-CATE !

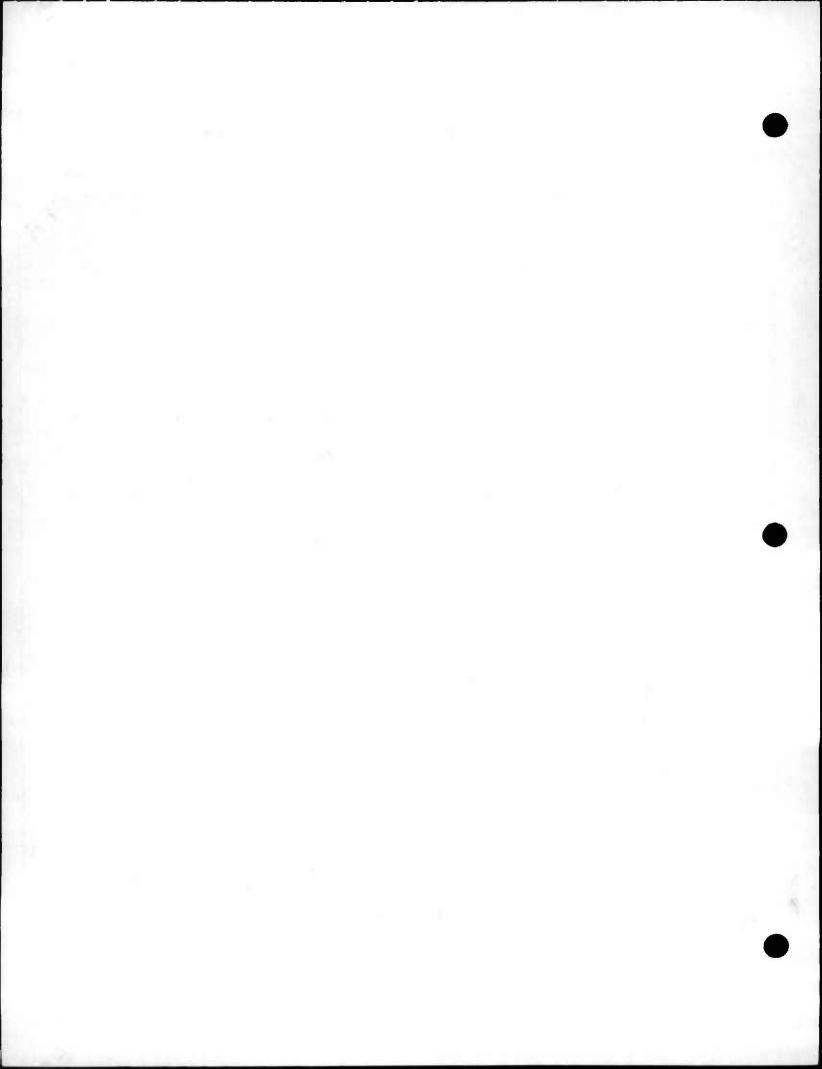
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEF	PARTMEN IFICAT	T OF I	IEALTH DEA	AND I	MENTA	AL HYGIEN REG. NO		nane	muel	
1. DECEDENT'S NAME (First, Middle, Leat) DOROTHY MAY HERMAN 2. DATE OF DEATH MONTH DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1712. least birthday) 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1712. least birthday) 1. FUNDER 14 HRS. 7. DATE OF BIRTH										AV /	YEAR 23	3. TIME OF DEATH			
9	220-07-252	7	1 🗆 M 2 🔀 F	6. AGE (In y	rs. lest birtho	MONTHE		IF UNDER	24 HRS. WIN.	(Month, Day, Year)			Country	8. BIRTHPLACE (State or Foreign Country) Maryland	
DIRECTOR	9a. FACILITY NAME (H not h	inbur	fund?	21 A1	conbu	96. CIT		OR LOCATI			on	9c. COU	or of De	EATN	
EC	10a. STATE	106. COUNT	Y		10c.	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
F	Maryland	Maryland Harford					don					1 YES 2			
FUNERAL	10e. STREET AND NUMBER 2921 Alcon		Ct.			101. ZIP CODE 21009					10g. CITIZEN OF WHAT OF U.S. A.			HAT COUNTRY?	
3 🔀 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 TYES 2 🖾 NO Specify: Specify: While Specify: While Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) IF YES, GIVE WAR OR DATES 1 TYES 2 🖾 NO Specify: While Specify: While Specify: Specify: Specify: While Specify: Specify: Specify: Specify: While Specify: Speci								14. RACE Black	RACE — American Indian, Black, White, etc.						
										Whit					
								USTRY							
N N	17. FATNER'S NAME (First, M	diridia I anti	1 yr		Secr	etary		1			Secre				
BE CC	John Thor		enize								Middle, Maiden n Pres				
	19a. INFORMANT'S NAME (Type/Print)			19b. MAII	LINO ADDRES	S (Street a	<u> </u>			nber, City or Town		Code)	-	
임	Peggy Bonov	/ich			29	21 Al	conb	ury (Ct. A	Abin	gdon, 1	Md. 2	1009		
Peggy Bonovich 2921 Alconbury Ct. Abingdo 20a. METHOD OF DISPOSITION 1										20c. LOCATION — City or Town, State TOWSON, Md.					
21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204															
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (or AS A CONSEQUENCE OF):														
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d															
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause gi								causa given in Part i. 24a, WAS AN PERFO			RMED? AWAILABLE PRIC		-	
¥	25. WAS CASE REFERRED T	O MEDICAL					28. Pt	ACE OF D	EATN (Che	ck only o	ne)		1		
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatier	nt 3 🗆 DO	OTHE		1.4			or (Specify)				
É	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b.	TIME OF INJURY	28c. INJ				SCRIBE NOW IF	JURY OCC	URED		
À I	1 Natural 5 2 Accident		M	1 🗆 1	/ES 2 [NO			-						
ELED	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — All home, larm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									ute Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDI	ICAL EXAMINE	CIAN: To the best of R: On the basis of ex	my knowledge	a, death occ	curred at the s	ilme, date	and place,	end due	to the ca	use(e) and men	ner ea atate	d. cause(a)	and manner as stated.	
BE	296. SIGNATURE AND TITLE			Medica	elGs	mistl	~		NSE NUM					Month, Day, Year)	
٩	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUS	E OF DEATN	(ITEM 27) (I	Type, Print)	0/3	Tred	u Ch	Jues	[Rand	10,	uln	19/1- Mg	
	31. DATE FILED (Month A)	1 0 19	93 32. REGISTRA	A'S SIGNATUR	ne John-Pa	ndelle									



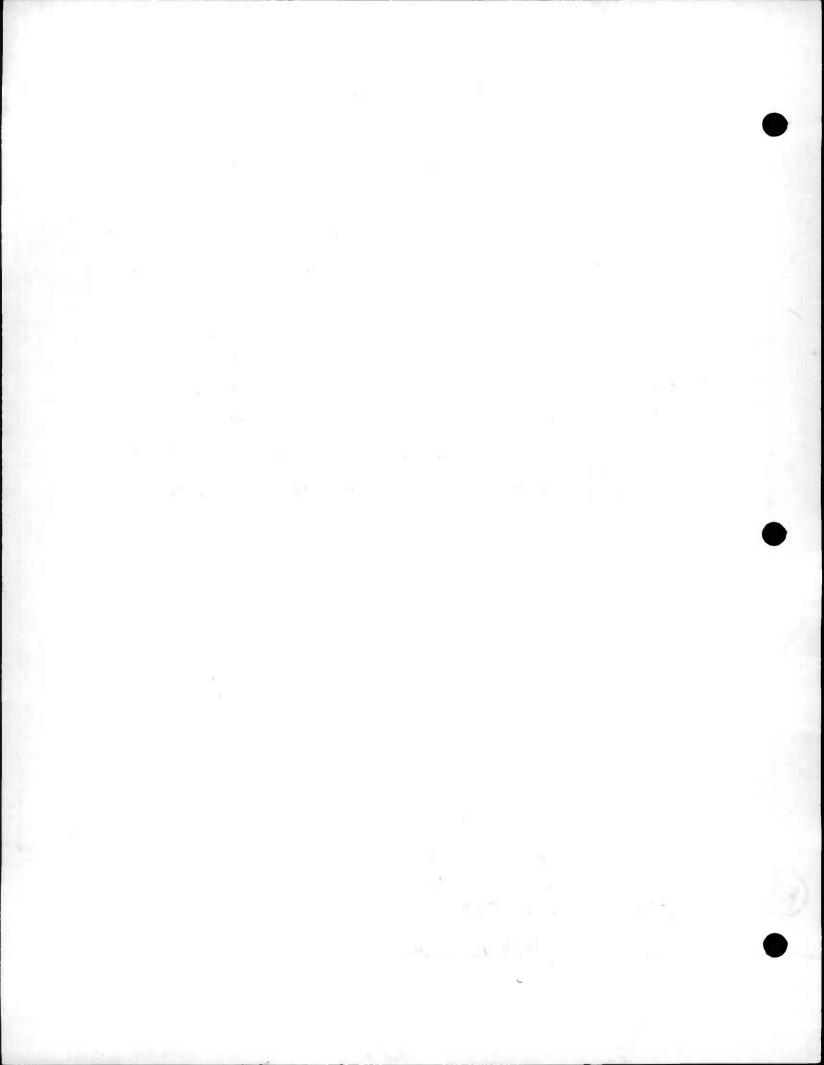
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burial transit name 1 2 2 should
be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	IENT OF H	EALTH AND N	IENTAL HYGIEN		10000			
	1. DECEDENT'S NAME (First, Middle, Last)	RALPH H.		ST, SR.		2. DATE OF DEATN	AY YEAI	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214-42-2002 90. FACILITY NAME (If not institution, give str	Maryland									
CTOR	3014 Woodside Ave. Parkville Baltim										
BY FUNERAL DIRECTOR	Maryland Balt		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
NERA	3014 Woodside Av				21234		Unite	United States			
	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. (FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES	NO NO	13. WAS DEC	city Cuban, Maxican.	C ORIGIN? (Specify Yea , Puarto Rican, etc.)	ACE — American Indian, lack, White, etc. pecify: White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work the Do NOT use re	done during mo: tired.)	N si of working	16b. KIND OF BUS	SINESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last) Arthur H. Herbs		our bear			E (First, Middle, Maiden Sie L. Hov	the base of the same of the sa				
TO E	19a. INFORMANT'S NAME (Type/Print) Mr. Ralph H. Herbst, Jr. 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 3014 Woodside Avenue Baltimore, Md. 21234										
	20e, METNOD OF DISPOSITION 1	val from Stata cometery, c	EANDDATEOFD vemalory or other KWOOD C	emeter:	y 5/1	2/93 Bal	cation — city or timore,				
	21. SIGNATURE OF FUNERAL SERVICE LICE Maybox.	Saugna 1. 2	·	Leona	ord J. Rue	Balt ck,Inc. 5	305 Har	D 21214 rford Rd.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuee given in Part I. PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
PHYSICIAN:		HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient		HER:	ACE OF DEATH (Chec						
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJL WOR	RIC?	Other (Specify) 26d. DESCRIBE NOW II	JURY OCCURED				
	2 Accident investigation 3 Suicide 8 Could not be determined Certained Coulding, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office 28l. LOCATION (Street and Number or Rural Route Number, City or Town, Steta)										
COMPLETED		IAN: To the best of my knowledge, d						e(a) and <i>men</i> ner as stated.			
TO BE C	296. BIONATIONE AND TITLE OF CENTIFIER	Juley M			29C. LICENSE NUMB			ED (Mgnth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO Larry G. Tilley, 31. DATE FILED (**PRODE YEAR)	-					-				
	MAY 1 0 199	3 This Spirit	30								



ITEMS: 23 PART I, 27, PER MEO G-699 5/19/93 t.t

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / I	DEPARTM RTIFICA	ENT OF	HEALTH AND	MENT	AL HYGIEN REG. NO		93	1358
	1. DECEDENT'S NAME (First, Middle, Last) JAMES 4. SOCIAL SECURITY NUMBER	J .	E (in vrs. last i	hirtholau I as a	MOER 1 YEAR	HALL IF UNDER 24 HRS.	MON 0	5 0	5	93	3. TIME OF DEATH 4:03
œ	150-44-4713 9a. FACILITY NAME (If not institution, give s	1 🖾 M 2 🗆 F	40	YRS. MON	THS DAYS	OR LOCATION OF DE	3-	E OF BIRTH with, Day, Year) -4-53	9c. COUN	Countr	ENTUCKY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	DRIVE APT	209	10c, CITY, TO		ORE CIT	Y			_	10d. INSIDE CITY
	MD 100. STREET AND NUMBER 2301 PENTLAND	DDTVE AD			LTIMO	Of. ZIP CODE					VNAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 (X) Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2/1/10	ED	It yes, s	21214 CENDENT OF HISPAN Pocify Cuban, Maxica S 2 XNO Specify	n, Puerto	IN? (Specify Yes		U . S 14. RACE Black Speci	- American Indian, t, White, etc.
COMPLETED	15. DECEOENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)		(Give	EDENT'S USU e kind of work of Oo NOT use reti	done during m	ION lost of working	OBERVICES		BLACK		
111	17. FATHER'S NAME (First, Middle, Last) CHARLES H. HAL	L, SR.		18. MOTHER'S NAME (First, Middle, Maiden Surname) DOROTHY F. LOCKETT							
TO BE	19a. INFORMANT'S NAME (Type/Print) WOODY'S FUNERA	L HOME	19b. 48	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 485 HIGH ST./BURLINGTON, N.J. 08016 ICE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION — City or Town, State)						16	
	28e, METHOD OF DISPOSITION 1	oval from State	DUS FEL	LOW "	lann'	CEMETER	-	1			wn, State N.J.
	23. PART I. Enter the diseases, or c	omplications that cause	d the deet	th. Do not e							RTH AVE.
	ahock, 5r heart fellure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	A. ACUTE NARCOT	IC INTO	OXICATIO							Interval Betwee
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS									
MEDICAL	PART II. Other algnificant condition	e contributing to death	but not rea	uiting in th	e underlyir	ng ceuse given in	Pert i.	24s. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO	HOSPITAL:	Ipstlent 3 🗆	DOA 4	HER:	LACE OF DEATH (Che					
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO		SCRIBE HOW I	NJURY OCC	URED	
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp.	(Y — Al home ecify)	, farm, street,	factory, offi	Da .	261. LOI C/h	CATION (Street a or Town, State)	and Number o	or Rural R	oute Number,
COMPL	2 MEDICAL EXAMINE	CIAN: To the best of my known to the best of examination									and menner as stated.
TO BE	296. PROMATURE AND TITLE OF CERTIFIER AND MAME AND ADDRESS OF PERSON WHO	orher	W)			O.C.M.					(Month, Day, Year)
	31. DATE FILED (Month, Day, Year)		111			eet, Ba	lti	more,	Mar	yla	nd 2120



3. TIME OF DEATN 740

Hamilton Bermud

10d. INSIDE CITY

14. RACE - American Indian, Black, Whits, stc.

White

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

Intervel Between

Onast and Death

1 1 YES 2 | NO

8. BIRTNPLACE (State or Foreign

2. DATE OF DEATH DAY

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI DO ATTENDING DUNCHARIS The law seas the decade configurate by seasons and states of
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1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)
Penelope S. Judson

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. NOV. 30, 1939 119-34-8683 1 - M 2 F 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City Maryland La seme FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 807 W. University Parkway 21210 United Kingdom 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerlo Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 1 YES 25 NO Specify: 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY retained by the hospital or page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) N/A Administrator 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Basil Douglas Jones Katherine Holberton Man **BE** notified a 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 807 W. University Parkway Mr. Horace Freeland Judson Baltimore, Maryland 2121b after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION — Cify or Town, State DATE must Genetery cremetory of other place)
Hilltop Service Corporation 5/11/93 4 Donation 5 Other (Specify) Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGENSES examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. completely filled in by the rial, cremation, or removal. medical 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition CARDIO RESPIRATORY resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) ysician and com prior to burial, PNEUMOCOCEAL SFRIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate attending physician PNEUMONIA PNAUMOLOCOL cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atter Injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? and I shows any I-DISSEMINATED INTRAVALULAR pt. of Health at 1 | YES 2 NO 2- ACUTE RENAL FAILURE CONGULATION certificate has be h the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED with w marked, 5 Pending investige 1 Matural 1 YES 2 NO 图 death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide TO THE FUNERAL DIRECTOR: A be filed within 72 hours after dimportant: If item 28 is .00 281. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be 4 Nomicide CERTIFIER (Check only one)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE CERTIFIER TO THE F TO THE F be filed w 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) PGY-2 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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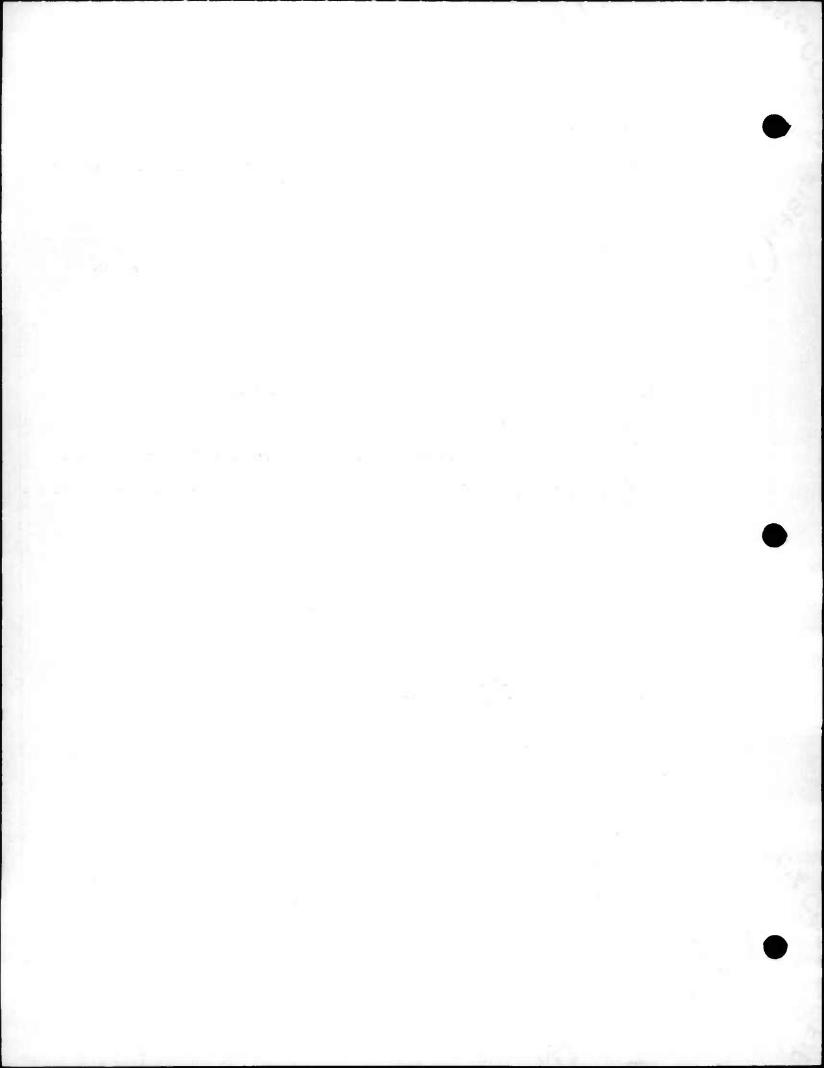
92 REGISTRAR'S SIGNATURE

J. F.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 5-9-93 DHMH-16 Rev 1/89

Hapita

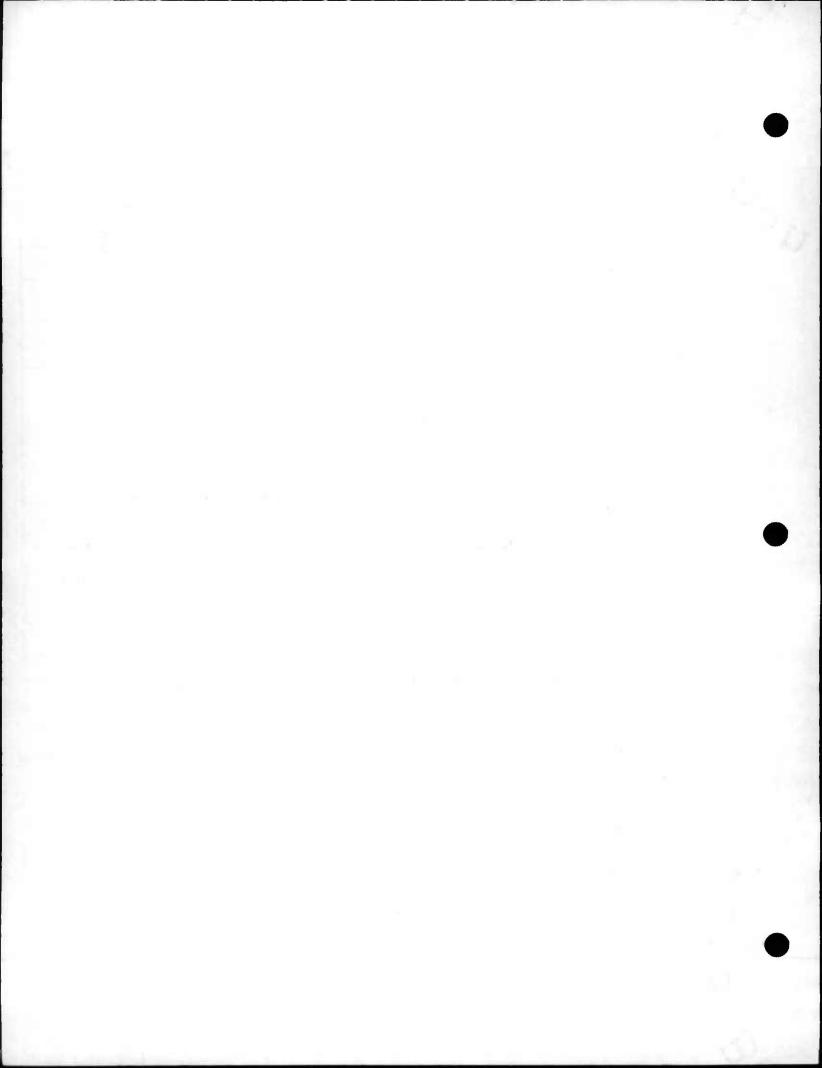


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2	AMECTOR: After this certificate has been signed by the	fter death with 1	15 O. 1 15
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	-MIII	ICATE	Jr DE	AIR	R	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leist) ELIZABETI	-	JONES				Ö	2. DATE OF SMONTH	DEATH DA	10	993	3. TIME OF DEATH 5:32 P M
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last					7. DATE OF E		-	В.	PLACE (State or Foreign	
1 3	214-50-0954	1 □ M 2 XXF	YRS.	MONTHS DA	WS HOU	JRS MIN.	(Month, Da 3–12–	y, Year)		Country	/irginia	
DIRECTOR	90. FACILITY NAME (If not institution, give s THE JOHNS HOPE	KINS HOSP		96. CITY, TO BAL	I TMO	RE CITY	ATH Y		9c. COU B/	ALITN	lore	
5	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY 10c CITY TOWN DR LOCATION											
1 2 1					Y, TOWN DR L							10d. INSIDE CITY LIMITS?
	MD 100. STREET AND NUMBER			Ba	altimore	10f. ZIP	CODE		_	10a CITI	IZEN DE W	HAT COUNTRY?
FUNERAL	1623 N. Chapel St.					212					USA	HAI COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDE	NT OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indian, White, etc.
B	1 Never Merried 2 Married 3 N Widowed 4 Divorced	IF YES, GIVE WA			1 🗇	YES 2	Cuban, Maxicar NO Specify	n, Puerto Ricar	n, etc.)		Specify	B1 ack
유	15. DECEDENT'S EDUC		16e, DE6	CEDENT'S	USUAL OCCU	PATION		16b, KIN	D OF BUS	INESS/INE	DUSTRY	
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Win	Do NOT u	work done durin se ratired.)	g most of v	working					
트	University of Maryland										nd	
ŏ	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											ilu
띪	19a INFIDMANT'S NAME (Respirate)											
일	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Profesce narris 1623 N. Chapet St. Baltimore, MD 21213											
	20e. METHDO OF DISPOSITION 1)X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cepation, or other place) 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cepation, or other place) King Memoria I Park Randallstown. M)											
												MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	WM C. MARCH F.H. 1101 E. NORTH AVE.											
	23. PART i. Enter the diseases, or complications that crused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, effects, or heart felium. List only one cause on each line.											
	eriock, or flesht fellore,	List only one ceus	e on each line.						·			interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Renal Failure											
	resulting in death)		OR AS A CONSED									Yeurs
-			betes	OLIVOL DI	7.							Years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEO	UENCE O	F):							11003
	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	OUE TO (D	R AS A CONSED	UENCE D	F):							1
E	resulting in deeth) LAST											
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4	PART II. Other significent conditions	s contributing to d	eeth but not re	eviting	in the under	lying ceu	ise given in i	Part i. 24a	. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
181	Subarochi	noin he	m mor	hija				_ 15	YES 2			COMPLETION OF CAUSE
MEDICAL											- 1	OF DEATH? 1 YES 2 ND
						-		_			1	
N N	25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE I	DF DEATH (Che	ck only one)				
PHYSICIAN:	EXAMINER? 1 Tes 2 No	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	Home E	Residence (e 🗆 Other (Co.				
主	27. MANNER OF DEATH	26s. DATE DF IN	JURY	28b. TIM		INJURY A		28d. DESCRIE		LIURY OCC	CUBED	
	1 Natural 5 Pending	(Month, Day,	16ar)	INJ	URY	WORK?		200. 2200.			JUNES	
ВУ	2 Suletide	28e. PLACE DF	INJURY At hor	ne, farm, s	street, factory.	office		26f. LOCATIO	N (Street a	nd Number	or Rural Br	rute Number
COMPLETED	4 Homicide 6 Could not be	building, at	c. (Specify)					City or To		na wambe	O REFER NO	Number,
	29a. CERTIFIER (Check only	MAN: To the heet of m	u knowladna daa	th annual	d at the steel							
Z	(Check only one) 2 MEDICAL EXAMINES											
8					n, ar my opini	ar, ocatir c	Accused at line (time, date and	piace, and	oua to th	e cause(a)	and manner as stated,
B B	296. SIGNATURE AND TITLE OF CERTIFIER	anlm				29c.	LICENSE NUM	BER		29d. DATI	E SIGNEO	Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITEM	27) (Type,	Print)					- 3	17	173
	MAH EWEN		John	N HO	rkins	H	uspita	1 R	014	wyv	re n	N
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		-								
	MAY 1 1 1993	fuller Devides	v-Navion	6								



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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	OA! MIDE TO A Above this seasificate has been alread by the other class and season in the con-
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CHAINCA OF VITAL INC.

THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

CHAIR FUNEARLY After this certificate has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or enoval.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

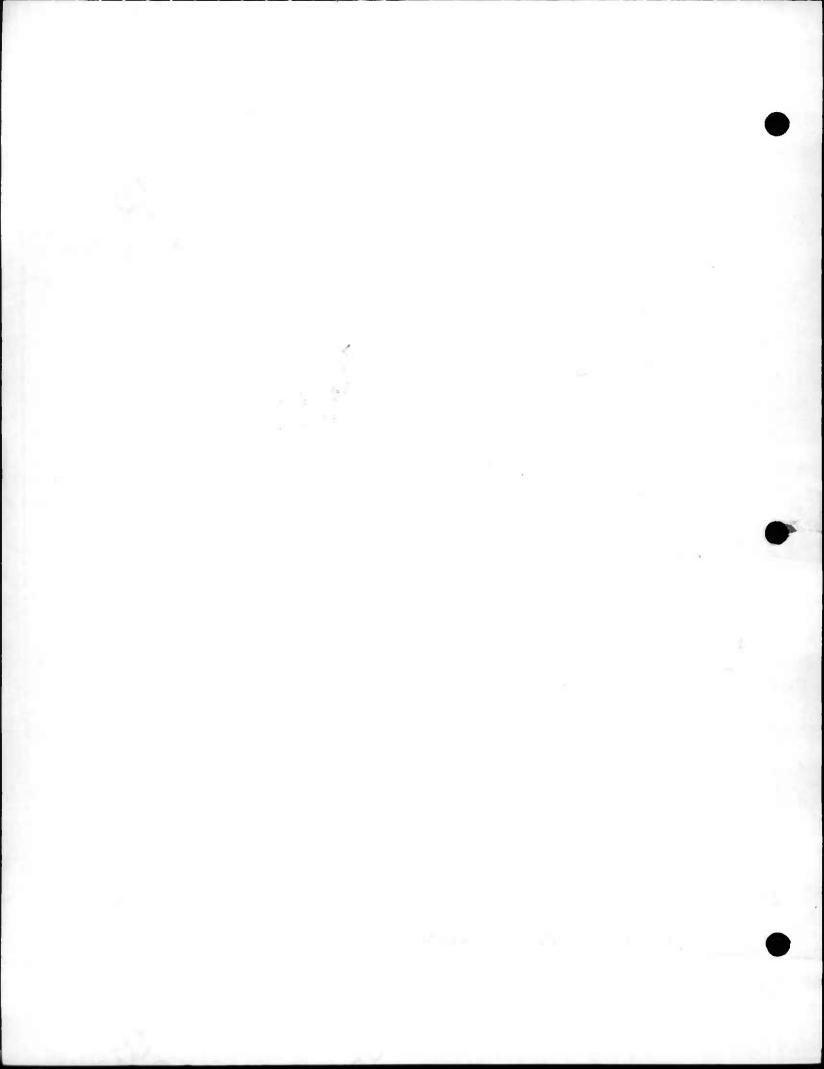
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	1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF	ICAT	T OF H	TEALTH DEAT	AND N	MENTAL HYGII REG. 1		5 1	3589			
- 3	1. DECEDENT'S NAMF (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEA									YEAR	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER (GARY 5. SEX	LAMON 6. AGE (In yrs. In		JARR.	ELL	IF UNDER	24 1000	7. DATE OF BIRTH	05	93	330 AM			
	219-74-2229	1 M 2 □ F	33	YRS.	MONTHS		HOURS	MIN.	(Month, Day, Year,	00	Country)	ACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give s	treet and number)					OR LOCATIO	ON OF DE			ITY OF QEAT	TH			
OR	Owich Hosp. Baltimine										City				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY, 10c. CITY, TOWN, OR LOCATION										10	d. INSIDE CITY			
	MD G	ty			Bal	naur	2					LIMITS? YES 2 NO			
BY FUNERAL	125 COVIA S		101. ZIP CODE 109. CITIZEN OF WI						T COUNTRY?						
N S	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AT	RMED	MED 13. WAS DECENDENT OF HIS			F HISPANI	C ORIGIN? (Specify	Yes or No-	14. RACE —	American Indian, hite, atc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W					2 NO				Specify:	Specify: R			
	15, DECEDENT'S EDUC	CATION	16a, DE	ECEDENT'S	USUAL C	OCCUPATION	ON		16b, KIND OF	BUSINESS/IND	USTRY	D(acr)			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		ive kind of a Do NOT us	work done se retired.;	during mo	st of working	g	3/2/3/2/2						
COMPLETED			UN	EMPLO	YED										
	17. FATHER'S NAME (First, Middle, Last)	1T T							NE (First, Middle, Maid						
BE	LORENZO BI 19a. INFORMANT'S NAME (Type/Print)	ELL	10	h MAILING	ADDRES	C (Ctmat a)RA	MENDEN oute Number, City or						
2	KAREN JARRELL											23			
1	20 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City of Town. State														
- 1	4 Donation 5 Other (Specify) BALTIMORE, MD.														
	1//Kray M							ame and address of facility DSEPH H. BROWN JR. FUNERAL HOME, P.A. 13 W. BALTIMORE ST. BALTO. MD. 21223; P.O.BOX 4433							
	23. PART i Enter the diseases, or of ahock, or heert failure.	complications that	coused the de	eath. Do n	ot ente	r the mo	de of dyle	ng, such	as cerdiec or re-	piratory arre	eat,	Approximate			
	IMMEDIATE CAUSE (Fine)		. 00		,	,	,	,	1.			Onset and Death			
	disease or condition resulting in death) a. Full Minent Hepatitis DUE TO (OR AS A CONSEQUENCE OF):														
z	DUE TO (UK AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	5):										
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	a													
Ë	that initiated eventa reaulting in deeth) LAST	DUE TO	OR AS A CONSE	OUENCE OI	7):										
S		l										<u> </u>			
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO														
EDI		Posite	VE						1 _ YES	2 🗌 NO		MPLETION OF CAUSE DEATH?			
∑	- Anem	10							-		10	YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Chec	ok only one)						
rsic	EXAMINER?	HOSPITAL: 1 A Inpatient 2 ER/Oulpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De	28c. INJ	URY AT		84. DEŞCRIBE HOW INJURY OCCURED									
B	1 g Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO														
3 Suicide 4 Homicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 287. LOCATION (Street and Number City or Yown, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State) 287. LOCATION (Street and Number City or Yown, State) 288. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)								er or Rural Route Number,							
Pr	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of	my knowledge, de	ath occurre	d at the	Ilme, data	and place,	and dua l	o the cause(a) and n	nanner sa state	d.				
ĕ N	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or	Investigatio	n, in my	opinion, d	eath occurs	ed at the H	ime, data and place,	and dua to the	cause(a) an	d menner as stated,			
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUME	BEA	29d. DATE	SIGNED (Mo	onth, Day, Year)			
2	30 NAME AND ADDRESS OF BERCON WILL	D ADDRÉSS OF PERSON WHO COMPLETED CAUSE OF DEATH WELL OF A CAUSE						043043 >5/5/93							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAY 1 1 1993

MD 21701

Ave BALTIMORE



		FOR
1	_	STATE
•		REGISTRAR

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BALTIMORE, MARYLAND 21215-0020

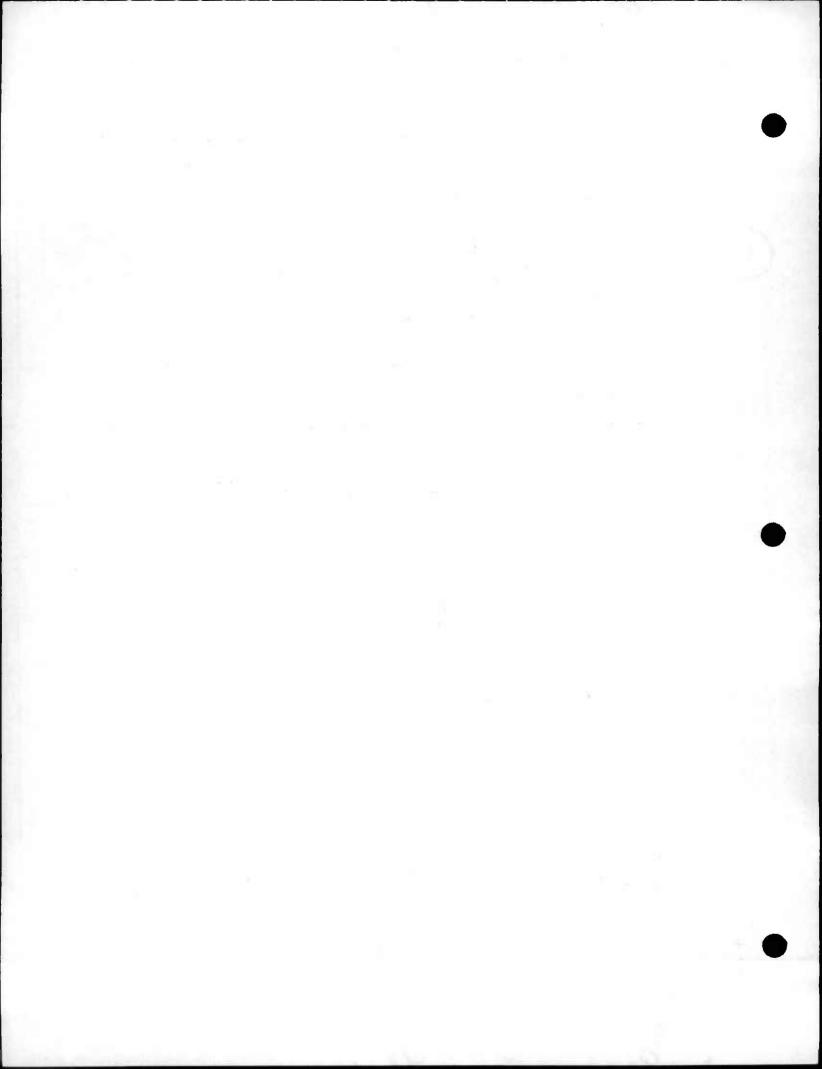
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SIMIE UF I	CE				DEATH	MEN		YGIEN EG. NO.	t			
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH													
	CHARLES .	IIMMY	0				MONTH DAY YEAR							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	ONCE birthday)				_	05 09 1993 7. DATE OF BIRTH			8. BIRTI	12:15 a. M	
	041-38-7109	1 📉 M 2 🗆 F	44	YRS.	MONTHS	DAYS	HOURS MIN.		Month, Da	y, Yoar)	1.0	Count	ry)	
	9a. FACILITY NAME (If not institution, give si	treet and number)	77		9h CITY	TOWN C	OR LOCATION OF		9 2	5 19			MANY	
Œ	FRANCIS SCOTT KI		T CENTE	D				DEATH				INTY OF E	PEATH	
27	RESIDENCE OF DECEDENT	ST MEDICA	L CENTE.	V	DAL	TIMO	JKE				N/	A		
DIRECTOR	10a. STATE 10b. COUNTY	Y, TOWN OF								10d. INSIDE CITY				
	MARYLAND ANNE ARUNDEL GLEN BURNIE									LIMITS?				
AL	10e. STREET AND NUMBER						10f. ZIP CODE				10g. CIT	FIZEN OF WHAT COUNTRY?		
FUNERAL	1507 LOCHABER CO	OURT		21061							II	S.A	S.A.	
5	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. AR	VER IN U.S. ARMED			13. WAS DECENOENT OF NISPAN					14. RACE — American Indian, Black, Whits, stc.		
ВУ	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	10			2 NO Spe		erto Rican	, atc.)		Spec		
	- 1000mm - 10000					1 2						WHITE		
I	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	ive kind of	USUAL OC		N st of working		16b. KIND OF BUSINESS/INDUSTRY					
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	life. Do NOT use retired.)										
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Lest)	_0		ADMI	VISTR.	ATIC				S.	-			
							18. MOTNER'S I	NAME (F	irst, Middle	e, Maiden	Sumame)			
BE	JAMES L. KOONCE 19a. INFORMANT'S NAME (Type/Print)						ELIC							
2			190				nd Number or Run							
	VIMOL KOONCE		20b. PLACE				ER COURT							
	1 Donation 8 Other (Specify)	oval from State	cametery, cre-	matory or o	ther place)				OATE		CATION -			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IAKLIM	GION	22 M	AME AN	L CEMET	EACH ITS	,		r. M	YER.	VA	
- 1	▶ 1010 100	7 1	1				TON FUN							
	TUTE VICTOR	Sume			1 3	SECC	ND AVE.	S.	W. C	SLEN	BURN	ΝΙΕ,	MD 21061	
	23. PART / Enter the disesses, or of shock, or heart failure.	complications thei	coused the de se on each line	eth. Do r	not enter t	the mod	de of dyling, su	ich ss	csrdiec	or respi	retory sr	rest,	Approximate Interval Between	
- 1	The state of the s										Onset and Death			
	resulting in death)	. 4	45114	44	~~. 4									
		DUE TO	AS A CONSEC	DUENCE OF): 									
8	Sequentisity list conditions, Due to (on as Acquirequence on)													
¥	if sny, lesding to immediate ceuse. Enter UNDERLYING	W	.77	7.	M	/	ma							
띮	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	ruy	u	ma							
CERTIFICATION	resulting in deeth) LAST													
	DATE II ON 1 1 111 1 111										-		1	
DICAL	PART II. Other significant conditions			esulting	In the und	ierlying	csuse given i	n Part	i. 24n.	. WAS AN				
ă		1 any							1 [YES 2	□ NO		COMPLETION OF CAUSE DF GEATH?	
M	Kena	(fc.	Jure										1 YES 2 NO	
ÿ		4												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (C	Check on	ly one)					
YS	1 TYES 2 NO	1 Inpatient 2 -		□ DOA			5 🗆 Rasidence	6 🗆 C	Other (Spe	ocify)				
퓝	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		26b. TIM INJ	E OF 2	28c. INJU WOI		28d.	DESCRIB	E HOW IN	JURY OC	CURED		
B	2 Accident Investigation				М	M 1 TYES 2 NO								
	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Ro City or Town, State)								Poute Number,					
ᄪ	4 I Nombre detailmed													
린	29a. CERTIFIER (Check only one)	ZIAN: To the best of	my knowledge, dar	eth occurre	d at the tim	ne, date	and place, and du	un to the	cause(a)	and man	ner as stel	led.		
COMPLET	2 MEDICAL EXAMINER	R: On the basis of sx	amination and/or is	nvestigatio	n, in my opi	inion, de	eath occured at th	ne time,	dats and	placa, and	due to th	e cause(a) and manner as stated.	
296. LICENSE NUMBER 29d. DATE SIGNIFIER 29d. DATE SIGNIFIC (Month), Day, Year)										(Month), Day, Year)				
0 8	Janot h	John.			mp		043	54	6		•	5/}	193	
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	DEATH (ITEN	1 27) (Туре,	Print)		, /	1		,	.44	1		
	J./t	· 75-	ch		40	inc	15 She	1	1/1	4	Me	C.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	ho		8			,		1				
	***** * * * * * * * * * * * * * * * *	with a series file	the property to the	PERSONAL PROPERTY.	-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

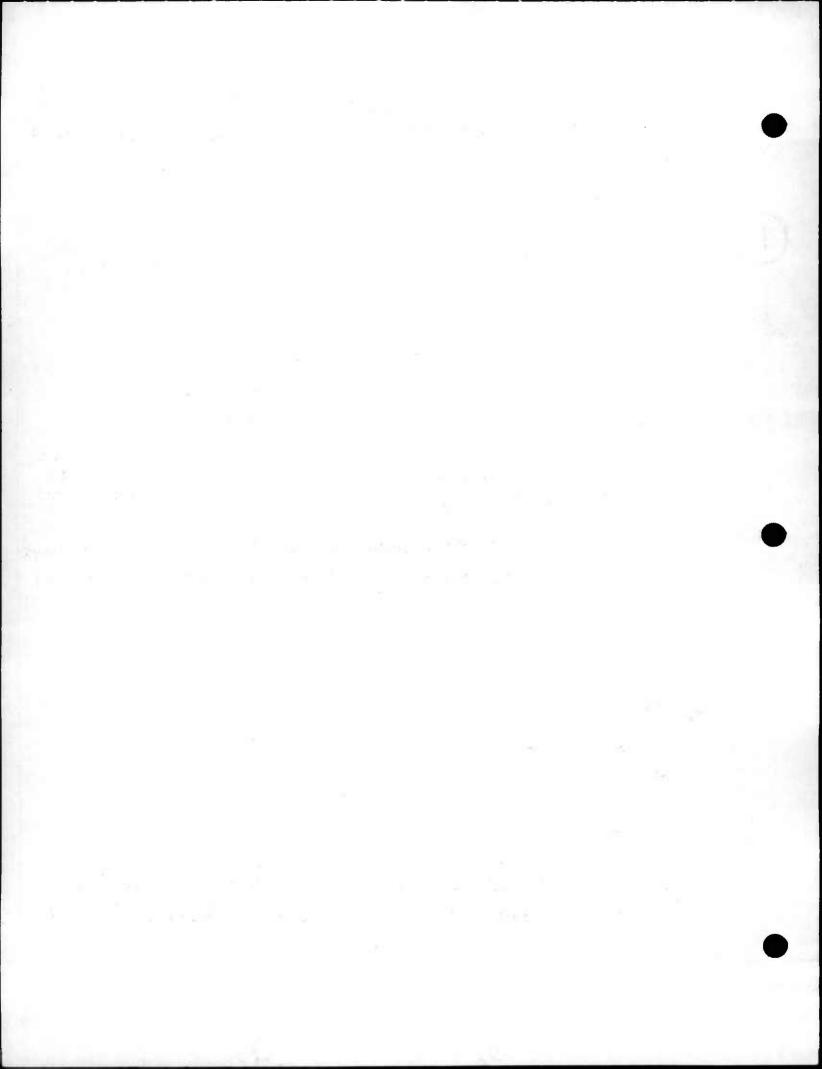
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 2+



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-
De nied within 72 hours after death with the State Liept. Of readth and mental hygiene phor to bunal, cremation, or removal,
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retained by the hospital or attending physician. 5 should be detached for use as the burial-trams

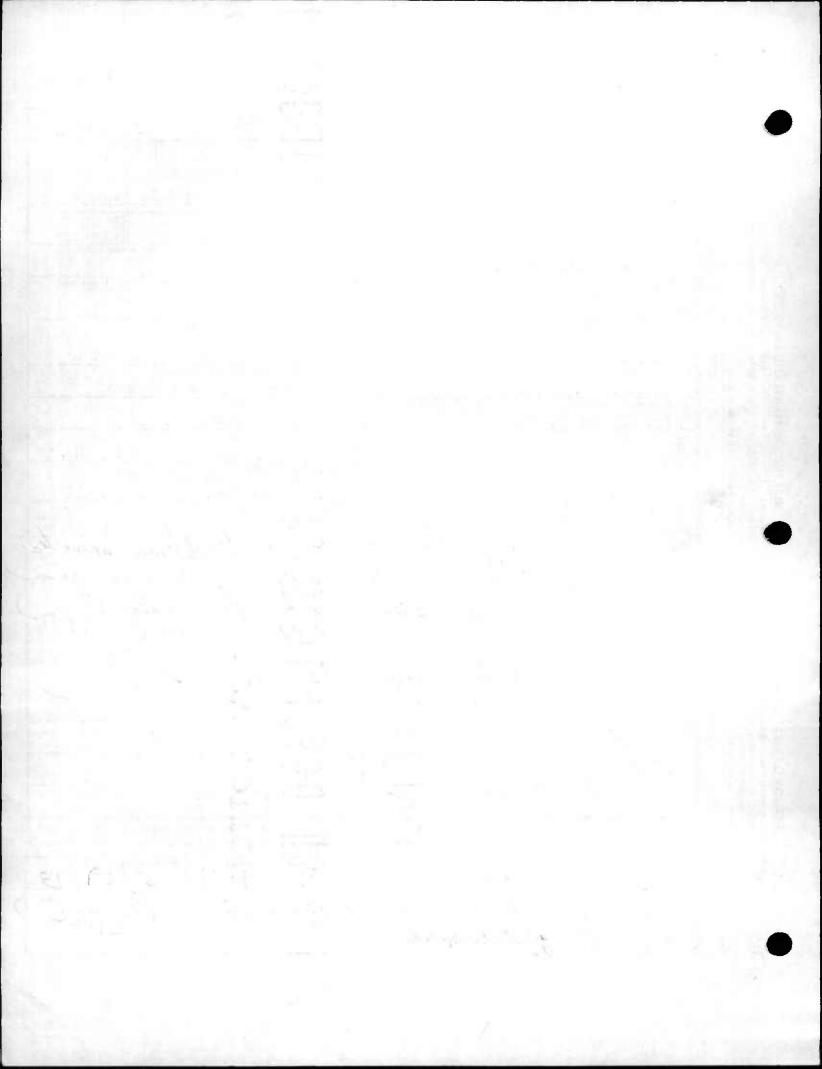
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 9 Melvin Μ. Sr. Kram May 1:15 Am 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Sept 1, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 X M 2 T F 85 215-05-3182 1907 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Carroll Maryland Westminster 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1309 Fridenger Mill Road 21157 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specity Cuban, Mexican, Puerto Rican, atc.) BY 1 TES 2 NO 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Flementary/Secondary (0.12) College (1-4 or 5+) 10 Accountant Ret. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Frank Julia Doemling BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8615 Midi Avenue Melvin M. Kram Jr. Baltimore, Maryland 21234 Pe 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetton 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must Parkwood Cemetery 5/12/93 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTON examiner 22. NAME AND ADDRESS OF FACILITY Knight Jr Baltimore, Md. 21214 5305 Harford Road Leonard J. Ruck, Inc. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset end Death the disease or condition resulting in deeth) erebrovascular accident days event, atherosclestic artem other traumatic CERTIFICATION arotiv Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO apatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidence 8 - Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcida 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as ateled. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, 5/9 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) wwwaru 32. REGISTRAR'S SIGNATURE



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DIVISION OF ALL ALCOHOS, F.O. BOX 69760,	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH A	ND MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Ruth.	RUTH MATILDA	KUCHLI		2. OATE OF OEATH DAY	YEAR 93 1245 A M
	4. SOCIAL SECURITY NUMBER 212-36-4102	1 □ M 2 以 F 81	YRS. MOR		(Month, Day, Year) 3/28/12	8. BIRTHPLACE (State or Foreign Country) Maryland
TOR	Metality NAME (If not institution, give : Metality Holyny RESIDENCE OF DECEDENT	1. 14	nglenter %	Mooklyn,	Park	Anne Dundel Co
DIRECTOR		ne Arundel			oklyn Park)	10d. INSIDE CITY LIMITS? 1 ☐ YES 2XXNO
FUNERAL	100. STREET AND NUMBER 111 Second	Avenue,		10f. ZIP CODE 212		USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 ☐ YES IF YES, GIVE WAR OR OAT	2 XNO	If yes, specify Cuban, I	dispanic Origin? (Specify Yea or Maxican, Puerto Rican, atc.) Specify:	14. RACE — American Indian, Black, Whita, etc. Specify: White
once. COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) UNKNOWN	completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rei HOMEMA Ker	JAL OCCUPATION done during most of working tired.)	18b. KIND OF BUSIN	ife and Mother
OOM	17. FATHER'S NAME (First, Middle, Last)		Tollicilla KCT	18. MOTHER	R'S NAME (First, Middle, Malden Su	irname)
BE (Robert R. G	eorge	19h MAILING AD	Re\	ver M. Park Rural Route Number, City or Town,	
5	Mr. Clarence E	. George	1		, Baltimore, M	
nust b	20a METHOD OF DISPOSITION 1 ── Buriel 2 □ Cremetion 3 □ Rer 4 □ Donation 5 □ Other (Specify) —	noval from Stata 20b.	PLACE AND OATE OF or the start of the start	oisposition (Name other place) Memorial Pay	OATE 20c. LOCA *k 5/13/93 GT	en Burnie, Md.
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE L			MCCUTTY FU	of FACILITY Ineral Home o	f Brooklyn alto., Md. 21225
y, or other traumatic event, the medical	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A C	CONSEQUENCE OF:	ardiac tu kon nelli	seresce	Interval Between Onset and Death was an interval between Onset and Death was a number of the second
shows any inju	PART II. Other eignificant condition	ne contributing to deeth bu	t not moulting in t	he underlying cause give	Pen in Part I. 24e. WAS AN AI PERFORM	AMALABLE PRIOR TO COMPLETION OF CAUSE
or item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEA THER: Nursing Home 5 - Resi	TH (Check only one)	
marked, or BY PHY	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW INJ	JURY OCCURED
28 is TED	3 Suicide 8 Could not be determined	28s PLACE OF INJURY	— At home, farm, atrac y)	et, factory, offica	28t. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
를 를	one)	THE PARTY OF THE P			nd due to the cause(a) and mann at the time, date and place, and	er as stated. due to the cause(a) and manner as stated.
TO BE CO	29b. SIGNATURE AND TYTLE OF CENTRU	partek /	И	D	29767	29d. DATE SIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	beh 10	1) 84	118 3+	A BIVN	· Porsa dena
	MAY 1 1 1993	Alie Devidon A	ander.			7

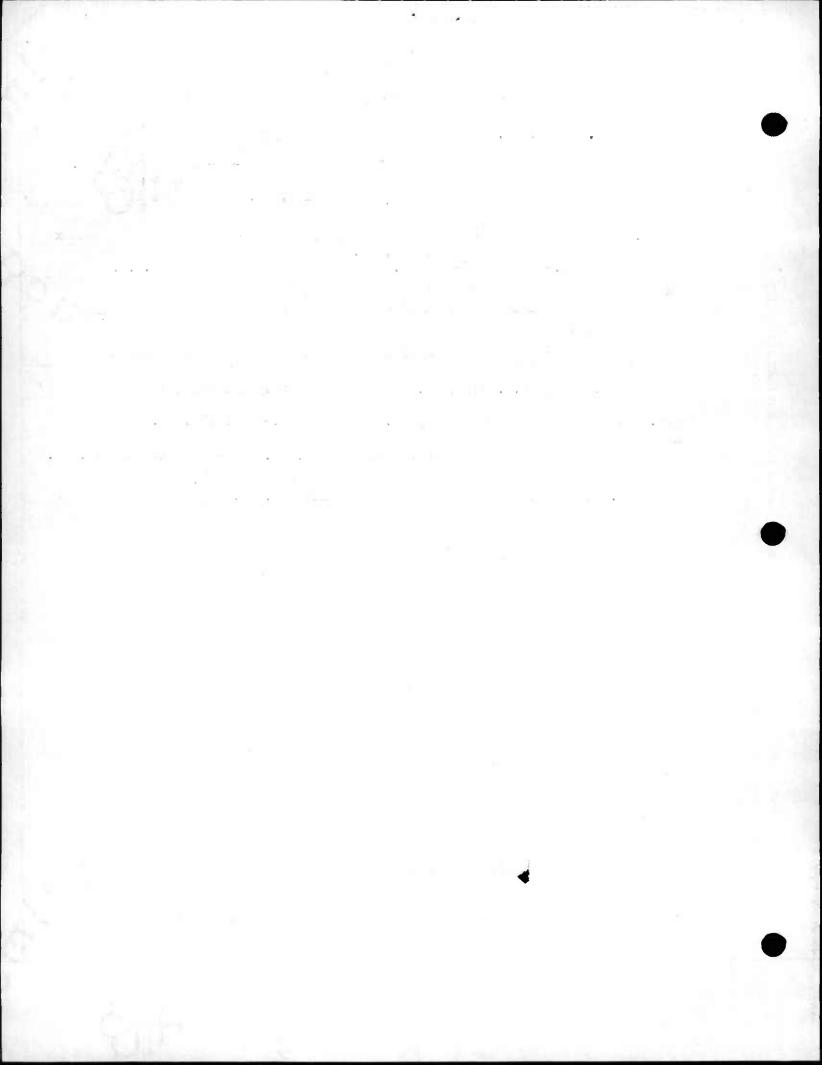


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ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	Miled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDOTTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARY	LAND / DI	EPARTMEN'	T OF HEALTH A	ND MENTA	L HYGIEN	e 93	3 1	3593
	REGISTRAR		CER	TIFICAT	E OF DEATH	Η	REG. NO.			0000
	1. DECEDENT'S NAME (First, Middle, Last)					MONT	OF DEATH	W _ VI		TIME OF DEATH
	THOMAS W.FLYDON					Ma	ay 1	0 19	93	2:30 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. lest bir	thday) IF UNDE	R 1 YEAR IF UNDER 24	HRS. 7. DATE	OF BIRTH th, Day, Year)	B.	BIRTHPLA Country)	CE (State or Foreign
- 3	212-09-1346 A		31 '	YRS.	DAYS HOURS	5-	11-11		ood niy,	Md.
	9s. FACILITY NAME (If not institution, give s	treet and number)		9b. CIT	Y, TOWN OR LOCATION	OF DEATH		9c. COUNTY	OF DEAT	н
DIRECTOR									1	
Ä	10a. STATE 10b. COUNTY	1	10	DC. CITY, TOWN	OR LOCATION				10	I. INSIDE CITY
	Md. Carr	roll		Syke	sville				11	YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	Sy	kesvil	le, Md.	101, ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
E	2810 Kaywood Pl				2178	34		U.S	. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13.	WAS DECENDENT OF	HISPANIC ORIGI	N? (Specify Yes			American Indian,
	1 Never Married 2 Married	FORCES? 1 4 YES	S 2 NO		If yes, specify Cuban, 1 ☐ YES 2 ŒNO	Mexican, Puerto	Rican, etc.)		Black, W Specify:	hite, etc.
B	3 Widowed 4 Divorced		2-24-45		I I I I I I I I I I I I I I I I I I I	оросну.				ite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECED	ENT'S USUAL C	CCUPATION	184	b. KIND OF BUS	INESS/INDUS	TRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do	NOT use retired.)						
릴	N/A	N/A	Mach	inist/1	Mechanic		Marti	n Mari	etta	
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAME (First,	Middle, Maiden	Sumamel		
	Late. Thoms	as W.F.Lydon	sr.			te. Ger				
BE	19a. INFORMANT'S NAME (Type/Print)	to were in doi.		All ING ADDRES	S (Street end Number or				del	
2	Mrs. Betty Reed				nrietta Si					
- 1					SITION (Name of			CATION City		
- 1	20s. METHOD OF DISPOSITION 11 Burlal 2 Cremation 3 Remo		emetery, cremate	ory or other place.)	1				7.77
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		arriso		st Vets.Ce		3-93	Owings	Mil	ls. Md.
- 1		ENSEE		22.	NAME AND ADDRESS 3512 Fre		ATTO			
	G. Truman	Cohrah			Baltimo					
	23. PART I. Enter the diseeses, or o		ed the death	. Do not enter	the mode of dying	a. such as car	diac or respi	ratory arrest	_	Approximate
ļ	shock, or heart fallure.	List only one cause on	each line.			,			,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
	resulting in death)	a. Pneumoni	ia							
S	Sequentielly list conditions,	L Respirat	ory F	'ailur	e					
Ě	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUE	NCE OF):						
3 1	CAUSE (Disease or Injury	с		7000 707						
= 1	Laure (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):									
TE		DUE TO (OR AS								
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS								
L CERTIFICATION	resulting in death) LAST	d		ilting in the u	nderlying cause gly	en in Part i	240 WBS AN	AITTOPEV	24b WE	DE ALTYDEY ENDAUGE
. 1		d		ilting in the u	nderlying cause giv	ren in Part i.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS
. 1	resulting in death) LAST	d		ilting in the u	nderlying cause giv	ren in Part i.		MED?	CO	
MEDICAL	resulting in death) LAST	d		ilting in the u	nderlying cause giv	ren in Part I.	PERFOR	MED?	CO OF	MARLE PRIOR TO MPLETION OF CAUSE
MEDICAL	PART II. Other algorificent condition	d		ilting in the u	nderlying cause giv	ren in Part I.	PERFOR	MED?	CO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other algorificent condition 25. WAS CASE REFERRED TO MEDICAL	d			28. PLACE OF DEA		PERFOR	MED?	CO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other algorificent condition	d	but not resu	OTHE	28. PLACE OF DEA	TH (Check only o	PERFOR 1 YES 2	MED?	CO OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL	PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. s contributing to death HOSPITAL: 1X inpetient 2 SP/OL 28a, DATE OF INJUN	but not resu	DOA OTHE	28. PLACE OF DEAR: R: resing Home 5 - Resic	TH (Check only o	PERFOR 1 YES 2	MED?	CO OF 1 (ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d. s contributing to death HOSPITAL: X Impatient 2 ERVOL	but not resu	OTHE	28. PLACE OF DEA R: rsing Home 5 Resk	TH (Check only o	PERFOR 1 YES 2 ne)	MED?	CO OF 1 (ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: X Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	utpetient 3 1 28	DOA 4 Mur Bb. TIME OF INJURY	28. PLACE OF DEAR R: rsing Home 5 Resk 28c. INJURY AT WORK? 1 YES 2	TH (Check only of dence 6 Oth 28d. DE	PERFOR 1 YES 2 1 (Specify) SCRIBE HOW II	INNIA OCCUB	CO OF 1 (ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1½ Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	utpetient 3 1 28	DOA 4 Mur Bb. TIME OF INJURY	28. PLACE OF DEAR R: rsing Home 5 Resk 28c. INJURY AT WORK? 1 YES 2	TH (Check only of dence 6 Oth 28d. DE	PERFOR 1 YES 2 Ine) Pr (Specify) SCRIBE HOW II	INNIA OCCUB	CO OF 1 (ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: X Inpatient 2 ERVOR	utpetient 3 26	DOA OTHE 4 Nur Bb. TIME OF INJURY M form, street, fac	28. PLACE OF DEAR: R: rsing Home 5 Residence 28c. NPJ AT WORK? 1 YES 2 Hotory, office	TH (Check only of dence 6 Other 28d, DE NO 28f, LOt City	PERFOR 1 YES 2 Ine) Ine (Specify) SCRIBE HOW II CATION (Street a or lown, State)	MED? (XNO	CO OF 1 (ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: Note	utpatient 3 26 RY — At home, pecify)	DOA OTHE 4 Nursell Nur	28. PLACE OF DEAR: R: raing Home 5 Residence of Residen	TH (Check only of the case of	PERFOR 1 YES 2 or (Specify) SCRIBE HOW if CATION (Street a or lown, State)	MED? [XNO JURY OCCUR Ind Number or i	OF 1 [MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number
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E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only)	HOSPITAL: X Inpetient 2 ER/Ou 28a. DATE OF INJUR 28a. PLACE OF INJUR building, atc. (Sp.	utpatient 3 26 RY — At home, pecify)	DOA OTHE 4 Nursell Nur	28. PLACE OF DEAR: R: raing Home 5 Residence of Residen	TH (Check only of dence 6 Other 28d. DE NO 28f. LOW City and due to the call at the time, det	PERFOR 1 YES 2 or (Specify) SCRIBE HOW if CATION (Street a or lown, State)	JURY OCCUR	1 [MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only 1 CERTIFYING PHYSIK ONE) 2 MEDICAL EXAMINE	HOSPITAL: X Inpetient 2 ER/Ou 28a. DATE OF INJUR 28a. PLACE OF INJUR building, atc. (Sp.	utpatient 3 26 RY — At home, pecify)	DOA OTHE 4 Nursell Nur	28. PLACE OF DEAR: R: raing Home 5 Residence of the Re	TH (Check only of dence 6 Other 28d. DE NO 28f. LOW City and due to the call at the time, det	PERFOR 1 YES 2 or (Specify) SCRIBE HOW if CATION (Street a or lown, State)	MED? (XNO JURY OCCUR and Number or if	1 [MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, d manner as stated. nth, Day, Vear)

SMITA KITTUR,
31. DATE FILED (Month, Day, 1687)

MAY 1 1 1993 D VAMC, PERRY POINT, MD



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEAT
	Grace Lutz								5	7	1993	2:30
	4. SOCIAL SECURITY NUMBER 215-32-9323	5. SEX 1	8. AGE (in yrs. is	rst birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN,	7. DATE OF BIF (Month, Day, 10/1	TH Year) 188 5/88	8 8. BIRT	HPLACE (State or Fo try) aryland
TOR	96. FACILITY NAME (# not institution, give Pickersqill RESIDENCE OF DECEDENT	street and number)					n ,	Md.	хтн		Balt:	imore
DIRECTOR	10e. STATE 10b. COUN Md. Ba			OWSC			ylan	d 2	1204		10d. INSIDE CIT	
FUNERAL	10. STREET AND NUMBER Pickersgill,		astnut		172	10	f. ZIP COE	204			USA	WHAT COUNTRY?
BY FUN	11. MARRITAL STATUS 1 Never Merried 2 Merried 3 W Widowed 4 Divorced	12. WAS DECEDED		RMED	13.	If yes, sp	ENDENT ecify Cub	OF HISPANI	C ORIGIN? (Spe , Puerto Rican,			CE — American Indick, White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad	le completed)		ECEDENT'S Give kind of le. Do NOT u	USUAL O	CCUPATION TO THE COURT OF THE C	ON ost of work	dng	16b. KIND	OF BUSINES	S/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Self-	-///				Re	staura	int	
	17. FATHER'S NAME (First, Middle, Last) Thomas Clayto	n Calla	wav						E (First, Middle, Marth			
TO BE	19s. INFORMANT'S NAME (Type/Print)						and Numbe	er or Rural A	oute Number, City	or Town, Stat	te, Zip Code)	
	Patricia Bend 20s. METHOD OF DISPOSITION 140 Burlel 2 Cremetton 3 - Re-		20b. PLAC of cemeter WOOd!	F AND DAT	E OF DISP	OSITION	_ •	615			N - City or T	TOWSON
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNCTION **Proceedings**	Lau	R	awn C	22.	NAME A	ND ADDR	/11/9 ess of fac on Fu	ILITY			Maryland 1050 Yor
	23. PART I. Enter the diseases of shock, or heart fellure IMMEDIATE CAUSE (Final	complications the List only one ce	at caused tha d use on aach lir	leath. Do ne.	not antei	tha mo	ode of d	ying, auch	as cerdiac o	r reapiretor	y arreat,	Approxim interval B Onset an
	disease or condition reaulting in death)	a. DV	CUMO O (OR AS A CONS	EOUENCE C	1)F):							60
CERTIFICATION	Sequantielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disseas or injury	b. DUE TO	O (OR AS A CONS	EOUENCE C	OF):							
ERTIFI	that initiated events resulting in death) LAST	d	O (OR AS A CONS	EOUENCE C	OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions of the French Conditions of the F	ons contributing to	o death but not	resulting	In the u	nderlyln	g cause	given in i		WAS AN AUTO PERFORMED: YES 2 N		b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient		ОТНЕ			DEATH (Che	ck only one) B Other (Spe			
PHYS	27. MANNER OF DEATH	26s. DATE O		28b, TII		28c. IN	JURY AT ORK?	residencs	28d. DE\$CRIBI		Y OCCURED	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO 1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 5 - Residence 6 - Other (Specify) 26s. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY building, stc. (Spec - At home, farm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To th 2 MEDICAL EXAMINER: 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D25205 9 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATUR

BE COMPLETED BY

2

6 Could not be

1 Natural

2 Accident

3 Sulcide

4 Homicide 29s. CERTIFIER

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

13594

2:30 8. BIRTHPLACE (State or Foreign Country)

3. TIME OF DEATH

10d. INSIDE CITY 1 TYES 2 X NO

White

Towson, MD

Approximate Interval Between Onset and Deeth

Inc. 1050 York Rd

14. RACE — American Indian, Black, White, etc.

93

REG. NO

Woodlawn C Weshiel Luck

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9	10	
E nospita	etached 1	
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SPITAL OF ALLENDING PRINCIPAN. THE LAW REQUIRES THAT THE DEALT COLUMNICATE OF EXECUTED WITHIN 24 HOURS SHELD UP ALL LABOR OF THE DOSPITAL OF ALL	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	
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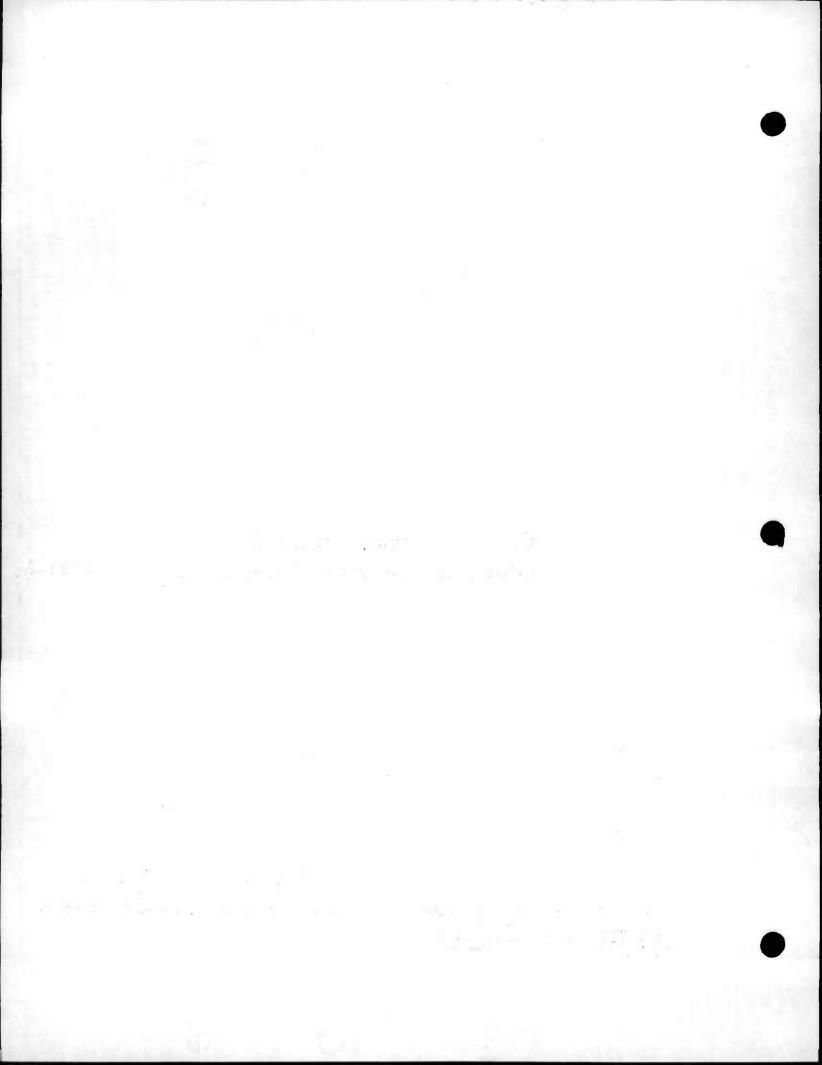
31. DATE FILED (Month, Day, Hear)
MAY 1 1 1993

SS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)
OF TO. CANCEL CENTER -

32. REGISTRAR'S SIGNATURE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) NICHOLAS	Р.		Leisn		DEATH	REG. NO 2. DATE OF DEATH MONTH 9		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Mear)		BIRTHPLACE (State or Foreig Country)
	212-40-5008 9e, FACILITY NAME (If not institution, give s	1 M 2 F	51	YRS.		OR LOCATION OF D	(Month, Day, Max) 10-30-		ITY OF OEATH
0 B	1 Investment Plac	ce			Towso				Baltimore
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT DO	altimore		10c. CITY, T	OWN OR LOCA				10d. INSIDE CITY
	MD Bo	archiore			1	TOWS	on	The same	1 🗌 YES 2 📉 NO
FUNERAL	1 Investment Pla	ace			1	21204		US.	ZEN OF WHAT COUNTRY? A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1	TEVER IN U.S. AR YES 2 NAR OR DATES	RMED NO	If yes, s	CENOENT OF HISPA pecify Cuben, Mexics S 2) NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	s or No—	14. RACE — American Indian, Black, White, etc. Specify: White
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	CEDENT'S US	done during m	ION ost of working	16b. KIND OF BU	SINESS/INDI	USTRY
ONCE.	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Maint	_{enance}	Mech.			
E 111	17. FATHER'S NAME (First, Middle, Last) Frank P. Leisnet	r Sr.					ME (First, Middle, Meiden Besself	Sumame)	
1 1	190 INFORMANT'S NAME (Type/Print) Geneva Leisner		191	b. MAILING AD 8019	oness (Street Edgewa	and Number or Rural ter Ave.	Route Number City or Tow Baltimore	vn, State, Zip MD	^{Coole)} 21237
must be	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	75,150	cemetery, cre	AND DATE OF COMMENTS ()	place)				MONE, MD
examiner	21. SIGNATURE OF FUNERAL SERVICE LIK	XX	ller		Cvac	th/Roseda Chesaco	le Funeral	Home	
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. KARDI	OPULITI	O MAR	24	ARRES	Ţ		eat, Approximate interval Betwoonset and Do
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	CANTOUENCE OF):	CEL	OF The	PROSTATO	<u>E</u> .	1991.
MEDICAL	PART II. Other algnificant condition	s contributing to	death but not r	reaulting in t	he underlyin	ng cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDH MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. P	LACE OF DEATH (CH	neck only one)		
HYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 I	ER/Outpatient 3 INJURY Pay, Year)		Nursing Hor	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	CURED
- E	2 Accident Investigation	28a. PLACE C	OF INJURY — At ho	ome, ferm, stre-		100	28f. LOCATION (Street City or Town, State)	and Number	or Rural Route Number,
ANT: If item 28 is marked, COMPLETED BY PH	3 Suicide 8 Could not be 4 Homicide detarmined	bullating,	The (Specify)						

CENTER - 22 SO. GREENE CT - BALTIMORE, MJ 21201



3. TIME OF DEATN

7: JUPA

2. DATE OF DEATN

1. DECEDENT'S NAME (First, Mitelie, Last)

FRANCIS THEODORE LOPACE

3.8	- 5	ğ
4 hours after death. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-trans-	
A: The law requires that the death certificate be executed within 24 hours after death	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	State Debt. of Health and Mental Hydiens prior to hurlal gremation or removal
YSICIA) THE FUNERAL DIRECTOR: After this certifi	filed within 72 hours after death with the

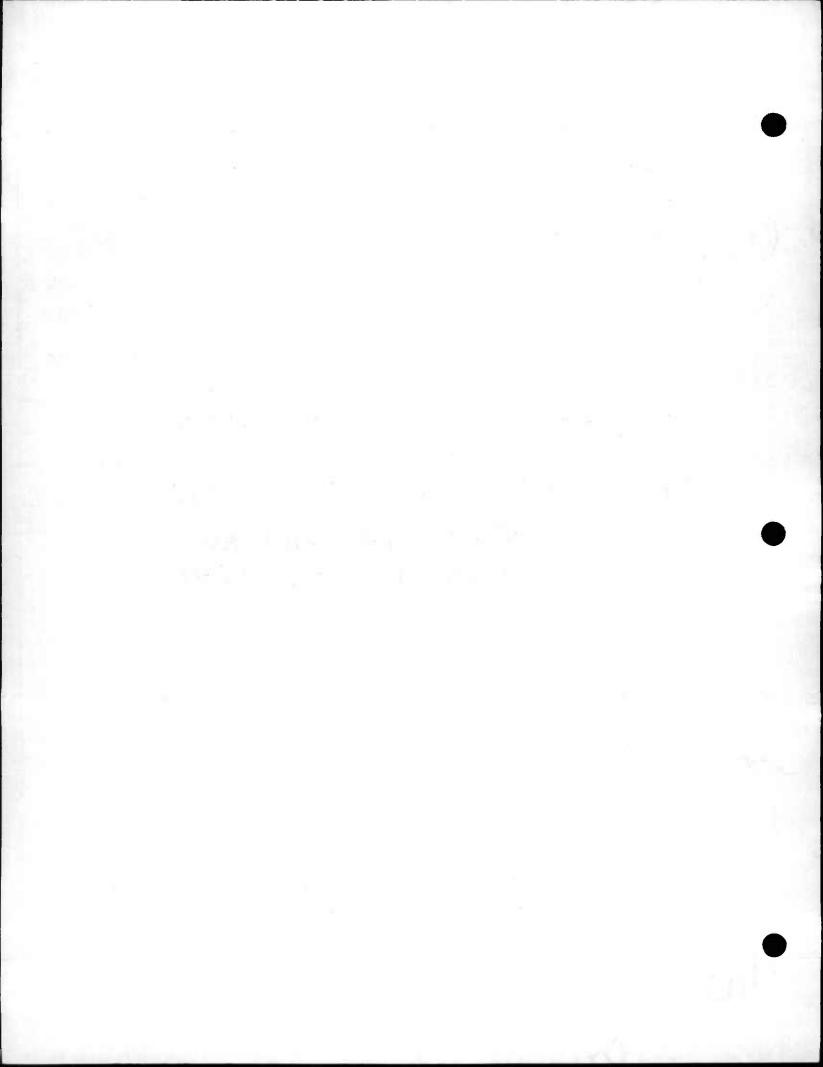
4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign 141-12-0989 1 X M 2 F 05-09-21 New Jersey 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Laurel Beltsville Hospital Prince Georges Laurel 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges Laurel X X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 404 Montgomery Street 20707 USA 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 A NO 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XIX NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Married BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) Teacher Parochial School System 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Roman Lopacienski notified at Katherine Lopacienski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bernadine B. Lopace 404 Montgomery Street, Laurel, MD 9 20a, METHOD ~ ~SPOSITION
1A Buriel a premation 3 - Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must cemetery, cremetory or other place) HOTY Cross Cemetery 4 Donation 5 Other (Specify) ... Brooklyn Park, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset end Death the CEREBRO VASIVLAL ACCIDENT disesse or condition_ event, resulting in death) LARMIN VASIVLAR DUEASE LLENOTIL traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initieted events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 23 shows any injury, PART ii. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The IN THE FUNERAL DIRECTOR: After this certificate habe filed within 72 hours after death with the State DimpORTANT: If Item 28 is marked, or item? 28. PLACE OF OEATN (Check only one) 1 YES 2 NO OTHER: Inpetient 2 - ER/Outpetient 3 - DOA g Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide I CERTIFYING PHYSICIAN the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. On 29b. SIGNATURE BE 29d. DATE SIGNED (Month, Day, Year) 5 97 2 ETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE una Davidson-Render DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - STATE REGISTRAR		STATE OF MARYL					EALTH AND I	MENTA	AL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, I	Middle, Lest) (JAMES G. LE	VRIID	N)			DEATH	2. DAT	E OF DEATH		_	3. TIME OF DEATH
James	`	0111110 01 111	Le	jbul	N S			MON	RIL 28.	199	YEAR 2	10:30 P M
4. SOCIAL SECURITY NUMBER	R	5. SEX 6. AGE	(tn yrs. les	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH			PLACE (Steta or Foreign
226-40-1407		XX M 2 □ F 9 1		YRS.	MONTHS	DAYS	HOURS MIN.	JÄ	7. 177, 19	02	WES	T VIRGINIA
9a. FACILITY NAME (If not inst					9b. CITY	TOWN O	R LOCATION OF OR	ATH		9c. COU	NTY OF D	EATH
WASHINGTON C		HOSPITAL			HAG	ERST	OWN			W.	ASHI	NGTON
RESIDENCE OF DECI	10b. COUNTY											
MD		INGTON			, town o							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	WASII	INGTON		. W.			ZIP CODE			140. 017		1 XYES 2 NO
16505 VIRGI	NIA AV	ENUE				101.	21795				. S.	VHAT COUNTRY?
11. MARITAL STATUS		2. WAS DECEDENT EVER	N U.S. AR	MED			ENGENT OF HISPAN				14. RACE	— American Indian
1 Never Married 2 N 3 Widowed 4 Divorce		FORCES? 1 YES		10			city Cuben, Mexice 2 7 NO Specify		Rican, atc.)		Speci	t, White, etc.
- Mara	OENT'S EDUCA	TION	44. 00	OF DELICIO			21.					MUTIE
(Specify only	highest grade co	mpleted)	(Gi	CEDENT'S ve kind of w Do NOT us	ork done o		N st of working	16	b. KIND OF BUS	SINESS/IND	USTRY	
Elementery/Secondary (0-1	(2)	College (1-4 or 5+) 5+		UCAT	,				UNIVER	SITY		
17. FATHER'S NAME (First, Mid		R. LEYBURN					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
		R. LEIBURN					NANCY					
190. INFORMANT'S NAME (Typ) MR. HARLAN M		V	198				nd Number or Rural F					
200, METHOD OF DISPOSITIO)N	201	.PLACE	NODATEO	F DISPOS	ITION /Na	ne of	0.0	TE 200 LO	CATION -	City or To	wn, State
1 🖾 Buriel 2 🗆 Cremetion 4 🗆 Donation 5 🗆 Other (S		al from State cer	W.PR	ES . CE	M A	SP	RING MIL	LS 5	/2 RFD	, HEI	DGES	VILLE, WV
21. SIGNATURE OF FUNERAL	SERVICE LICEN	ISEE	1		22.	NAME AN	D ADDRESS OF FA	CILITY				
Cha	iles	Y// Y	211	WH			FUNERAL X 821, M					
23. PART I. Enter the dis	eesea, or cor	nplications that cause at only one cause on a	d the de	eth. Do n	ot enter	the mod	te of dying, auci	h as cer	diec or reepi	ratory arr	eat,	Approximete
IMMEDIATE CAUSE (Fina		or or or or or or or or or or or or or o	recir iine.	, 4								Onset and Death
disease or condition resulting in death)	•	Mellill	Coul									
		DUE TO TOR AS	CONSEC	UENCE OF):			-				
Sequentially list condition	D. b.	My ps	lles	con	/							
if any, leading to immedi	ete	DUE TO OR AS	CONSEC	UENCE OF):							
cause. Enter UNDERLYIN CAUSE (Disease or injury												
that initiated events reaulting in death) LAST		DUE TO (OR AS /	A CONSEC	UENCE OF):							
	d		-									
PART II. Other significant	t conditions	contributing to deeth b	ut not n	eulting in	the un	derlying	ceuse given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
Drestate	hype	ylaser.							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
_ / Acro	Repul	otites Enter	0 17	chie	-			_	1 169 2	AN NO	1	OF DEATH?
			1					_				
25. WAS CASE REFERRED TO EXAMINER?						26. PL/	ACE OF OEATH (Che	ck only o	ne)			
1 YES 2 NO		OSPUTAL:	patient 3		OTHER		5 Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28e. DATE OF INJURY (Month, Day, Year)		26b. TIME	OF	28c. INJU	IRY AT		SCRIBE HOW II	JURY OCC	URED	
1 Netural 5 Pe	ending vestigation	(menn, bay, roar)		11100	``` м	1 🗌 Y						
3 Suicide 8 Co	ould not be	28e. PLACE OF INJURY building, atc. (Spec	— At hor	ne, farm, st	reet, facto	ory, office		281. LO	CATION (Street e	nd Number	or Rumi R	oute Number,
4 Homicide da	itermined							City	or Town, Stata)			
29e. CERTIFIER (Check only	YING PHYSICIA	N: To the best of my know	ledge, des	th occurre	at the ti	me, date	and place, and due	to the ce	use(e) end man	ner en state	ed.	
		On the basis of examination										end manner ee stated.
29b. SIGNATURE AND TITLE O						Т	29c. LICENSE NUM			-		(Mogth, Day, Year)
Some	ef (la	ieur)				- 1	73665	5		D 4	128	753
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, (Fint)												



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

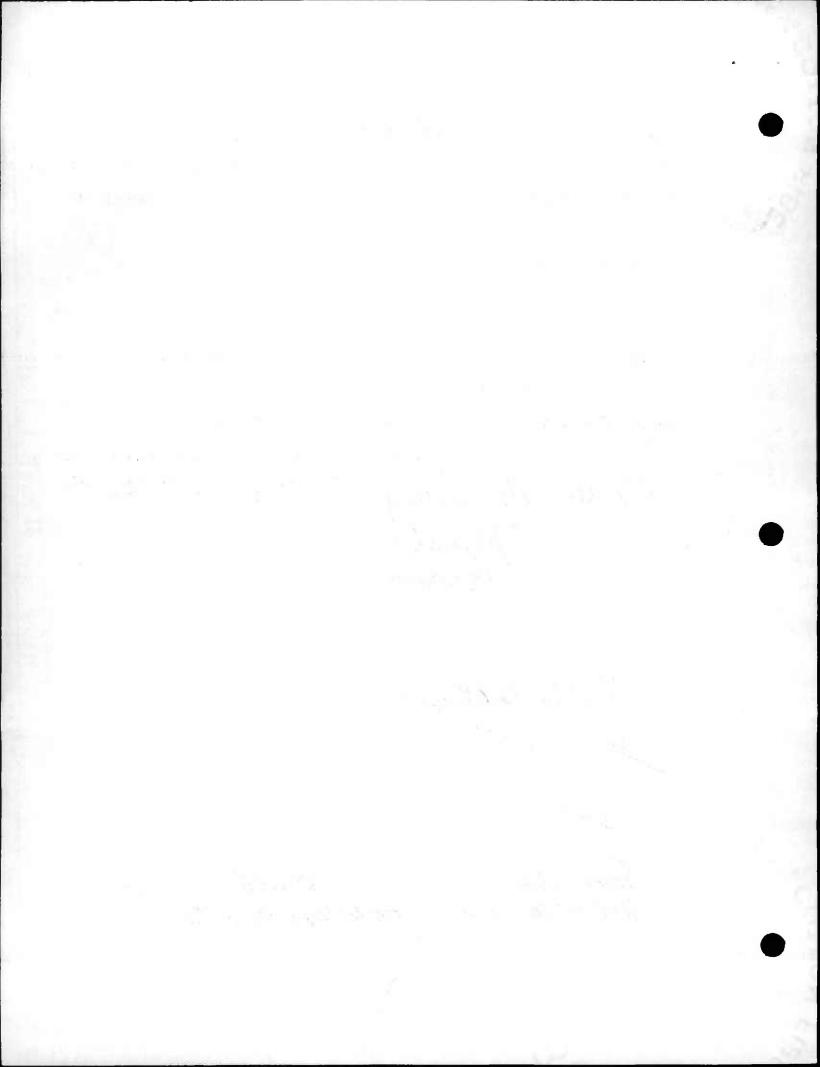
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (MANIE ON).

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32. REGISTRAR'S SIGNATURE



Principlant: the law requires that the usean ceruncate be executed within 24 hours after death. Page 6 may be retained	NOU	
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306	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,

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29b. SIGNATURE AND JITLE DF CERTIFIER

31. DATE FILED (Month, Day, MAY 1

L'yden

h V

STRAR'S SIGNATURE

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

93 13598 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LEWIS Orra May 9. 1993 :16 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) Sept. 12,1927 IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 234-40-2829 DAYS 1 M 2 | F West Virginia 9a. FACILITY NAME (If not institution, give street and number) OR LOCATION OF DEATH ROSSVIlle 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Md Essex 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
USA 21221 216 Oberle Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 , YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Lever Brothers 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname Lydia Malcolm BE Johnson Lewis 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode)
216 Oberle Ave. Baltimore Md. 21221 19a. INFORMANT'S NAME (Type/Print) 9 Daisy Lewis 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 💆 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE metary, crematory or other place)
ThreeChurchesCemetery5/12/93 4 Donation 5 Other (Specify) ThreeChurches W, VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve. 21221 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart aliura. List only one ceuse on sech line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset end Death disease or condition 12 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 TYES 2 PNO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 (Fasidence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK7 28d, DESCRIBE HOW INJURY OCCURED 1 Hetural 5 Pending В 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated.

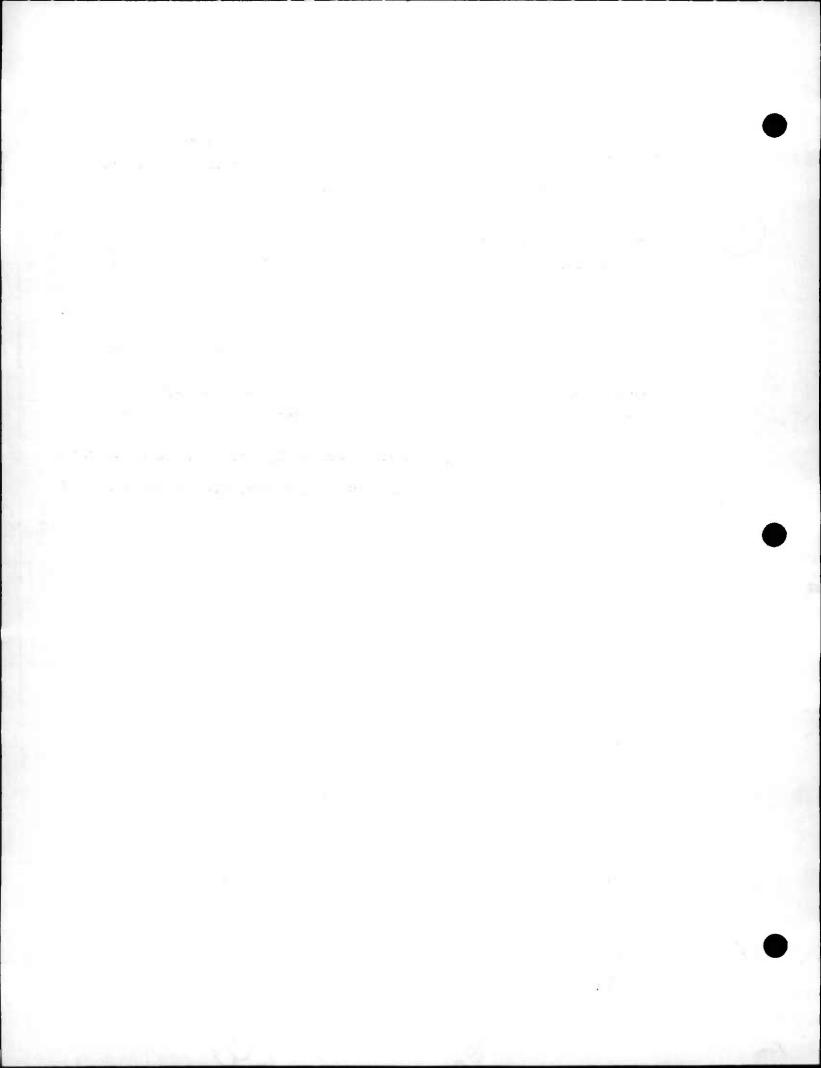
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

6402 Golden Ring Road Baltimore MD 21237

29c. LICENSE NUMBER

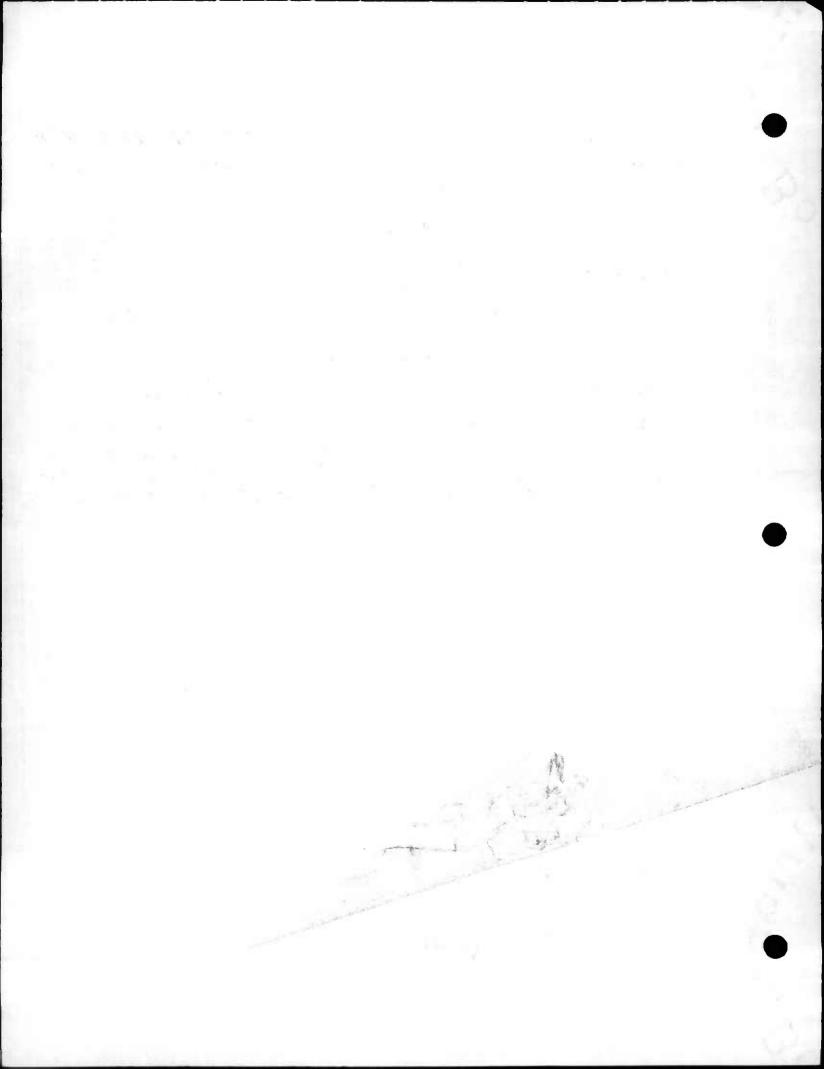
DHMH-18 Rev 1/89

29d. DATE SIGNED (Mo



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	Before the beautiful by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	or removal.
DIVISION OF WHAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICINA The requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.	TO THE FUNERAL DIRECTOR. After the commission has been signed by the attending physician and completely filled in by the funeral filled within 20 physician and completely filled in by the funeral filled within 20 physician order to build be commission or commission.	be more many to make a continue of the manual of the manua

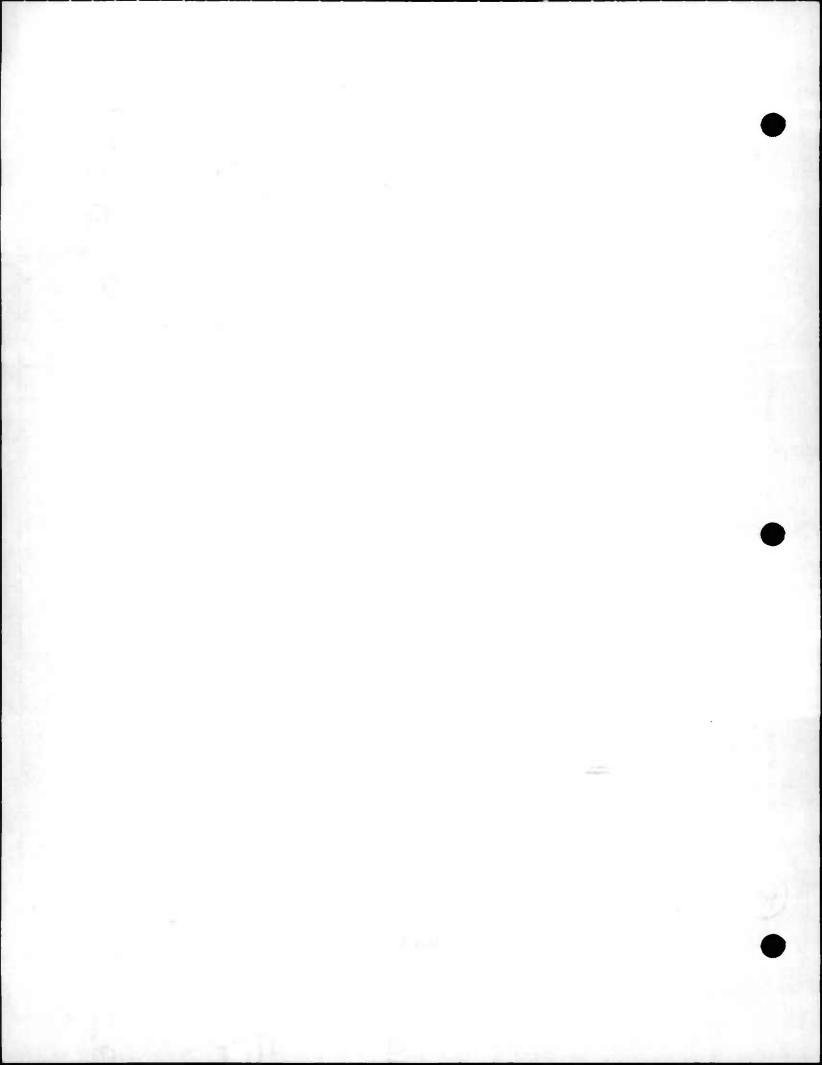
	REGISTRAR			CATE OF DE	-/		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	14				2. DATE	OF DEATH			3. TIME OF DEATH
	miller, H	our host I				MONTH	- 2	5	万少	AGUS A.
		SEX B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF I	MMET 44 100	00	0		7	0770 A
1	The second contraction of			MONTHS DAYS HOL	JRS MIN.		OF BIRTH , Day, Year)	. 1	a. BIRTH	PLACE (State or Foreign
	219-16-3979	12M2 DF 70	YRS.			4-	2 - 14	25	MA	ruland
12	9e. FACILITY NAME (If not institution, give atme	if and number)		96. CITY, TOWN OR LO	CATION OF D			9c. COUN	ITY OF D	EATH
Œ	Universit	16-1		Roll	-	. /	1.7	30.000	0. 0.	-y"
DIRECTOR	RESIDENCE OF DECEDENT	1705F1		BHIII	More	<u> </u>	11/4			
ပ္ပ	10e. STATE 10e. COUNTY		40. 0171				1			
Œ	h a / /		10c, CITY,	TOWN OR LOCATION					1	10d. INSIDE CITY LIMITS?
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1	100. STREET AND NUMBER	0/		10f. ZIP	CODE			10e CITIZ	ZEN OE W	HAT COUNTRY?
FUNERAL	2217 mouting	11. Pd		10	1011	,		1,		
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اتا		 WAS DECEDENT EVER IN FORCES? 1	U.S. ARMED	13. WAS DECENDE	NT OF HISPAI	NIC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Merried	IF YES, GIVE WAR OR DA		If yes, specify			ilcan, atc.)		Sagi	, White, etc.
В	3 Widowed 4 Divorced	WW TL				,.		- 1	7	100 //s
COMPLETED	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S U	SUAL OCCUPATION		166	KIND OF BUS	INEGE (INDI	ICTEV	AUIU
E	(Specify only highest grade con		(Give kind of wo	ork done during most of a	vorking	100	KIND OF DOG	INC33/INDC	Jaimi	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	4	1						
1 €			Thac	hinists						
ō	17. FATHER'S NAME (First, Middle, Last)	C		18.	MOTHER'S NA	ME (First, A	liddle Medev	Sumamei		
	Launence.	miller			An -	-	The	ha		
H	to manual and	11/1/01			1/1///	U	1/101	1145		
2	BO. INFORMANT'S NAME (Type/Print)	1 H	196. MAILING A	NOONESS Stronge and Mi	imber or flural	Route Numb	er, City or Time	Stein, Zip	Cogle)	
-	INKS, TAIRIUIA	OAITHER	2826	Tries.	57.	BD.	15.	mo	1 3	21225
	20s. METHOD OF DISPOSITION	200	PI ACE AND DATE OF	DISPOSITION (Name of	~	DATE	1 200 100	CATION - C	9 0	1000
	1 Buriel 2 Cremation 3 Remova	if from State	btery, committery or other	nr plecel	1	DATE	200	12	ary or les	D Car
	4 ☐ Donation 5 ☐ Other (Specify)	- 0/	arrison	FUTCS/16	4 com		10	14/12	1. C	o. The
	21. SIGNATURE OF FUNERAL SERVICE LICEN	///		22 NAME AND AD	DRESS/OF FA	chirry	Eu	1/00	2/	Hermes
	bounk	L. Kuss	1)	1054	wh	us	1	4 0/	5	16.1
	Horison	or person		22024	UNIVO	27/	AUG	. 10	11/1	md 21216
	23. PARTI. Enter the disesses, or con	nplicatione that caused	the deeth. Dp np	t enter the mode of	dving, suc	h as cerd	ec or resol	ratory erre	ed.	Approximate
	eriock, or near langre. Lis	t only one cause on ea	sch line.		,,,			one on the	,	Interval Between
	IMMEDIATE CAUSE (Finsi			4.4						Onset and Death
	disease or condition	1		(/			(1			
	1 resulting in death)	1 21000 6	-10 - h	with B	rain	m	11-6/	6,6		
	resulting in death) s	DUE TO OR AS A	CONSEQUENCE OF	11th B	Cam	m	125/2	915		
	resulting in death) s	DUE TO OR AS A	CONSEQUENCE OF	1.th B	CAM	m	125/2	515	<u></u>	
NO		/			can	m	(z.5/z	1915	-	
TION	Sequentielly list conditions, if any, leading to immediate	/	CONSEQUENCE OF):		Cam	m	17517	1915		
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	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):				24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
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BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth but DEPITAL: Inputient 2 = ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): It not resulting in Ritent 3 □ DOA 4 28b. TIME INJUI	28. PLACE (OTHER: Nursing Home 5 OF 26c. INJURY # WORK? M 1 YES eet, fectory, office	DF DEATH (Cho	Part I. eck only one B Other 28d, DESt City o	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IN TOWN, State)	AUTOPSY MED? NO NJURY OCCU	URED or Rural Re	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTributing to deeth but DEPITAL: Inputient 2 = ER/Output 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): It not resulting in Ritent 3 □ DOA 4 28b. TIME INJUI	28. PLACE OF STATE OF WORK? M 28. PLACE OF STATE OF WORK? M 1 YES set, fectory, office at the time, date and p in my opinion, death of	DF DEATH (Cho	Part I. Beck only one B Other 26d. DESc. City of to the caustime, date a	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IN TOWN, State)	AUTOPSY MED? NO NJURY OCCU and Number of	URED or Rural Re d. ceuse(e)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number,
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-	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
100	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it	aw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
Pe file	-RO FHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Deut, of Health and Mental Hydrere prior to burial, crenation, or removal	-RO FHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal
MPC	MPORTANT: It tem 28 is marked or tem 23 chause and injury or other traumatic event, the medical assembles much he antified of once	the medical examinar must be notified at once

MAY 1 1 1993

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENT	TAL HYGIE		13	136	UU
- 13	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH			3. TIME OF DE	ATH
	LISA		MI	MS					05	06	199	3	5:58	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DA	TE OF BIRTH		e. Birti	Foreign	
0	219-74-6651	1 □ M 2XXF	32	YRS.	MONTHS	DAYS	HOURS	MIN.		9-1961		RAT.	m TIMORE,	MD.
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D		<u> </u>	9c. COU	NTY OF C		110.
DIRECTOR	761 W. FAYETTE ST. BALTIMORE													
DIRE	MD .	r		10c. CITY, TOWN OR LOCATION BALTIMORE CITY										NO
A.	10s. STREET AND NUMBER					101	. ZIP COD	E	10g. CITIZEN OF WHA				11	
FUNERAL	404 SWANN AVENUE	, APT. B					2.	1229				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAN	VIC ORI	GIN? (Specify Y	es or No—	14. RAC	E — American in k, Whita, etc.	dian,
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	МО			ecify Cubi			to Rican, etc.)		Spec		
												BL	ACK	
TED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ECEDENT'S Sive kind of a. Do NOT u	USUAL O	CCUPATIO during mo	ON at of working	ng	1	166. KIND OF B	USINESS/IN	DUSTRY		
삗	Elementary/Secondary (0-12)	College (1-4 or 5	1)							24477	20036			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		MA	IL W	ORKE	K				MAIL				
		O A GED								st, Middle, Maide	,			
8	BERNARD 19a. INFORMANT'S NAME (Type/Print)	CAGER						ATRI			RSEY			
2										umber, City or To			010.00	
	PATRICIA DORSEY					_		APT	_				. 212 29	
	K□ Buriel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE cemetery, cre KING						D	ATE 20c. L				
	4 Donation 5 Other (Specify)	Descri	KING	MEMO	$\overline{}$		K ADDRE	00.05.50	00 000	WO	ODLAW	N, M	υ.	
2.0	Charl	LP	· B	m	Y	JOSE	PH H	. BR	NWO.				ME, P.A P.O. BOX	
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NARCOTIC	ise on each line	TION		the mo	da of dy	ing, suc	h as c	ardiac or res	piratory ar	rest,	Approxision interval Onset as	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL O	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 1 NO									. WERE AUTOPSY MAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE			
N: ME														
CIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF D	EATH (Ch	eck only	one)				
SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 \(\text{NO} \)	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI	Rt:				one) ther (Specify)				
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2			4 🗆 Nur	R: sing Hom- 28c, INJ	● 5 CX Re		6 🗆 OI		INJURY OC	CURED		
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural Pending			□ DOA	4 🗆 Nur	R: sing Home 28c. INJI WO	5 (X) Re	sidence	6 🗆 Ot	ther (Specify)	INJURY OC	CURED		
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BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural Survey Services investigation 3 Suicide 4 Homicide 6 Could not be determined	1 Inpatient 2 Inpa	FINJURY — At he etc. (Specify) FOUND I	5:50 M HOUS	4 □ Nur E OPT URY □ D M street, fac	R: sing Home 28c. INJI WO 1	• 5 X Re URY AT RK? YES 2	NO	6 0 01 28d. C UN 26f. L	ther (Specify) DESCRIBE HOW KNOWN OCATION (Street ity or Town, Statt timore.	t and Number 90 761 W Maryla	or Rural I . Fay	Route Number, ette Stre	et
BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	1 Inpetient 2 28. DATE OF FOUNDIND D 5-6-93 28. PLACE O building,	INJURY FINJURY — At ho etc. (Specify) FOUND II my knowledge, de	5:50 ome, farm, N HOUS	4 ☐ Nur E OFT JURY D M street, fact	R: sing Hom 28c. INJI WO 1 Y tory, office	o 5 X Re URY AT RK? /ES 2	NO NO	6 Ot Ot 28d. C UN 26f. LC C Ba]	ther (Specify) DESCRIBE HOW KNOWN OCATION (Streetly or Town, Statt LIMOYA CRUSS(a) and m	and Number 761 W Maryla	or Rural I Fay	ette Stre	
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BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	28a, DATE OF FOUNDAMEN, D 5-6-93 28a, PLACE O building, CIAN: To the best of a:	INJURY ey, Veer) FINJURY — At ho etc. (Specify) FOUND I my knowledge, de	5:50 me, farm, N HOUS	4 Nurse of Turn M	R: sing Hom 28c. INJI WO 1 Y tory, office	e 5 X Re URY AT RK? (ES 2 E	NO NO	6 Ott 28d. I UN 26f. LC C Ball to the dilline, d	ther (Specify) DESCRIBE HOW KNOWN OCATION (Streetly or Town, Statt LIMOYA CRUSS(a) and m	t and Number 97761 W Maryla anner se sta and due to th	or Rural I Fay nd led. ne cause(s	ette Stre	stated.
COMPLETED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined determined 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF FORMAND, D 5-6-93 28a. PLACE O building, CIAN: To the best of a:	INJURY ey, Veer) FINJURY — At ho etc. (Specify) FOUND II my knowledge, de samination and/or	5:50 me, farm, N HOUS meth occurr Investigation M 27) (Type	4 Nurse of Turn's p M street, factor of the ton, in my o	R: sing Hom 28c. INJ WO 1	o 5 XRsuury AT RK? VES 2 Each occur 29c. LICI	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 On 28d. DUN 28f. Li C C Ball to the c lime, de	ther (Specify) DESCRIBE HOW KNOWN OCATION (Streetly or Town, Statt LIMOYA CRUSS(a) and m	enner ee sta and due to the	or Rural I Fay Tod Tod Tod Tod Tod Tod Tod To	and manner as o (Month, Day, Year - 1993	stated.



	FOR	
	STATE	
_	REGISTRAR	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF M			RTMENT OF			IENTAL HYGIEN	E		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH		3,	TIME OF DEATH
ANTHONY		R	_		MONAC	: O		05 06	199	YEAR 5	:45 P M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. Is	sst birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH		I. BIRTHPL	ACE (State or Foreign
090-28-4137		1 💢 M 2 🗌 F	56	YRS.	MONTHS DAY	8 HOURS	MIN.	12708/36		New"	(ork
9a. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TOV	VN OR LOCATE	ION OF DEA	ATH	9c. COUNT	Y OF DEAT	Н
NORTH POI	NT RD				FDG	MERE			BAL	TIMO	DE
RESIDENCE OF DEC	CEDENT								LDAL	1110	KE
10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO			j		10	d. INSIDE CITY LIMITS?
MARYLAND	BALT	IMORE			BALTI	MORE				1	YES 2 NO
100. STREET AND NUMBER						10f. ZIP COD	E	04000	10g. CITIZI		T COUNTRY?
344 ENDS								21220		U.S.	A.
11, MARITAL STATUS 1 Never Married 2-	Married	12. WAS DECEDENT FORCES? 1			13. WAS	DECENDENT (OF HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No- 1	4. RACE — Black, W	American Indian, hita, atc.
3 Widowed 4 Dive	rced	19511-5	OR DATES			YES 24 NO				Specify: WHIT	
	EDENT'S EDUCA			ECEDENTIA	Heilar coore						<u>r</u>
(Specify onl	y highest grade o	ompleted)		Give kind of a	WOUND OCCUP Work done during no retired 1	most of worki	ing	16b. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (t)-12)	College (1-4 or 5+))		CTION	SHPER	VISOR	CONS	TRUCT	TON	
17. FATHER'S NAME (First, M	licirita (not)				0422020						
	MONAC	0						RIA DiDon			
19a. INFORMANT'S NAME (1			1.	Ob 8000 1000	ADDRESS						
James R. Mo		Son)		ST W	alley I	ee and Numbe	ror Runii Ro	oute Number, City or Tow	n, State, Zip C	Code)	
	- 1.		-								
20s. METHOD OK DEPOSIT 1 € Busiel 2 □ Commette	n 3 🗆 Remov	nd from Sign			of disposition		meter		cation - ci		
4 Donation 5 Other		HSEE /	10074	1 0011				7			
AL	//	51	The same	75	Gary	L. K	auima	n Funeral	Home	3	
1////	4	1	04	-	Elka	ridge.	Mary	rland 212	27		
23. PANT I. Enter the d shock, or h IMMEDIATE CAUSE (Fir flacesse or condition resulting in death)	eart fallure. Li nai	DUE TO	se on each lin	e.							Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju that initieted events resulting in death) LAS	diate ING Iry c.		OR AS A CONSI								
PART II, Other algnifice	nt conditione	contributing to	death but not	reaulting	in the underl	ying cause	given in P	Part I. 24s. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?
								_		10	YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:			OTHER:	PLACE OF D	DEATH (Chec	k only one)			
YES 2 NO		I Inpatient 2	ER/Outpatient	3 DOA	4 Nursing I	lome 5 🗆 Re	esidence 6	Other (Specify) S	CENE		
27. MANNER OF DEATH		28a. DATE OF I (Month, Da		28b. TIM		INJURY AT WORK?		28d. DESCRIBE HOW I		RED	
	Pending Investigation		_1993			YES 2		SUBJECT	WAS	SHO'	г
3 Sulcide 6	Could not be	28a, PLACE OF	INJURY - At h	ome, ferm, s	street, factory, c	office		28f, LOCATION (Street a City or Town, State)	and Number of	Rumi Route	Number
4 Homicide	determined		ROZ	T T				VORTH PO			
29e. CERTIFIER	TIFYING PHYSICI	AN: To the best of r			ed at the time	iste and nisce		o the cause(a) end mer			
								me, date end placa, an			d menner ec eteted
29b. SIĞNAZURE AND TITLE		A.z									
17000-	(De)	16. 10.					ENSE NUME				onth, Day, Year)
30. NAME AND ADDRESS OF	DEBEON WAS	1111111	r or pr			10.0	C.M.1	Ł	-05	-07-	1993
	•							5 11 1		_	
MARCDON	117 17	· ILDKEL	I MY	III	Penn	Stree	et, l	Baltimor	e, Ma	aryla	and 21

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

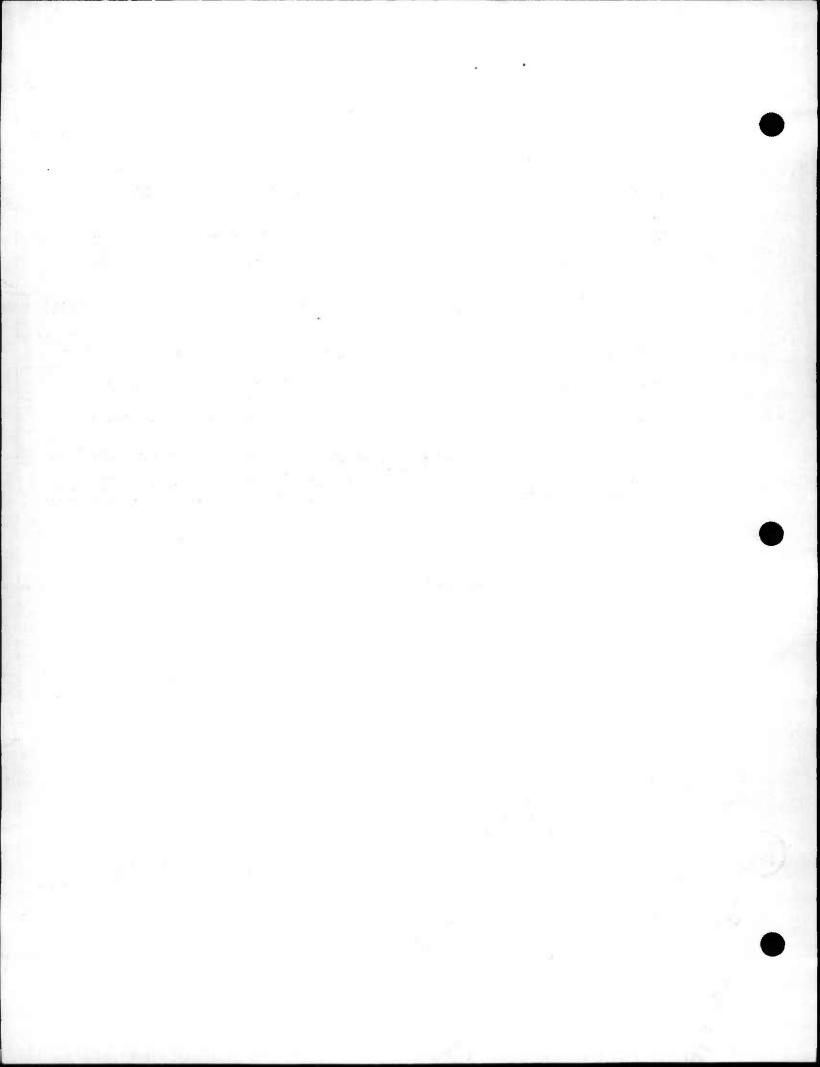
BALTIMORE, MARYLAND 21215-0020

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	PITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate	
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						12/	/ / (4 3)	2 2 5
	FOR	STATE OF MAD	VIAND (DEDA	MCC				3 3602
	1 - STATE REGISTRAR	SIMIE UF MAN			F HEALTH AND OF DEATH	MENIAL HYG REG		
1	1. DECEOENT'S NAME (First, Middle, Last) 1 OURFATHA (Lureth	12)	M	2005		2. DATE OF DEA	do and	3. TIME OF DEATH
	LOUREATHA (Lureth		SE (In yrs. last birthday)	OORE TIF UNDER 1 Y	AR IF UNDER 24 HRS.	MAY 10		10:54 A M
í	218-28-8033	1 🗆 M 2 💢 F	61 YRS.		YS HOURS MIN.	(Month, Day, Ye 12–18431	nar)	8. BIRTHPLACE (State or Foreign Country)
_	9a. FACILITY NAME (If not institution, give st				WN OR LOCATION OF O		9c. COUNT	Y OF DEATH
D.	THE JOHNS HOPKIN	S HOSPITAL		BALL	MORE CITY		BALI	IMORE CITY
DIRECTOR	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR L				10d. INSIDE CITY LIMITS?
	MD 104. STREET AND NUMBER			Baltim				1)(X) YES 2 NO
W. 24 CO					21218		10g. CITIZI	EN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEOENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS	DECENDENT OF NISPAI	NIC ORIGIN? (Speci	fy Yea or No — 1	4. RACE — American Indian,
ВУ	1 XX Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗆	s, specify Cuban, Mexica YES 2 NO Specif	in, Puerlo Rican, etc y:	c.)	Black, White, etc. Specify:
	15. DECEDENT'S EOUC (Specify only highest grade)	CATION	16a. OECEDENT'	I B USUAL OCCU	PATION	16b. KINO O	F BUSINESS/INOU	Black stey
	Elementary/Secondary (0-12)	College (1-4 or 5+)			g most of working	V-0		
COMPLETED	12th 17. FATNER'S NAME (First, Middle, Last)		Machini	st			& Electr	ic
	John H. Moore				Fannie L	AME (First, Middle, M.	aiden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (SI	reet and Number or Rural		or Town, State, Zip (Code)
-	Ernestine Wright				St.'Baltimore			
	20a. METNOD OF DISPOSITION 1 XX Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	206. PLACE AND DATE Cemetery Cremetory or Mary Tand Na	OFOISPOSITIO	Memorial PK.		c. LOCATION — CI	
	21, SIGNATURE OF FUNERAL SERVICE LICE		Taryrana No		E ANO ADDRESS OF FA		Laurel, M	U
	Nimit	1) K.	Long	O WM (. MARCH F.H.	1101 F	NODTH AVE	
	23. PART I. Enter the diseases, or o	omplications that cau	ed the death. Do	not anter the	mode of dying, suc	h as cardlec or i	reepiretory arre	et, Approximete
	shock, or heart fellure. I IMMEDIATE CAUSE (Final	-	151011					intarvei Between Onset and Death
	disease or condition resulting in death)	Subo	irachn	H bb	emorrh	ace		2 weeks
z				-	Strok			1 122-4
TION	Sequentially list conditione, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE	PF):				1. Week
2	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE (PF):				
CERTIFICA	resulting in daeth) LAST	ı						
	PART II. Other significent conditions	contributing to deat	but not resulting	in the under	lving cause given in	Part I 24a W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	Hypertens				, g g	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							2 2 40	OF DEATN?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	8. PLACE OF DEATN (Ch			
PHY	27. MANNER OF DEATH	28a. DATE OF INJUF	ry 28b. Til	NE OF 28c	Home 5 Residence		OW INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	/) , IN	JURY M 1	WORK?			
	3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, etc. (S	IRY — Al home, farm, pecify)	street, factory,	office	281. LOCATION (S) City or Town,	treet and Number of State)	Rural Route Number,
	29a. CERTIFIER DE CERTIFIER PRIVATE	NAM. To the best of the						
COMPLET	(Check only one) 29a. CERTIFIER CERTIFYING PHYSIC 2 MEDICAL EXAMINER							cause(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CENTIFIER	00	11 -		29c. LICENSE NUI			SIGNED (Month, Day, Year)
	Theather	2/1/10	HO)		Pend	109	Þ 57	110/93
	30. NAME AND ADDRESS OF PERSON WHO	Vett M.D.	DEATH (ITEM 27) (1)(2)		() . = 11	U		
	31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S SI	CHATURE	HOP	CIAS HOS	oital G	200 N.L	JoHe Street
	MAY 1 1 1993	John Devidour	Mandell				bar	+1more, ND 21287

211.115

		FOR_	STATE OF	Marvi ai	NN / NEDA	RTMENT OF	LEAITU	LANDIA	ENTAL UV	CIENE	93	13603
		1 - STATE REGISTRAR			CERTI	FICATE C				G. NO.		
		1. DECEDENT'S NAME (First, Middle, Les.			ES McC	ARTNEY			2. DATE OF DE	DAY TH	YEAR 3.	. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER	MCC 5. SEX						5	0 .	993	3:28 P
P		187-01-3092	1)(XM 2 □ F	7	yrs. last birthday, 5 yrs.	MONTHS DAY		MIN.	7. DATE OF BIR (Month, Day, 10/11	17H 1/1917	Country)	ACE (State or Foreign
2, 3 should	OR	90. FACILITY NAME (If not institution, give Harbor Hospita				96. CITY, TOW Balt	imore		тн		INTY OF DEA	тн
	ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TV		1400 67	TY. TOWN OR LO					Last Manes every	
permit. Pages 1,	L DIRECTOR	Maryland NA	•			ltimore	City		rooklyr	1)		Od. INSIDE CITY LIMITS? YES 2 NO
1sit per	ERAI	525 Baltic	Avenue.				10f, ZIP COD		1225	10g. CIT	US	AT COUNTRY?
21215-0020 al or attending physician. for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 X YES	2 NO	If yes,	DECENDENT (specify Cubi res 2 [X] NO	an, Maxican,	ORIGIN? (Spec Puerto Ricen, e	cify Yes or No— Nc.)	14. RACE	American Indian, White, etc.
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.	COMPLETED	15. DECEDENT'S ED (Specify only highest grant Elementary/Secondary (0-12)	UCATION	+)	6a. DECEDENT': (Give kind of life. Do NOT		most of worki	ing		OF BUSINESS/IN	Copper	& Brass
AND 21 the hospital or detached for u	MPL	Unknown 17. FATHER'S NAME (First, Middle, Last)	COMPAN TO THE		Securi	ty Guar				Corp. a	ınd Ri	viera
IARYLA Itained by the should be de	BE CC	Ohner Perry	McCa	artney			1	Margai	ret Ma	Maiden Sumame) Burer N		ney
E, MARN be retained to age 5 should to	5	Ms. Margo P. R	athell		19b. MAILIN	g address (stre 5 Arsan	Avenu	ue, Bi	altimor	or Town, State, Zij Ce, Md.	2122	.5
MORE ge 6 may irector, pag		26e, METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	Marie Control of the	cemete	LACEAND DATE bry, cremetory or ar Hil	of Disposition other plece) Cemet		5/10	1	Baltimor		
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF PUNERAL SERVICE L	Kev		Ecker	MCC		ss of facil Funer	al Home	e of Bro	oklyn	
24 hours aft filled in by tion, or remo		23. PART I. Eruer tha diseases, or sheck, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cal	use on aac	h lina.	not antar tha	mode of dy	ring, such	as cardiac or	reaplratory and	rast,	Approximata Interval Between Onset and Death
P.O. BOX 68: th certificate be execute ending physician and of I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	ME V	TO Q Y ONSEQUENCE (ONSEQUENCE (OF):						
RECOR requires that een signed by of Health and shows any	MEDICAL	PART II. Other significant conditions of Part II. Other significant conditions)	daath but	not resulting	in the underly	ring cause	given in Pa	P	WAS AN AUTOPSY ERFORMED? YES 2 NO	AM CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
3 en la se l	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	PEATH (Check	k only one)			
VITA STAN: The rrificate h he State or item	SIC	1 VES 2 NO	HOSPITAL:	☐ ER/Outpetic	ent 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 🗆 Re	esidenca 8	Other (Specif	fy)		
PHYSIC OF THE OF T	BY PH	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D		28b. TIII	ME OF 28c.	INJURY AT WORK?	2		HOW INJURY OC	CURED	
TEND TEND TEND TEND TEND TEND TEND TEND	ETED B	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE C building,	OF INJURY — , atc. (Specify)	At home, farm,	street, factory, o	ffice	2	City or Town,	Street and Number State)	or Rural Route	e Number,
E 82 2 E	COMPLE		SICIAN: To the best of a									nd menner ea stated.
TO THE MENT OF THE POPULARY.	8	396 SIGNATURE AND TITLE OF CERTIFIE		HALL		HARISH	29c. LICI	ENSE NUMBI	ER		E SIGNED (MG	onth, Day, Year)
()	10	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH	(ITEM 27) (Type	s, Print)						1 113
K		31. DATE FILED (Month, Day, Year) M/V 1 1 1002	32. REGISTRA	AR'S SIGNATU	JRE					<u> </u>		



1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last) Willie		Maxi	TP	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-72-8852	5. SEX 6. AGE (In		INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
		6 YRS. MON		(Month Day1) - 76	countribaltimor
99. FACILITY NAME (If not institution, give since 5000 blk. Gunt			CITY, TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEATH
RESIDENCE OF DECEDENT			Baltimore_		
Md.	1	Ba	Ttimore		10d. INSIDE CITY LIMITS? Y YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?
5000 blk. Gu	nther Avenu	e	21206		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	an, Puerto Rican, etc.)	o- 14. RACE - American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KIND OF BUSINES	
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden Surna	arne)
19a. INFORMANT'S NAME (Typp/Print)	xic Sr.	19h MAILING ADD		Maxie Maxi	
Hattie B.	Lemons	542	S Cedonia A	venue venue	ne, 2ip Cooe)
20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF DIS tery, crematory or other p			DN — City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Arbutus	22. NAME AND ADDRESS OF FA	KCILITY	tus_Md 212 27
▶Irvin P. Car	roll			North Ave	
23. PART I. Enter the diseases, or o	complications that caused	the deeth. Do not e	nter the mode of dying, suc	th as cardiac or respirator	ry arrest, Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to one sale	CONSEQUENCE OF	mod l	igno	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):			
PART ii. Other significant condition	s contributing to death but	t not resulting in the	e underlying cause given in	Part I. 24s. WAS AN AUTO	
				PERFORMEOT	COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (Ch	eck only one)	
1 VES 2 NO	1 Inpatient 2 ER/Outpat		HER: Nursing Home 5 - Residence	6 PrOther (Specify)	scene
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCUREO
2 Accident Investigation 3 Swicide & Could set be	05 08 19 288. PLACE OF INJURY -	93 1911 - At home, form, street		Subject 281. LOCATION (Street and NL	
6 Could not be determined	building, etc. (Specif)	treet		City or Town, State)	Gunther Avenue
	CIAN: To the best of my knowle	dge, death occurred at	the time, data and place, and due	to the cause(s) and manner s	
296, SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUI		. DATE SIGNEO (Month, Day, Year)
Mh					05 09 1993
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)	, , , ,	a it a di a	VJ VJ 1773
Ann M. Dixon. 31. DATE FILED (MONTH, Day, Year) MAY 1 0 19	32. REGISTRAR'S SIGNAL Suna Day			ltimore, M	aryland 21201

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

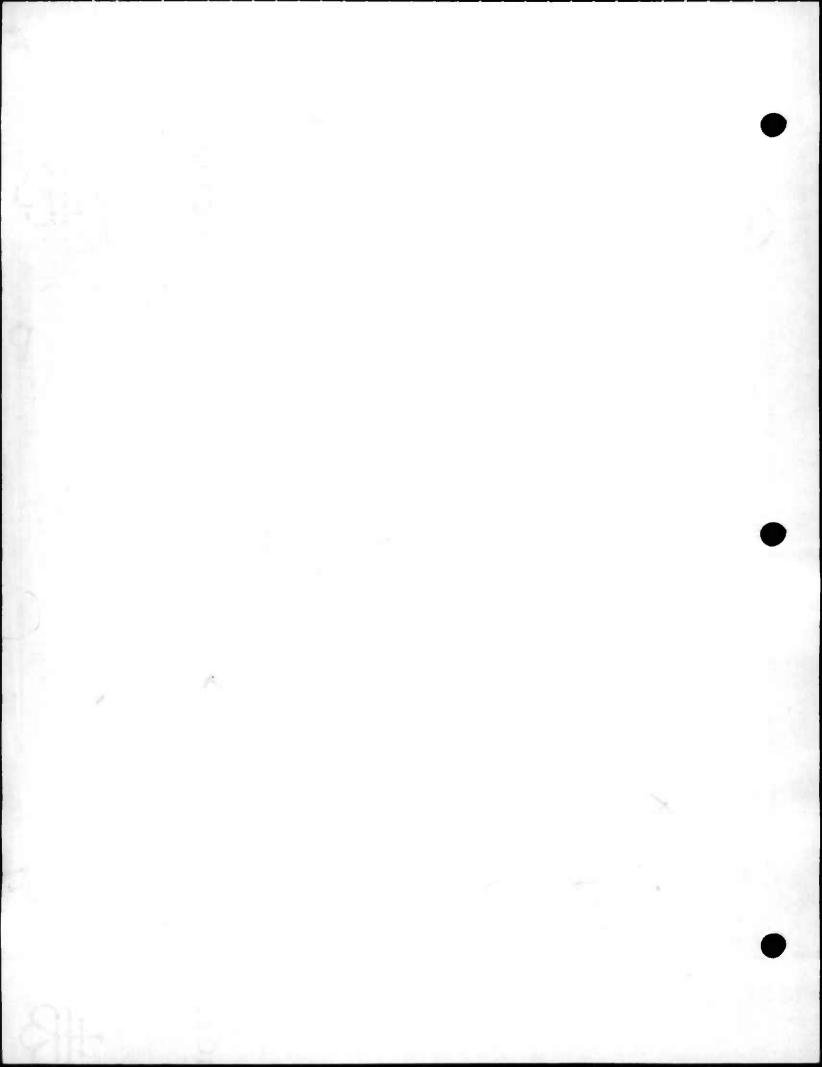
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3

DHMH-16 Rev 1/89



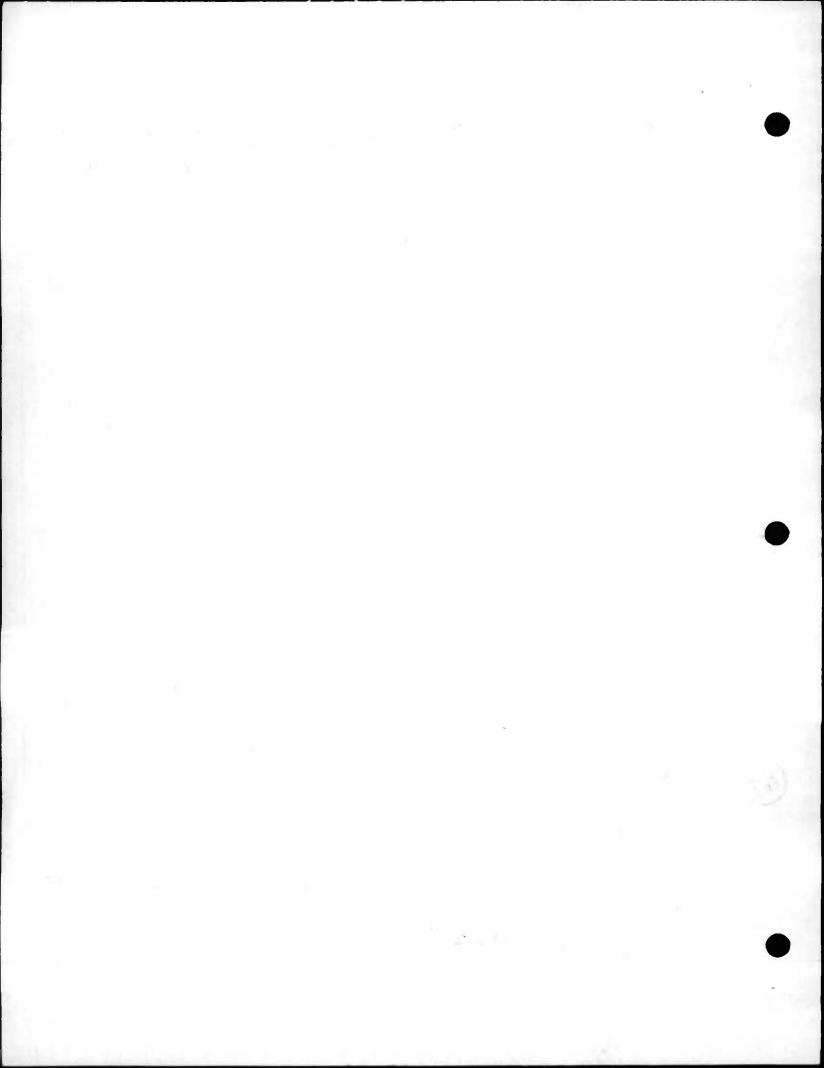
should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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should		otified
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irector,		SITE I
eral cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b		ORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
the	E.	
3	ОШа	dica
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NORWICZ 07 2 A 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 214-01-0759 1 M 2 - F MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Stella Maris Hospice DIRECTOR Towson Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY **BAltimore** Rosedale 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1232 Berk Ave. 21237 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY specify: white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EQUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high entery/Secondary (0-12) lege (1-4, or 5 +) Long Shoreman 17. FATNER'S NAME (First, Middle, Last) 1a. MOTNER'S NAME (First, Middle, Maiden Surname) CHARLES NORWICZ MARY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cindy Van Cleave FELICITY CT .: JARRETTSVILLE, MA 21084 20a. METNOD OF DISPOSITION
1 Description | Barrowat from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) DyLaney Valley MEm. Gdns. 5-10-93 Cockeysville, MD 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home 1211 Chesaco Ave. Mus 23. PART I. Enter the diseases, or complicat Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heert fellure. Liet only one cause on each line. Approximate IMMEDIATE CAUSE (Finel **Onset and Death** diseese or condition resulting in death) 0 DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentially list conditions OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 - YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Residence a Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of exam nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21203-3146	is nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1st Yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for	be filed within 72 hours after death with the State Dept. of Health and Mertfal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4	FOR STATE OF MARYLAND C			HEALTH AND	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)									
	Pauline C. Pullen		5 9	2. DATE OF DEATH						
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. In 2012 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/3/15	8. BIR	THPLACE (State or Foreign III d.			
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH			
DIRECTOR	Liberty Medical Center		Balt:	imore						
EC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY			
	Md.	Bal	timor	е			1 XYES 2 NO			
ZAL.	10e. STREET AND NUMBER		1	Of. ZIP COOE			F WHAT COUNTRY?			
FUNERAL	4211 Wentworth Rd.			21207		U.S.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FORCES? 1 FYES, GIVE WAR OR DATES.	NO	If yes, s		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) ly:	Bi	American Indian, ack, White, etc.			
			ISUAL OCCUPAT		18b. KIND OF BUS	BINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 8+)	te. Do NOT use	retired.)	iost or working						
NO.	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden					
BE (Charles Edward Hackett				otte Johr					
10	PERSONAL PROPERTY AND ADMINISTRATION OF THE PERSON OF THE				Route Number, City or Town		207			
				ernetery, crematory or	Balto.	CATION — City or				
	1	n/ece)			tery Owi	ings Mi	ills Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 /4	22 NAME	AND ADDRESS OF E						
	Aletta M. Bunary	gh	2700	Edmond	lson Ave.	Balto	. Md. 21223			
	23. PARTN. Enter the diseases, or complications that caused the caused the shock, or heert failure. List only one cause on each life.	eth. Do no					Approximeta Interval Between			
	IMMEDIATE CAUSE (Finel									
	disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONS	EQUENCE OF					4.5			
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate	EQUENCE OF	1				gen			
CA	CAUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	EQUENCE OF):							
CEF	d									
CAL	PART II. Other algolificant conditions contributing to death but not	t reaulting in	n the underly	ng cause given i	PERFOR	RMED?	A4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC					1 _ YES 2	NO	OF DEATH?			
Σ					-		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (Check only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient		OTHER: 4 - Nursing Ho	ome 8 🗆 Realdenci	8 Other (Specify)					
H	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY V	NJURY AT VORK?	28d. DEȘCRIBE HOW INJURY OCCURED					
BY	2 Aceident Investigation	home form of		YES 2 NO	284 LOCATION (Senat and Alumbar or Dural Durah Alumbar					
COMPLETED	3 Suicide 8 Could not be determined 288. PLACE OF INJURY — At building, etc. (Specify)	nome, tarm, s	ileet, lactory, or	TÇ III	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ë	29a. CERTIFIER (Check ank. 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurre	d at the time, de	ite and place, and d	us to the cause(s) and ma	nner en stated.				
NO.	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/o						se(s) and manner as stated.			
E C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	UMBER	29d. DATE SIGN	IED (Month, Day, Year)			
TO B	Dank Y. Gulle	p	1.8	200	780	> 5	11/92			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1)	TEM 27) (Type,	Print)	Dai	alle	mb-	2000			
	31. DATE FILED (MONTH, Day, Year) July Devilor Hand	AL.								
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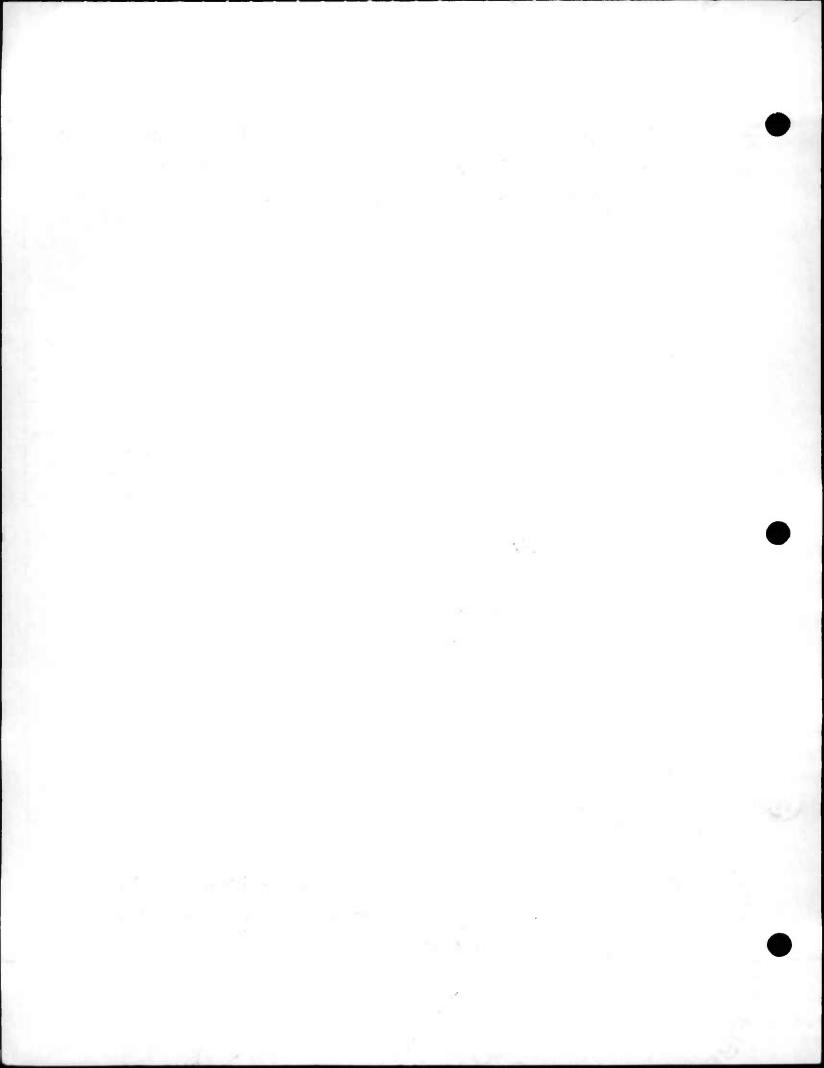
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the mean minimum regions are come many or come or the mean ingrene prior to build, cicination, or lettings.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical e	
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPARTM	ENT OF	HEALTH AND F DEATH	MENTAL HYGIEN	E	3 13007		
	1. DECEDENT'S HAME (FINE MICHA, LAN) HAMY PAVI		y C.Pa		AIE OF	DEAIR	2. DATE OF DEATH MONTH DO	AY OF	7EAR 3. TIME OF DEATH M		
	215 013122 D	5. SEX 1 □ M 2 4 F	6. AGE (In yrs. les 97	YRS. IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) O[-Z 4-/	896	BIRTHPLACE (State or Foreign Country) Virginia		
HOT	Haby Hispital	Conter		96.	0.11	or Location of	DEATH	9c. COUNTY	Y OF DEATH		
DIRECTOR	Maryland 10h count	A.A.Co	.Md.	10c. CITY, TO		urnie			10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	1465	Pleasan	tville	Dr.	10	OF. ZIP CODE	51		N OF WHAT COUNTRY?		
À	11. MARITAL STATUS 1 Never Married 2 Married \$\times \times 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI	MED NO	If yes, s	CENDENT OF HISP	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		Black, White, etc. Specify: White			
ONCE.	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 8th.Grade	JCATION e completed) College (1-4 or 5 +) (G	CEDENT'S USUA live kind of work of Do NOT use retire Homema	done during m red.)	TION nost of working	16b, KIND OF BUS	Home	стяу		
	17. FATHER'S NAME (First, Middle, Last)			TOMEMA	WEI	18. MOTHER'S N	AME (First, Middle, Melden		<u> </u>		
BEC	Un	known	Ear	cle		1-11/10/2004	known	our rainey			
TO BE (190. INFORMANT'S NAME (Type/Print) John E. Paul			b. MAILING ADD		end Number or Rura	Route Number, City or Tow BelAir, Mo				
THUST I	20e. METHOD OF DISPOSITION **Example 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE / Lowetery, cre Loud C	AND DATE OF DIS	A) MOITIONS		202 10	CATION — City	or Town, State City, Md.		
GAGIIIII	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	los		22. NAME A	AND ADDRESS OF F	Bal		1.21230 E.Fort Ave		
200	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do not e	nter the m	ode of dying, au	ch se cardisc or respi	ratory arrest	t, Approximate		
מווי, שופ ווופ	ahock, or heart feliure. List only one ceuse on each lins. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):										
NO	Sequentisily list conditions,	a Or	1								
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSEC								
CERTIFICATION	that initiated events resulting in death) LAST	d. AS	rovD	OUENCE OF):							
MEDICAL	PART II. Other algnificant condition	na contributing to	deeth but not n	esulting in the	s underlyin	ng ceuse given in	Part I. 24e. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
					26 P	LACE OF DEATH (C	book anti-one)				
AN	25. WAS CASE REFERRED TO MEDICAL				HER:	car carrier	6 Other (Specify)				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		Trustelly Hos	IN 3 HERIORUCE	□ Utner (Specmy)				
Y PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	INJURY	26b. TIME OF	W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW IF	JURY OCCUR	ED		
ED BY	EXAMINER? 1 □ YES 2 → NO 27. MANNER OF DEATH 1 ★ Natural 5 □ Pending	28e. DATE OF I (Month, Da	INJURY	26b. TIME OF INJURY	M 1 🗆	ORK? YES 2 NO					
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. DATE OF (Month, Da 28e. PLACE OF building, s	INJURY y, Year) FINJURY — At horate. (Specify)	26b. TIME OF INJURY me, ferm, street,	factory, office	ORK? YES 2 NO ca	28d. DESCRIBE HOW IN 28l. LOCATION (Street a City or Town, Stete)	nd Number or t			
à	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. DATE OF (Month, De 26e. PLACE OF building, a CLAN: To the best of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic of axion of the basic	INJURY y, Year) FINJURY — At horistic. (Specify) my knowledge, deal amination and/or in	26b. TIME OF INJURY me, ferm, street, sth occurred at a	factory, office	ORK? YES 2 NO ce a end place, and du death occured at the	28d. DESCRIBE HOW IN 28l. LOCATION (Street a City or Town, Stete)	nd Number or the ner ee stated. I due to the co	Rurei Route Number, suse(e) end menner es stated.		

32. REGISTRAR'S SIGNATURE
Guia Verrelan Abribant

1 1993



ITEMS: 23 PART I, 27, 28a-f, PER MEO G-699 5/13/93 t.t

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				CERTIFI	CATE OF	DEATH		REG. N	O		
1	1. DECEDENT'S NAME ((First, Middle, Last)					2. DAT	E OF DEATH	DAY	YEAR 3	. TIME OF OE
	SHERMAN 4. SOCIAL SECURITY N	LIMAFR	ROGER 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	POPE	0.5			93	Stota MD. d. INSIDE CITY LIMITS? XI YES 2 NO T COUNTRY? American Indien, hite, etc.
	218-58-6773	OMOLIN	1 M 2 F		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)	5.2	Country)	
	9a. FACILITY NAME (# n	not institution, give s	street and number)	39	9b. CITY, TOWN	OR LOCATION OF E		31-19	9c. COUNT		MORE,
CTOR	2016 W.F	RANKLI	N STREET		BALTI	MORE C	ITY				
<u> </u>	2016 W. FRANKLIN STREET BALTIMORE CITY RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION									10	od. INSIDE CI
DIRE	MD.				BALTIMORE CITY						
3AL	10e. STREET AND NUME				10	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	2202 BOOT	TH STREE		IN II C. APMED	140 000 000	21223				SA.	
B	1 Never Married 2 3 Widowed 4		12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	IN O.S. AHMEO 3 2 NO DATES	If yes, or	Decity Cuban, Mexic 8 2 NO Spec	an, Puerto	N? (Specify Y Ricen, etc.)	ea or No— 14	Specify: BLAC	Vhite, etc.
COMPLETED	15. (Specify	DECEOENT'S EDU y only highest grade	CATION completed)	16a. DECEDENT'S U	ork done during me	ON ost of working	16	b. KIND OF B	USINESS/INDUS	STRY	
P.E.	Elementary/Secondar	ry (0-12)	College (1-4 or 5+)	ille. Do NOT use		(377) (136 4 37)		27/270	01 3471A3X	,	
NO	17. FATHER'S NAME (Firs	st, Middle, Last)		LABURE	R (GROU	18. MOTHER'S N	AME (First.		T MEADE	5	
BE C	WILLIAM	J. POP	E SR.			ELLA		POP			
TO B	19a. INFORMANT'S NAM			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Nun	nber, City or To	own, State, Zip Co	ode)	
	ELLA POPE					REET, BA					
	1 Surial 2 Crem 4 Donation DO	netion 3 🗆 Rem	oval from State Cer	b. PLACEAND DATE OF metery, cremetory or oth FARRISON F	ner placa)		OAT		OCATION — CIL		
	21. SIGNATURE OF FUN		CENSEE	ARRISON F	22. NAME A	ND AOORESS OF F	ACILITY				
50	E W	02/	100	\sim		PH H. BI					
	IMMEDIATE CAUSE disease or condition resulting in death)	(Final	NARCOTIC INTO	each line.	ot enter the mo	ode of dying, su					Approximation of the control of the
RTIFICATION	IMMEDIATE CAUSE	(Final number of the first of t	NARCOTIC INTO DUE TO (OR AS A	OXICATION	ot enter the mo						Approxi
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if sny, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L	(Finel number of the fine of t	NARCOTIC INTO DUE TO (OR AS A	DXICATION A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	ot enter the mo	ode of dylng, su	ch aa car	diac or rea	Piratory srres	24b. WI	Approxi
MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if sny, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L	(Final number of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition	B. DUE TO (OR AS A OUE TO (OR	DXICATION A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	ot enter the mo	g cause given in	Part I.	24a. WAS A PERFC 1 YES	Piratory srres	24b. WI	Approxition of the control of the co
MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if smy, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other significations.	(Final number of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition of the first condition	BOOKER TO COR AS A C. OUE TO COR AS A C. OUE TO COR AS A C. OUE TO COR AS A C. OUE TO COR AS A C. HOSPITAL: 1 Inpetiant 2 ER/Out	DXICATION A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	ot enter the mo	g cause given in	Part I.	24a. WAS A PERFC 1 YES	Piratory srres	24b. WI AW CC OF	Approxition of the control of the co
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E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if smy, leading to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other significations of the control of	(Final noditions, mediate RLYING injury LAST ficant condition in the condition of the condition in the condi	A. NARCOTIC INTO DUE TO (OR AS A b. DUE TO (OR AS A c. OUE TO (OR AS A d HOSPITAL: 1 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □ Inpetiant 2 □ ER/Out; 2 □	DXICATION A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not reaulting in patient 3 □ DOA 28p. Time (No) 1:50 Y — At home, farm, st cdy) TE DWELLING	26. PI OTHER: 4 Nursing Hom W TOF 28c. INJ W Treet, factory, office	g cause given in LACE OF DEATH (C) 10 5 [X] Residence URTY AT DRK7 YES 2 [X] NO 10 and place, and du	Part I. Beck only of the Control of	24a. WAS A PERFC YES TO (Specify) SCRIBE HOW KNOWN ANTION (Street For Town, Stend I MOYE C Use(a) and m	IN AUTOPSY PRIMED? 2 IN NO INJURY OCCUPATION OF THE PRIMED	24b. WI AW CO OF 1 I	Approxitinterval Onast at Onas
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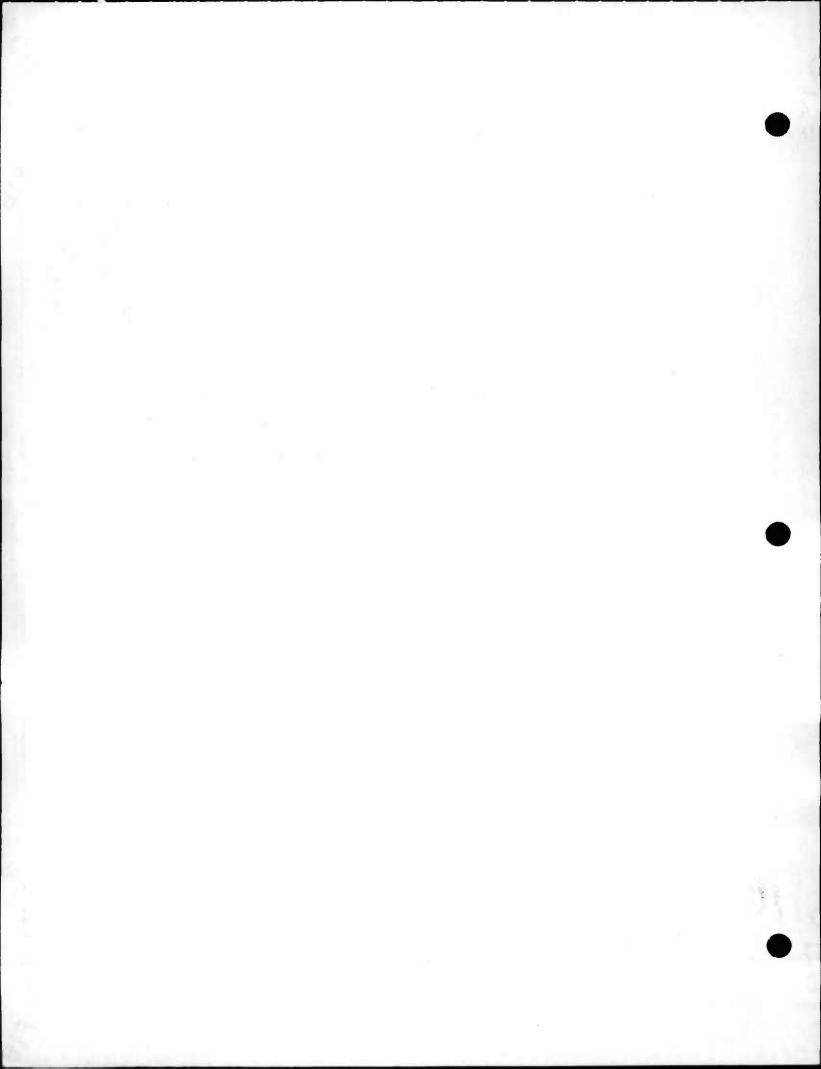
DHMH-16 Ray 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	CONTROL OF THE CONTRO
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attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
the hospital or atte	detached for use a	once.
nay be retained by	, page 5 should be	it be notified at
ter death. Page 6 r	the funeral director	al examiner mus
WITHIN 24 hours at	npletely filled in by cremation, or rem	vent, the medic
rincate be executed	g physician and con iene prior to burial,	ther traumatic e
s that the death ce	ned by the attendin lith and Mental Hyp	any injury, or o
nicians: The law requires that the death certincate be executed within 24 hours after death. Page 6 may be retained by the hospital or ath	certificate has been signed by the attending physician and the State Dept. of Health and Mental Hygiene prior to	r Item 23 shows
LENDING PHYSICIA	TOR: After this certi	28 is marked, or
HUSPIIAL OR A	iff FUNERAL DIRECTOR: After this c	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
-	4000	_0

					93	13609			
	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEP	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIEN	E				
	1. DECEDIENT'S NAME First, Middle, Last)	Rice	INTO TO DEATH	2. DATE OF DEATH	I Q YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 214-56-8011 1X M	6. AGE (In yrs. last birthde	MONTHS DAVE MOURS MIN	7. DATE OF BIRTH (Month, Day, Year)	Cour	11:0- 00			
HO.	9. FACILITY NAME (If not institution, give etreet end in	number)	96. CITY, TOWN OR LOCATION OF C		9c. COUNTY OF	DEATH MORE			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c.	CITY, JOWN-OR LOCATION		04177	10d. INSIDE CITY			
	100. STREET AND NUMBER		10W50W		44 - 071751 05	1 VES 2 NO			
FUNERAL	1122 woodyen	ne Stree	1 21217		US	WHAT COUNTRY?			
BY FUR	1 Never Married 2 FT Married FOR	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 PO ES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 VES 2 NO Spec	an, Puerto Rican, etc.)		CE — American Indian, ck, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	f) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUS	INESS/INDUSTRY)////			
BE COM	17. PATHER'S, NAME (First, Mildelle, Last)	Je.	CAR	AME (First, Middle, Melden	BRO	SWN			
5	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 197. Will; MAR Rice 2902 Rice 2000 AVE, BAITO, Md								
	20e. METHOD OF DISPOSITION 1 Description 1	State 20b. PLACE AND DA	TE OF DISPOSITION (Name of Or other place)	DATE 20c. LOC	ATION — CITY OF T	County Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Russ	221 NAME AND ADDRESS OF A	ONTH AUX	eral 1	tome			
	23. PART I. Enter the diseases, or complica shock, or heart fellure. List only	tions that ceused the death. Do	o not enter the mode of dying, au	ch as cerdiac or respi	ratory arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in desth) e. End Stage Reval Failure Onset and Death								
N	Sequentially list conditions. To Aquired Immuno Deficiency Syndron								
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE	EOF):	ν	1	9			
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):						
<u> </u>	PART II. Other significant conditions contrib	outing to deeth but not resulting	g in the underlying causa given in	Pert i. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICA				1 _ YES 2		OF DEATH?			
N.						1 TYES 2 XNO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input	ITAL:	26. PLACE OF DEATH (C) OTHER: 4 Nursing Home 5 Residence	. /	40501	CE			
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28e. INJURY AT WORK? (Month, Day, Year) 28e. INJURY AT WORK? M 1 VES 2 NO								
TED BY	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num								
COMPLETE			urred at the time, date end place, end du- ation, in my opinion, death occured at the			(e) and menner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER C	lexando	10 D24			0 (Month, Day, Year) 04-93			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27) (7)	rpe, Print)						



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

DECEDENT'S NAME (First, Middle, Last)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Dr. Martin Linker 31. DATE FILEO (Month, Day, Year)

2

	4. SOCIAL SECURITY NUMBER 216-28-7135		5. SEX	6. AGE (In 60	yrs. last birt	thday) IF I	UNDER 1 Y	EAR MYS	IF UNDER	MIN.	7. DATE C	F BIRTH Day: Year) 3-32		a. BIRTHP Country)	LACE (State or PA
1	9e. FACILITY NAME (If not institution, give street end number) 9b.											I as cour	UNTY OF DEATH		
Œ	Franklin Squ			L		"			ville		****				
ΙĶ	RESIDENCE OF DECEDE												Balt	nnore	
DIRECTOR	10+. STATE 10b.	COUNTY	Baltimo	ore	10	e. CITY, TO	WN OR I		non Mhite	Mars	sh			1	Od. INSIDE CIT LIMITS?
FUNERAL	100. STREET AND NUMBER 6021 Lore:	Ley	Beach Rd					101.	ZIP CODE						AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	ed .	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YE\$	2 NO		If yo	es, spe	ENDENT OF cuben 2 M NO	HISPANI , Mexican, Specify:	C ORIGIN? Puerto Ri	(Specify Ye	e or No—	14. RACE - Black, Specify:	American Inc White, etc.
ETED	15. DECEDEN' (Specify only higher Elementary/Secondery (0-12)	r'S EDUC st grade	CATION completed) College (1-4 or 5 +		(Give ki	ENT'S USU. ind of work o	done duri	JPATIO	ON st of working	,	16b.	CIND OF BU	SINESS/INDU	JSTRY	
COMPLET	12 17. FATHER'S NAME (First, Middle, I					Secr	etai	су						hias	Churc
BECC	Frank Litt	Le Le							18. MOTH	ER'S NAM	CO16	ddle, Maiden	Sumame)		
5	James Rorke	nt)			19b. M/	AILING A00 5021	RESS (S	treet at	nd Number o	or Rural Ro Ach I	Rd. V	r, city or Tom Thite	m, stete, zip Marsk	Code)	2116
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 ☑ Cremation 3 4 □ Donation 5 □ Other (Special	oval from State	20b. P	LACE AND I	ry or other p	lace)			5_11_	OATE	20c. LO	Cation - C			
	21. SOURT II. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,									ie, mi					
	immediate Cause (Final disease or condition resulting in death)	ollure. L	Breast	Cance	m mna.	etast			de of dyin	g, auch	aa cardi	ac or reap	iratory arre	eat,	Approximinterval to
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST				ONSEQUEN										
MEDICAL	PART II. Other significant con	nditions	s contributing to (death but	not resul	ting in th	e under	rlying	cause gl	ven in P		4a. WAS AN PERFOR	RMED?	O O	ERE AUTOPSY I MILABLE PRIOF DMPLETION OF F DEATH?
CIAN:	25. WAS CASE REFERRED TO MED EXAMINER?							26. PL	ACE OF DE	ATH (Chec	k only one)				
S	1 TYES 2X NO		HOSPITAL: 1 ☐ Inpetient 2 ☐	ER/Outpation	ent 3 🗆 D	OA 4		Home	5 🗆 Resi	dence 6	Other	Specify)			
BY PHYSI	27. MANNER OF DEATH 1 Neturel 5 Pendin 2 Accident Investig	26e. DATE OF I (Month, Da	NJURY V. Year)	260	b. TIME OF	280	c. INJU	JRY AT	:			NJURY OCCI	RED		
요	3 Suicide 6 Could 4 Homicide determ		28e. PLACE OF building, a	INJURY — tc. (Specify)	At home, f	erm, street,	fectory,	affice	,	1		ION (Street of Yown, State)	and Number o	r Rural Rou	te Number,
COMPLET			CIAN: To the best of r												nd menner es
BE (296. SIGNATURE AND TITLE OF CE	ATIFIER	Na	1	-	M	አ	T	29c. LICEN	SE NUMB	ER		29d. DATE	SIGNED (M	onth, Day, Yeer)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

D39858

RORKE

14. RACE — American Indian, Black, White, etc. Specify: white SS/INDUSTRY Matthias Church tete, Zip Code) 21162 arsh, MD ION — City or Town, State atonsville, MD Home ory arreat, Approximate **Onset and Deeth** OPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO RY OCCURED lumber or Rural Route Number, ind/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner as stated. 29d. DATE SIGNED (Month, Day, Year) 5-7-93 9000 Franklin Square Dr. Baltimore, Maryland 21237 DHMH-18 Rev 1/89

93

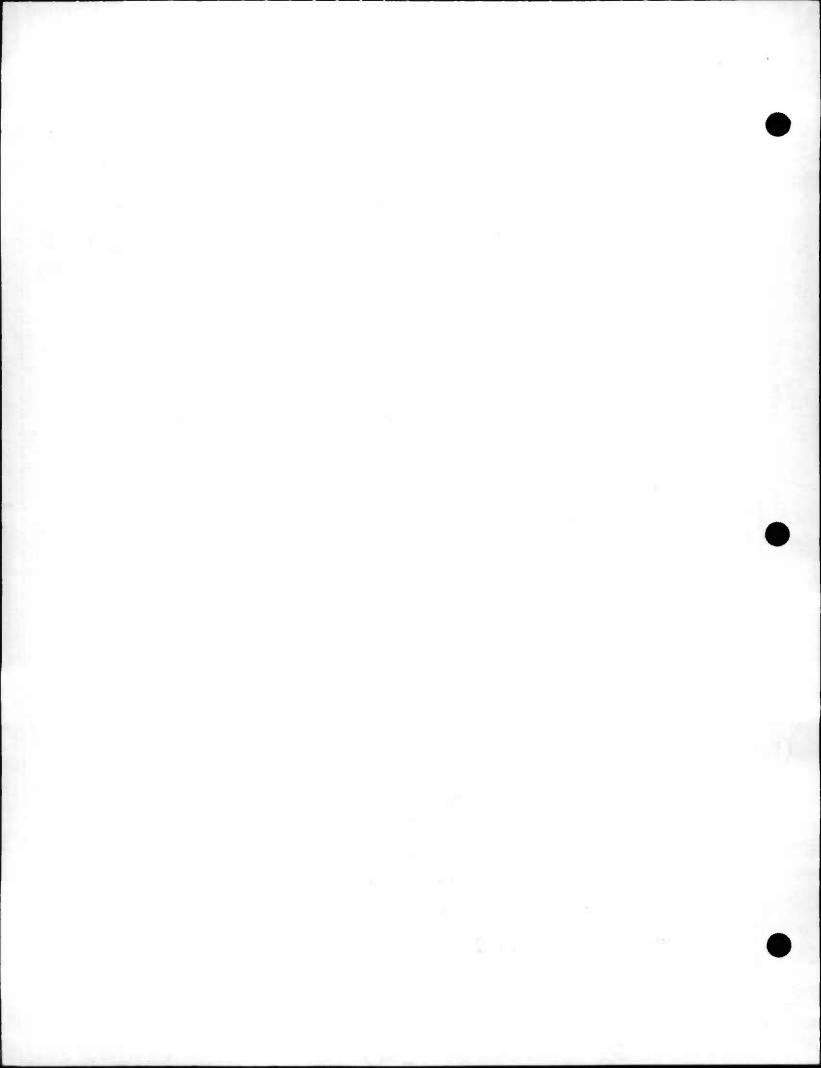
5:15

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY 1 YES 2 NO

REG. NO.

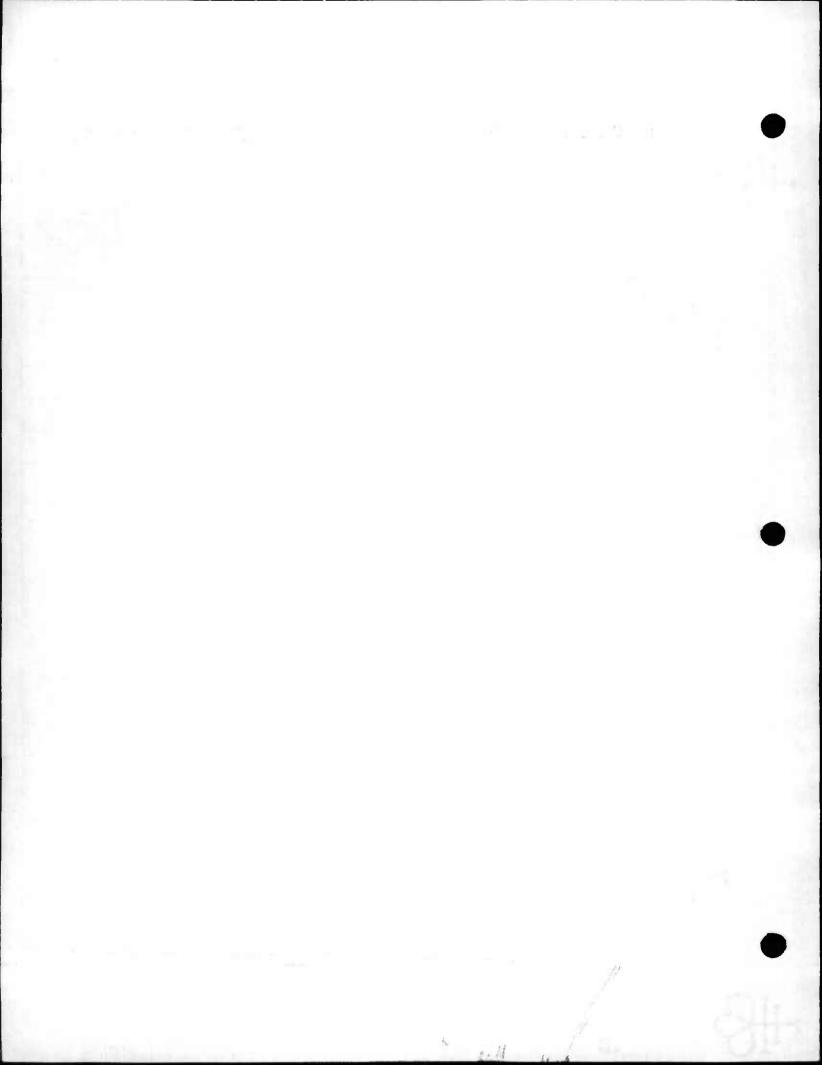
2. DATE OF DEATH



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68760,	IN DO ATTEMBIAN DISCENSES. The last consists that the death configurate he executed unitally
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RECC	enemiene 6
AL	he less
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DUVELLIAM.
VISION	ATTEMPINE
5	90
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4		4. SOCIAL SECURIT
	12	578-20-28
pino		9a, FACILITY NAME
he law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be betten and Mental Hygiene prior to burlat, cremation, or removal. 2 shows any injury, or other traumatic event, the medical examiner must be notified at once.	œ	WASHIN
1, 2,	TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE O
10es	E E	10a. STATE
.≅.	0	Md
Perm	AL	10e. STREET AND N
n. ansit	E	14212
Siciar fal-tra	5	11. MARITAL STATUS
phy phy	7	1 Never Married 3 Widowed 4
as th	0 8	3 #100#60 4
use a	핕	(Sp
for for	٣	Elementary/Seco
hosp acher	A	12 Yrs
the det	8	17. FATHER'S NAME Ja
ed by	핆	19a, INFORMANT'S I
sho	2	19a. INFORMANT'S I
be n		Wejay
may or, p		28e METHOD OF DI 1 ABurlat 2 C 4 Donation 5
age 6 direct		4 Donation 5 21. SIGNATURE OF F
min min	_ 3	21. SIGNATURE OF I
dear dear	5	
The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART i. Enter
noun ped In or r		shock
n 24 ly fill ation	1	disease or condi
withi plete crem		resulting in deati
control control	2	
and und to bu	2	Sequentially list if any, leading to
sicial prior trau	CAI	cause. Enter UNI
tifica g phy iene ther	Ĕ	CAUSE (Disease that initiated eve
Hyg or o	F	resulting in deat
deat e atte lenta ury,	2	DART II OII
the the the the the the the the the the	Ä	PART II. Other ai
ined afth a	ĕ	
aquire en sig of He.	¥	
s bee	ä	
The la har te D ste D	5	25. WAS CASE REFE EXAMINER?
IAN: rtifica ne Sta	lS.	1 - YES 2 -
rySic is cer ith th	Ŧ	27. MANNER OF DEA
G PH er th	×	1 Mstural 2 Accident
NOIN R: Aft r dez	- I	3 Suicide
ATTE ECTOF S afte	TE	4 Homicide
DIRE DIRE	7	29a. CERTIFIER (Check only
ERAL In 72	N N	one) 2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	29b. SIGNATURE AN
표 분을 중	BE	
2 6 3 ₹	0	

	1 - STATE OF MARYLAND / DEPARREGISTRAR CERTIF	RTMENT OF HEALTH		TAL HYGIENE REG. NO.					
Į.	1. DECEDENT'S NAME (First, Middle, Last) Pacide Roborts		2. D/	ATE OF DEATH	-	AR 3.	TIME OF DEAT	H P M	
1	4. SOCIAL SECURITY NUMBER 578-20-2899 5. SEX 1 M 2 F 74 YRS.	TY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 YEAR IF Under 24 HRS. 7. DATE OF BIRTH Month Days Moulte Month Day (Month							
TOR	9a. FACILITY NAME (If not institution, give street and number) WASHINGTON ADVENTIST HOSPITAL RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATI Takoma Par			9c. COUNTY	OF DEAT	TH .		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CIT	y, town on Location				100	d. INSIDE CITY LIMITS?		
FUNERAL	10. STREET AND NUMBER 14212 Northgate Drive		20906			OF WHA	T COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 MINO IF YES, GIVE WAR OR DATES 8	13. WAS DECENDENT OF REPOR	ın, Mexican, Puer	GIN? (Specify Yes of to Rican, etc.)	or No.— 14.	Black, W Specify:	American Indi hite, etc.	nn,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs 4+ Yrs DC Public	rs usual occupation of work done during most of working (Teather) 16b. KIND OF BUSINESS/INDUSTRY							
Ø.	17. FATHER'S NAME (First, Middle, Last)		HER'S NAME (Fin	st, Middle, Maiden S	Surname)			_	
BE (James A Washington		ivian A						
2	77 4	ADDRESS (Street and Number							
	20g METHOD OF DISPOSITION 20b. PLACE AND DATE	OF DISPOSITION (Name of	D	Antonio, Tx 78239 DATE 20c. LOCATION — City or Town, State 5/10/93 Suitland, Md.					
5	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRE	-						
_	23. PART I. Enter the discusses, pr complications that caused the death. Do i	of anier the mode of divi	3030	12th S	t NE,	DC 2		-1-	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. 54888	iot anter the mode of dy	ing, seen aa c	аголас от геари	etory arreat		Approxim Interval B Onset and	etween	
Z.	DUE TO (OR AS A CONSEQUENCE OF):								
ICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST d.								
PHYSICIAN: MEDICAL (PART II. Other aignificant conditiona contributing to death but not resulting fremous Diabetes well;		PERI			CO OF	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Ž.									
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Anpatient 2 ER/Outpatient 3 DOA	OTHER:	EATH (Check only						
	27. MANNER OF DEATH 1 26a. DATE OF INJURY (Month, Day, Year) 1 27. MANNER OF DEATH 1 26a. DATE OF INJURY (Month, Day, Year)	4 Nursing Home 5 Re E OF 28c. INJURY AT WORK? M 1 YES 2	26d. (DESCRIBE HOW IN	JURY OCCUR	ED .			
TED BY	2 Accident investigation								
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5. 5. 93						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types M.D. 3450 FORT W	eade Ro	ad c	and	190	20	707		
	31. DATE FILED (Month, Day, Year) MAY 1 1 1003 MAN 1 1 1003								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE FUNEVAL UP ATTENDANGE FIRST THE LAW REQUEST THE LAW REGISTER OF THE FUNEVAL UP ATTENDANGE FIRST THE LAW REGISTER OF THE LAW REGISTER OF THE SECRETARY FOR THE SECRETARY REGISTER OF THE SECRETARY RE
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	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		10012
	1. DECEDENT'S NAME (First, Middle, Last)	211			2. DATE OF DEATH MONTH	DAY! / XE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Robinson			3	4 2	6,00 A H
	A STATE OF THE PARTY OF THE PAR	5. SEX 6. AGE	(In yrs. lest birthday) IF	MDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign
	222-20-9587 Sa. FACILITY NAME (If not institution, give s		3 /	CITY, TOWN OR LOCATION OF D	5/23/35 DEATH	9c. COUNTY	OF DEATH
DIRECTOR	Bon Lecours RESIDENCE OF DECEDENT	Hospital		Baltamore		Mel.	OF BEATH
R	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Md.		Ball	emore			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	*		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NS.	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMEO	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify V	an or No 14	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO ATES	If yes, specify Cuban, Maxic 1 VES 2 NO Speci	an, Puarto Rican, etc.)		Black, White, etc. Specify:
9	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b, KIND OF B	USINESS/INDUST	RY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use ret	red.)			
₽ B			MACHINE (The second second	E CREAM FACTOR
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maide	n Sumame)	
BE	BROOKS BELL SR. 190. INFORMANT'S NAME (Type/Print)		19b. MAJLING ADD	HENRIE RESS (Street and Number or Rural	TTA BOGGS	wn State 7in Con	(4)
5	ANNIE FULMORE			LEXINGTON ST			
	20a. METHOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Ram		. PLACE AND DATE OF DE	SPOSITION (Name of		OCATION — City	
9	4 Donation 8 Other (Specify)		SALTIMORE	IATIONAL		ODLAWN,	MD.
	21. SIGNASEPRE OF FUNDRAL SERVICE UR	m	_	JOSEPH H. BR	OWN JR. FU		
	23. PART I. Enter the diseases, or	complications that couse	d the deeth. Do not e	nter the mode of dying, au	ch an cerdiec or res	piretory arrest,	23; P.O. BOX 4433
	IMMEDIATE CALLSE (Final	e. METAS DUE TO (OR AS		LUNG	CANC	ER	Interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	с.					
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE OF):				
CEF		d					
MEDICAL	PART II. Other <u>significant</u> condition	s contributing to deeth t	ut not resulting in th	e underlying ceuse given in	Part I. 24e. WAS A PERFO	N AUTOPSY DRMED? 2 - NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLACE OF DEATH (C	heck only one)		
ΥS	1 YES 2 TATO	1 Inpatient 2 ER/Out	patient 3 DOA 4 DOA 28b. TIME OF	Nursing Home 5 Residence			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	0
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spec	— Al home, ferm, street		281. LOCATION (Stree City or Town, Stell		ural Route Number,
PLET	29a. CERTIFIER	CAN To the Land					
СОМР				the time, date and place, and du my opinion, death occured at the			use(s) and manner as stated.
O BE C	296 FIGNATURE AND TITLE OF CERTIFIE	som	D	D 29	MBER D)	29d. DATE SIG	HED (Month, Day, Year)
	R. KRIS HNAN,		NIEUTA	W S7#305	- BALT	MART	M121201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				,	40.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

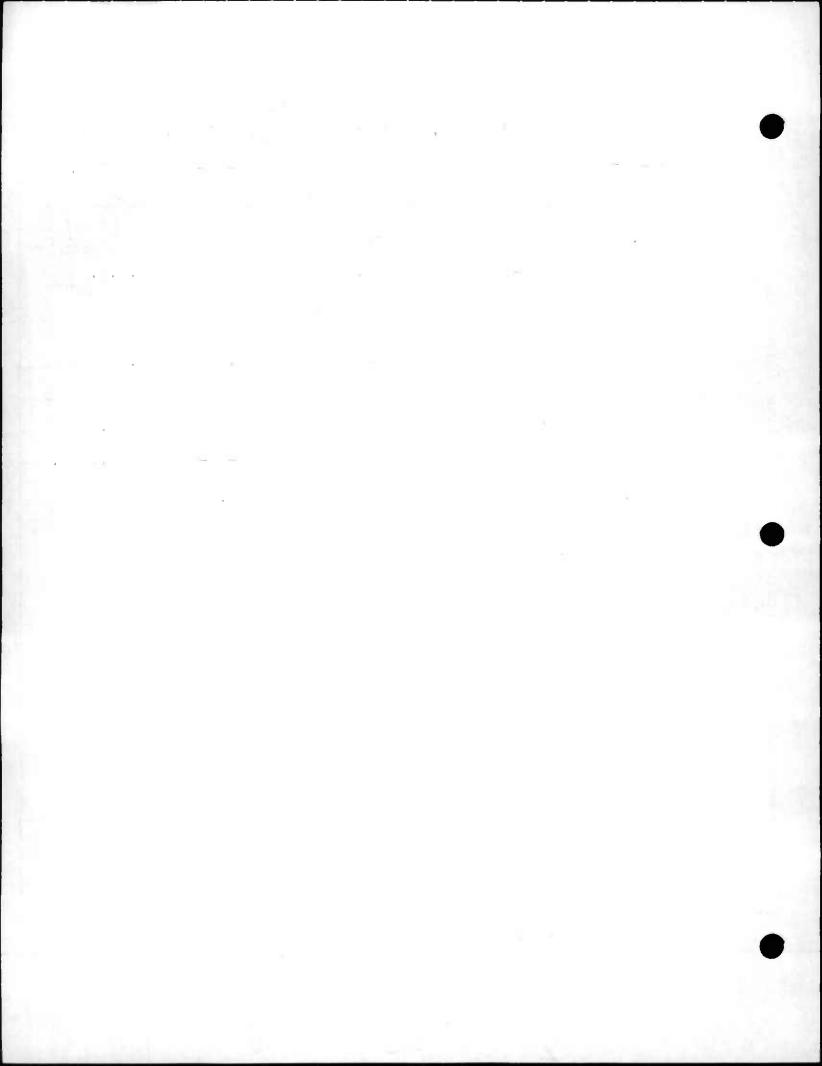
DATHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Heres

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	3	3	6	3
CERTIFICATE OF DEATH REG. NO.					

	1 - FOR STATE REGISTRAR		/ DEPARTMENT OF I		L HYGIENE 9 3	13613				
	1. DECEDENT'S NAME (First, Middle, Last)	73 1 2 7		440417	OF DEATN	3. TIME OF DEATH				
		Frieda E.	Shipley	May	7 DAY 1993 FEAR	11.30 a				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	MONTHS DAVE		OF BIRTN 8. BIR h, Day, Year) Cour	TNPLACE (State or Foreign				
	212_18-0121A	1 □ M 2 □XF 88	YRS.	9-	11-04	Minn.				
æ	9a. FACILITY NAME (If not institution, give s			OR LOCATION OF DEATN	9c. COUNTY DF	DEATH				
DIRECTOR	Lorien Nursing	g Home	Colum	<u>bia</u>	Howar	d				
3	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCAL	TION		10d. INSIDE CITY				
	Md. Anne	e Arundel	Severna	Park		LIMITS? 1 YES 2 XNO				
BY FUNERAL	10e. STREET AND NUMBER			. ZIP CODE	10g. CITIZEN OF	WHAT COUNTRY?				
ÿ.	347 Preswick \			21146	U.S	. A.				
5	11. MARITAL STATUS 1 Nover Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		ENDENT OF NISPANIC ORIGINATION OF COMPANIC ORIGINAL PROPERTY OF THE PROPERTY O	N7 (Specify Yes or No — 14. RA Rican, etc.)	CE — American Indian, ck, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YES	2 NO Specify:		nelly:				
9	15. DECEDENT'S EDUC	CATION 16a.	DECEDENT'S USUAL OCCUPATE	DN 168	. KIND OF BUSINESS/INDUSTRY	hite				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during me life. Do NOT use retired.)	ist of working						
MP.	N/A	N/A R	etired-Audi	ting Dept.	-Hecht Co.					
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAME (First,						
BE	Weigand Ha	auenstein		Louise	Langhoff					
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street	and Number or Rural Route Num	ber, City or Town, State, Zip Code)					
	Nancy Sangster				erna Park M	d. 21146				
	26a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State cemetary,	CE AND DATE OF DISPOSITION (N. crematory or other place)							
	4 Donation 6 Other (Specify)	TIO	udon Park C	emetery 15-	10-93 Balt	o., Md.				
1	La de la control	ALTOCE.	515	l Baltimor	e National	Pike				
	G. Truman		Bal	timore. Md	. 21229					
	23. PART I. Enter the diseases, or cashock, or heart failure.	complications that caused the List only one cause on each i	death. Do not enter the mo	da of dying, such as can	diec or respiratory arrest,	Approximata interval Between				
	IMMEDIATE CAUSE (Final	,	1		0 1	Onset and Death				
1	disease or condition	a	Vagani	Bagae	Sundson	8 15 mm				
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CERTIFICATION	Sequentially list conditions,	Sequentially list conditions, Due to the accountry of the sequentially list conditions,								
Ě	DUE TO (DR AS A CONSEQUENCE OF): trans, leading to immediate cause. Enter UNDERLYING									
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):							
도	resulting in death) LAST	d.								
	PART II Other eignificant condition									
Z	PART II. Other eignificant condition	Descripting to deeth but no	ot resulting in the underlyin	g cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
ă		arique per	whitey Eller	4 Tfal.	1 TYES 2 ND	OF DEATH?				
Σ				//		1 TES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	HOSPITAL:	OTHER:	ACE OF DEATH (Check only or						
H K	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY	3 ☐ DOA 4 ☐ Nursing Hom 28b. TIME OF 28c. IN.	e 5 Residence 6 Othe						
	1 Autural 5 Pending	(Month, Day, Year)	INJURY WO	PRK?	SCRIBE HOW INJURY OCCURED					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — Ar	home, ferm, street, factory, offic		CATION (Street end Number or Rura	Route Mumber				
	4 Homicide 8 Could not be determined	building, etc. (Specify)			or Town, State)	roote wantes,				
9	290. CERTIFIER 1 CERTIFYING PAYOR	CIAN: To the heat of my knowledge	death assumed at the stars of a							
COMPLETED		CIAN: To the best of my knowledge, R: On the basis of examination and				(a) and manner as stated				
	296. SIGNATURE AND TITLE OF CERTIFIE		,, spinon, t							
8	11011.11	m) Meh	6 mill	29c. LICENSE NUMBER	2 29d. DATE SIGNE	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	TEM 27) (New Print)	08	1	1. 1972				
1			2.1 (dbg 1 100)		/					
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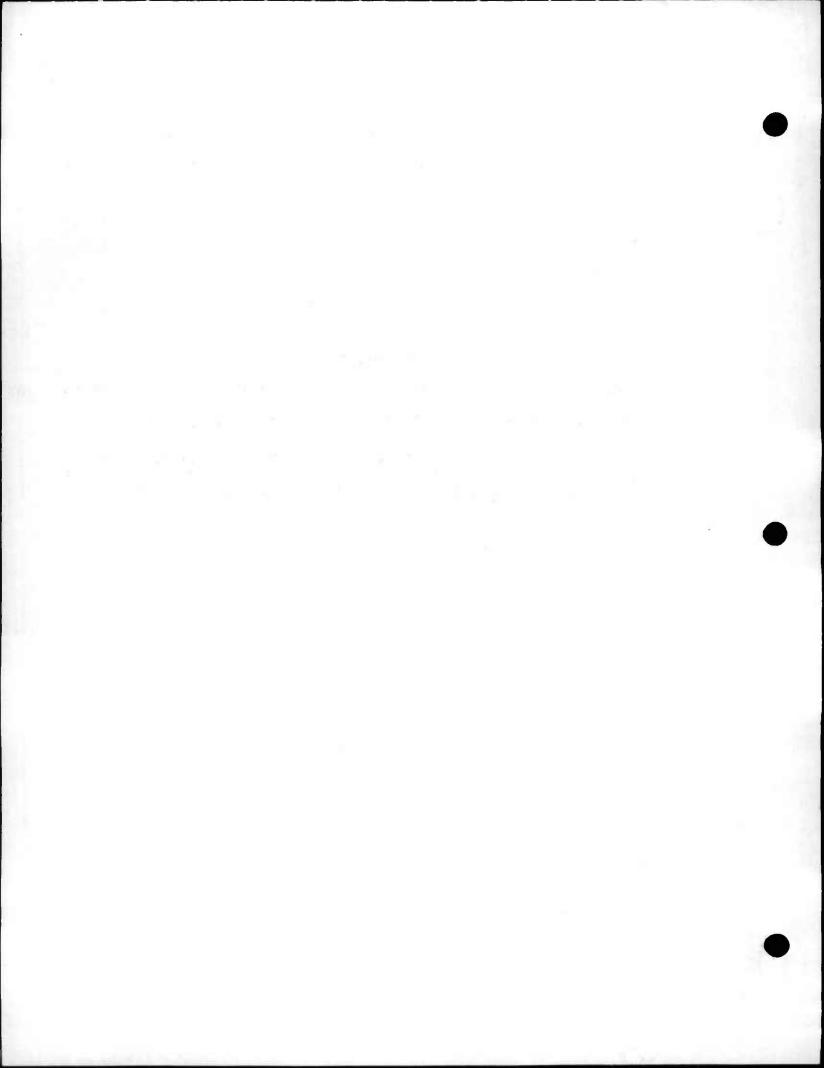
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BALTIMORE, MARYLAND 21215-0020

examiner the attending physician and completely filled in by the I Mental Hygiene prior to burial, cremation, or removal. medical the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic or other injury, by a been signed by pt. of Health and 3 shows any in certificate has be h the State Dept. d, or item 23 s marked, or this cu After t DIRECTOR: A hours after de item 28 is .00 TO THE FUNERAL DI be filed within 72 ho IMPORTANT: It Ite HOSPITAL 를 불 를

222

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR 9, **MYRTLE** SCHAEFER May 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign (Month, Day, Year) 11/22/05 1 🗌 M 2 💢 F 216-07-5630 87 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home-Long Green Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 6102 Birchwood Ave 21214 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 [X] NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 X NO Specify: t4. RACE — American Indian, Black, While, etc. 1 Never Married 2 Merried 3 X Widowed 4 Divorced White t6a. OECEDENT'S USUAL OCCUPATION
'Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY 8 yr s College (1-4 or 5+) Bookkeeper Department Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Matthews Mary BE Eckstein 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. George E. Matthews 9008 Forest Rd. Baltimore, MD 21234 20s. METHOO OF DISPOSITION
t M Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State DATE Parkwood 4 ☐ Donetion 5 ☐ Other (Specify) 5/12/93 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul 22. NAME AND ADDRESS OF FACILITY Hartsock, Jr. Baltimore,MD 21214 5305 Harford Rd. Leonard J. Ruck, Inc. Yau 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? t 🗌 YES 2 🗌 NO OF DEATH? 1 TYES 2 NO scheric 2000 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: Inpatient 2 ER/Outpatient 3 DOA ng Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF BEATH 26s. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending BY t YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. COMPL 2 [MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner es stated. 296. SIGNATURE AND TUTLE OF CERTIFIER 10 Car BE LICENSE NUMBER 29d. DATE SIGNED (Month, Mico Ky (A 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gracito Patricio, M.D. 8903 Harford Rd. 31. DATE FILED (MATTING), WAY 0 1993 32. REGISTRAR'S SMINATURE



BE COMPLETED BY FUNERAL DIRECTOR

notified at 2

medical examiner must be

IMPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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REGISTRAH				C	=KIJF	ICA	ILE C	ノト レヒタ	MH		REG. NO					
1. DECEDENT'S NAME (First HELEN S		3									OF DEATH 15/08/)Y	YEAR		IME OF DEATH	
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. les	t birthday)	IF UN	OER 1 YE	AR IF UND	ER 24 HRS.	7. DATE	OF BIRTH		a BIRTI	HDI AC	7:30 1 E (State or For	m/on
217-24-1001 1 M 2 🖄 F 65			5	YRS.	MONTE	HS DAY	YS HOURS	MIN.	803	1971	928	Count	$^{(ry)}BZ$	ALTIMO	ORE	
9a. FACILITY NAME (If not institution, give street and number)						9b. C		MN OR LOCAT		EATH			INTY OF C	DEATH		
G.B.M.C. 6701 N. CHARLES S				5 51	TOWSON BALTI			TMC)RE							
10a. STATE 10b. COUNTY				10c. CIT	Y, TOW	N OR LO	CATION						10d.	. INSIDE CITY		
MARYLAND	BAI	TIMORE			1	BAI	TIM	MORE	- C1	hase				1 [LIMITS?	NO
10e. STREET AND NUMBER								10f. ZIP CO	DE			10g. CIT	IZEN OF	WHAT	COUNTRY?	
6904 COLU	MBIA	ROAD]	21	220				U.S	S.A		
II. MARITAL STATUS	Married	12. WAS DECEDEN FORCES? 1	YES	2 X N	MED			DECENDENT , specify Cub			17 (Specify Yea Rican, stc.)	or No—	14. RACI Blac	E — A	merican Indier	n,
3 Widowed 4 🖔 Divo	roed	IF YES, GIVE W	AR OR D	ATES				YES 2 X NO					Spec		White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY							-									
Elementary/Secondary (0		College (1-4 or 5 d)		Key Punch Operator											
12 yr s				IV6	y rui	ICII	ope									
Harry		F.		Di	Drake Elizabeth Dietrich											
90. INFORMANT'S NAME (7)				198					or or Rural I	Route Numb	ber, City or Tow	n, State, Zij	p Code)			
Frank Samor					San	ne a	as #	10								
tos. METHOD OF DISPOSITI	n 3 🗆 Rem	ovat from State				TE OF DISPOSITION (Name of or other piece) DATE 20c. LOCATION — City or			City or To	own, S	tete					
Donation 5 Other		FNSEE D	-		dowri	_		5/11/ E AND ADDRI	~~			rsey.				
+ faul >	Hai	tor/	Har	rtsocl	k,Jr.	- 1		nard 3			Balti nc. 5				1214 1 Rd.	
23. PART I. Enter the di	seeses, or o	omplications the	ceused	the de	eth. Do r	ot en	ter the	mode of d	ying, suc	h as card	llec or respi	ratory an	rest,	1	Approximat	te
IMMEDIATE CAUSE (Fin		List only one ceu	se on a	ech line	•									i	Interval Bet Onset and	
disesse or condition	→	CARDIO	RE	SPI	RATO	RY	FA	ILUR	E					j		
					DUENCE OF	F):						-		1		
Sequentially list conditi	ons,	SUSPEC														
If any, leeding to immed ceuse. Enter UNDERLYI	diate NG	METAST			A , U		NOW	N PR	IMAR	Y A	VD BR	EAST	r cz			
CAUSE (Disease or Injury DUE TO (OR AS A CONSCOUENCE OF):							1	- 021	-							

resulting in death) LAST

PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceusa given in Part I.	24a. WAS AN AUTOPSY PERFORMED?
	1 TYES 20 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

26. PLACE OF DEATH (Check only one)

1	YES	2	NO	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYES 2 NO 27. MANNER OF DEATH

2 Accident

3 Suicide

4 Homicide

HOSPITAL:
Disputient 2 ER/Outpatient 3 DOA OTHER: 4 - Nurel

5 🗆 Residence 6 🗆 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) TIME OF 1 YES 28e. PLACE OF tNJURY — At home, farm, street, factory, office building, etc. (Specify)

ONK

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF PERTIFIER 29c. LICENSE NUMBER

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31. DATE FILED MA

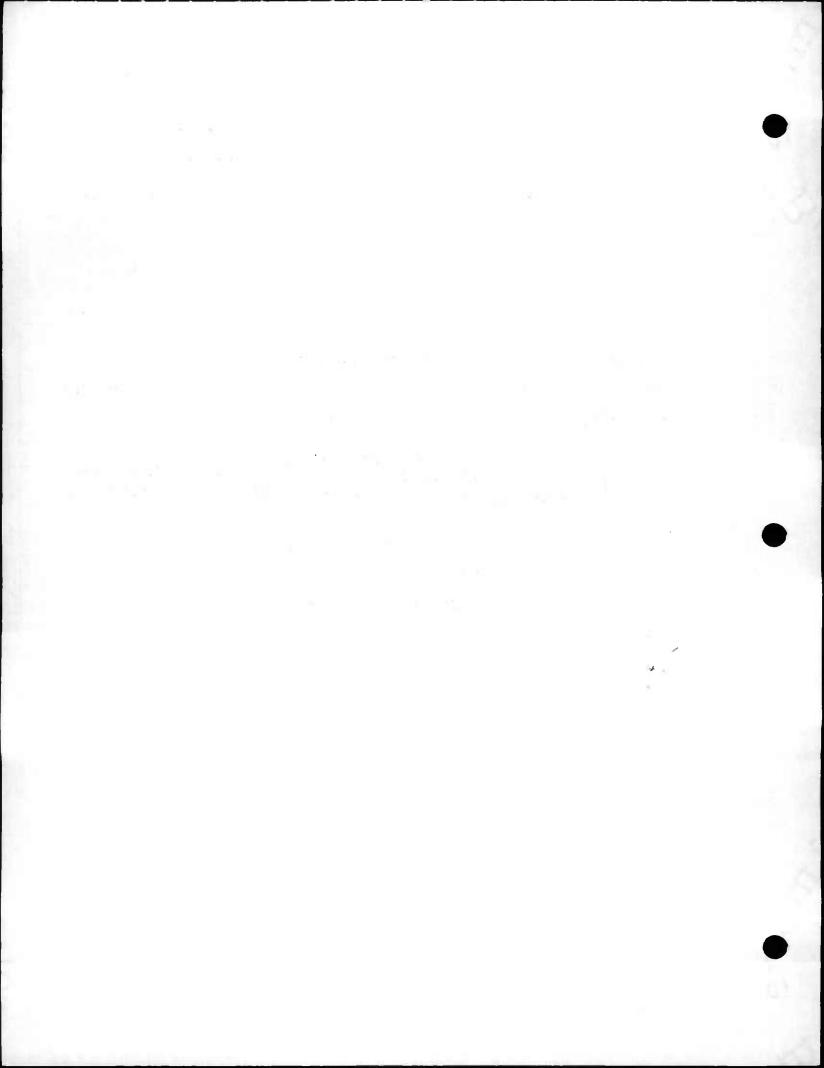
32. REGISTRAR'S SIGNATURE ha Davidson-Randell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
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	or attending	use as the		
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	xecuted withi	and complete	burial, crem	atic event.
	ertificate be e	ng physician	plene pnor to	other traum
	the death ce	y the attendii	nd Mental Hy	Injury, or
	requires that	een signed b	or Health ar	shows any
	IAN: The law	rtificate has b	e state Dept	or item 23
-	DING PHYSIC	After this ce	death with tr	s marked,
	TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR:	nours affer	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HE HOSPITA	HE FUNERAL	led within 72	ORTANT: II
	10.1	10	9	M

examiner must be notified at once.

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93 13616 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Vernon G. Schroth 05/09/1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER I YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1XXM 2 | F MONTHS DAYS 212 18 6316 YRS 0/11/191 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1419 W. 37th Street Baltimore Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 100 CITIZEN OF WHAT COUNTRY? 1419 W. 37th Street 21211 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried В 3 Widowed 4 Divorced Spoot#White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5th Baker Bakerv 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Charles Schroth Jacobs 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 04103 Eula L. Hilbinger 111 Longview Drive Portland Maine 20e METHOD OF DISPOSITION

FEF Burlal 2 □ Cremetton 3 □ Re

□ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Corriane Park Cemetery 5/12 Woodlawn, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211 3631 Falls Road, Baltimore, 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errect, abock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition resulting in death) Bladder (ource DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificant conditione contributing to death but not recuiting in the underlying ceuee given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? Dialutes 1 TYES 2 NO 1 TES 2- NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВУ 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rurel Route Number, City or Town, State) BE COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the lime, date and piece, and due to the cause(e) and menner ee stated.

29c. LICENSE NUMBER

3730

23076

Richard Diamond 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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29b. SIGNATURE AND TITLE OF CERTIFIER

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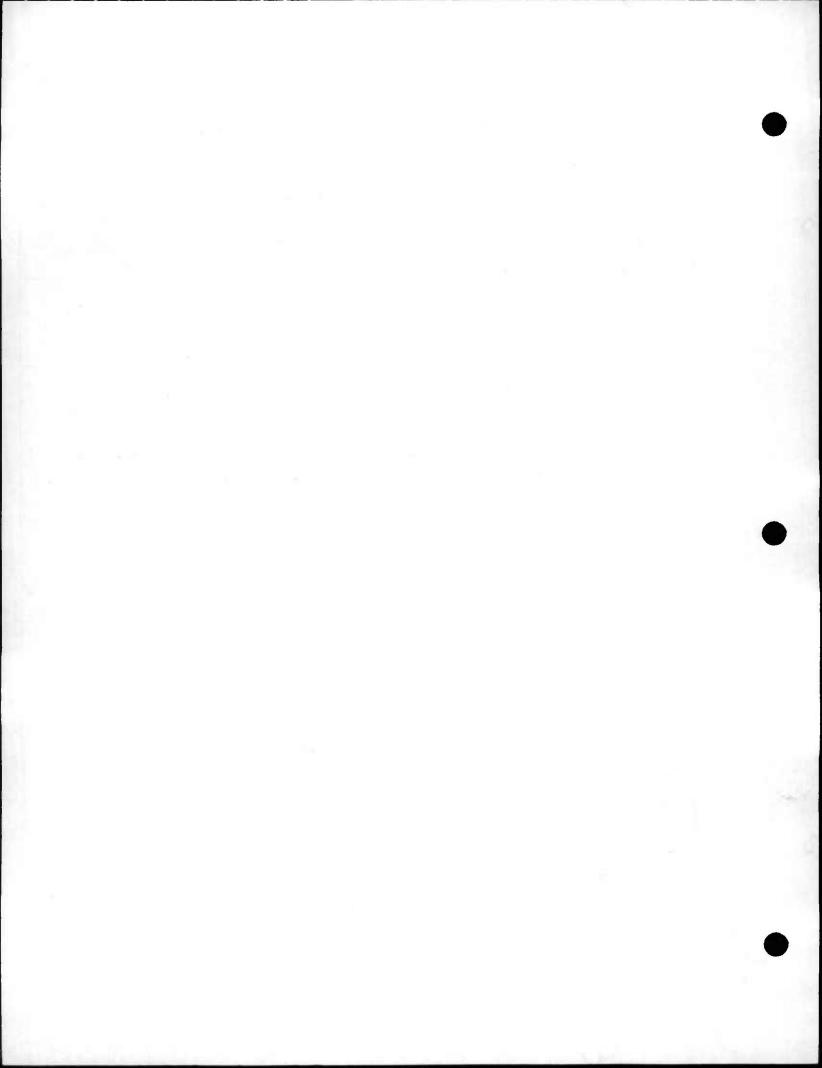
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29d. DATE SIGNED (Month, Day, Year)

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Falls Road, Baltimore, Md

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BALTIMORE, MARYLAND 21215-0020

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	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / Ce	DEPART ERTIFI	CATE	OF HEAL OF DE	TH AND	MENTA	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR 3	. TIME OF DEATH
	Vijay Laxmi Sinh							05	C)4	93	12:15 A
	513-62-8059	1 □ M 2 X F	AGE (In yrs. lest		IF UNDER 1 1	YEAR IF U	NDER 24 HRS. PS MIN.	7. DATE	OF BIRTH		8. BIRTHPL Country)	India
OR	9a. FACILITY NAME (II not institution, give a 20641 Harts Bour					own on Lo manto	WII	EATH			ty of DEA	
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		Inc CITY	TOWN OR	LOCATION						
L DIRECTOR	Maryland Montgomery Germantown								,	Od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	20641 Harts Bour	ne Way				101. ZIP (20874			10g. CITIZ	EN OF WHA	AT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 XXN	MED	13. WA If y 1	S DECENDE es, specify (YES 2.(1)	uban, Mexico WO Specif	NIC ORIGIN on, Puerto F fy:	? (Specify Yea	n or No—	14. RACE — Black, V Specify:	American Indian, White, etc.
	15. DECEDENT'S EDU	CATION	16a DEC	CEOENT'S I	JSUAL OCC	IBATION		400	KIND OF BU			Indian
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gr	ve kind of w Do NOT use	ork done dur retired.)	ing most of w	orking	100.	KIND OF BU		SINT	
MP	12	4	Home	emake	r					N/A		
BE CO	17. FATHER'S NAME (First, Middle, Last) Sudhir Chandra L	ala							evi La			
10	190.INFORMANT'S NAME (Type/Print) Prabhap Sinha		19b 20	MAILING A	Harts	Bour	ne Wa	y, Ge	er, city or Tow	on, State, Zip (Code) MD 2	20874
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACEA	ND DATE OF	F DISPOSITION TO THE WAR TO THE W	on (Name of ngtor	Crem	oate	20c. Lo	rel,		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE							e,Inc.	-		
	TO !	M	de	1.	760	1 Sar	idy Sp	ring	Road,	Laur	el.MD	20707
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ca	used the de	th. Do no	ot enter th	a mode of	dying, suc	h ss card	iac or reap	iratory arre	st,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	B.	+ 1	D		/						Onset and Dasti
	resulting in death)	S. DUE TO (OR	AS A CONSEO	UENCE OF	icer						_	2 years
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CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEO	UENCE OF)								
Ĭ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF)	:							
Ë	resulting in death) LAST	d										
	PART II. Other aignificant condition	s contributing to dea	ath but not re	aulting in	tha unde	rlying cau	sa given in	Part i.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
EDICAI								_	1 YES 2		CC	MPLETION OF CAUSE
Σ								_			11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE C	F DEATH (Ch	eck only one	9)			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER	/Outpatient 3		OTHER:							
	M 1 NATURAL 5 Pending											
ED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE OF IN. building, etc.	JURY — At hon (Specify)	ne, farm, st			2 110	26i. LOCA City o	ATION (Street a or Town, State)	and Number o	r Rural Rout	e Number,
E	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my li	knowledge des	th occurred	at the time	Meta and is	na Jako (B					· · · · · · · · · · · · · · · · · · ·
COMPLET		CIAN: To the best of my in R: On the basis of examination										nd manner as stated.
ш	240. SIGNATURE AND TITLE OF EERTHEE	1	, ,				LICENSE NUM					orgth, Day, Year)
TO B	50, NAME AND ADDRESS OF PERSON WH	Sodish		m. D		a	103	161		> 5	141	93

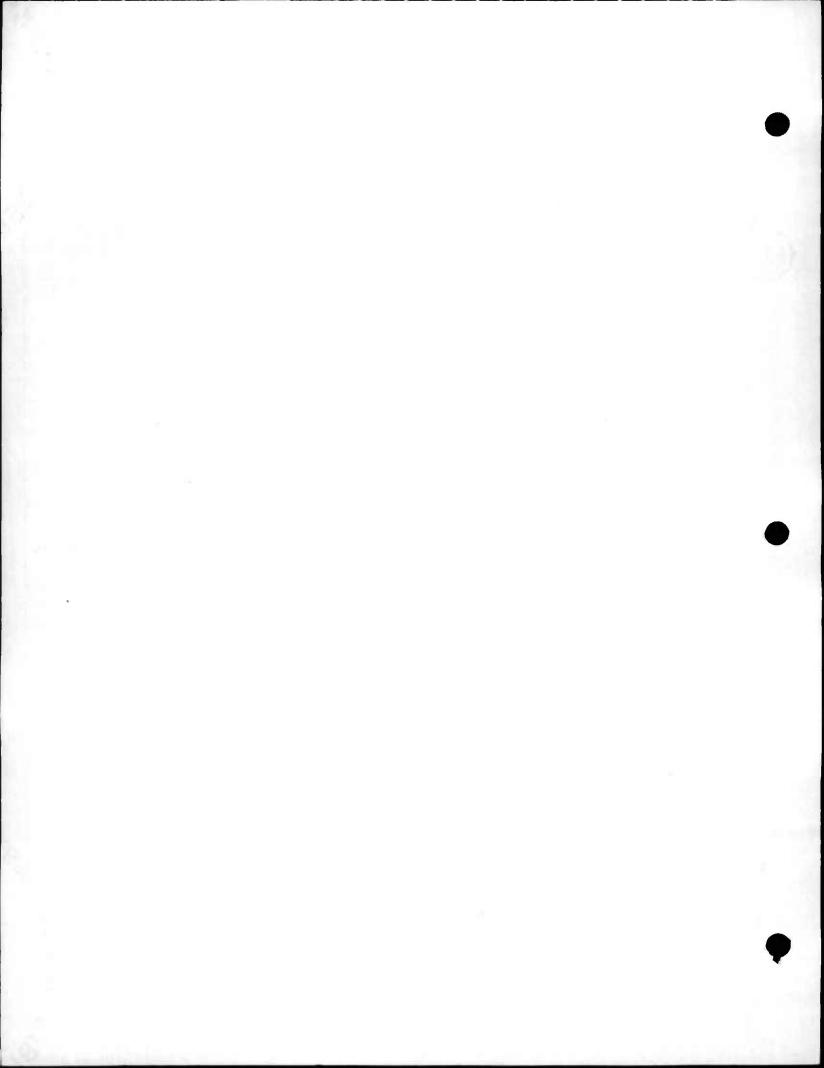
ODISH 2 32. REGISTRAR'S SIGNATURE

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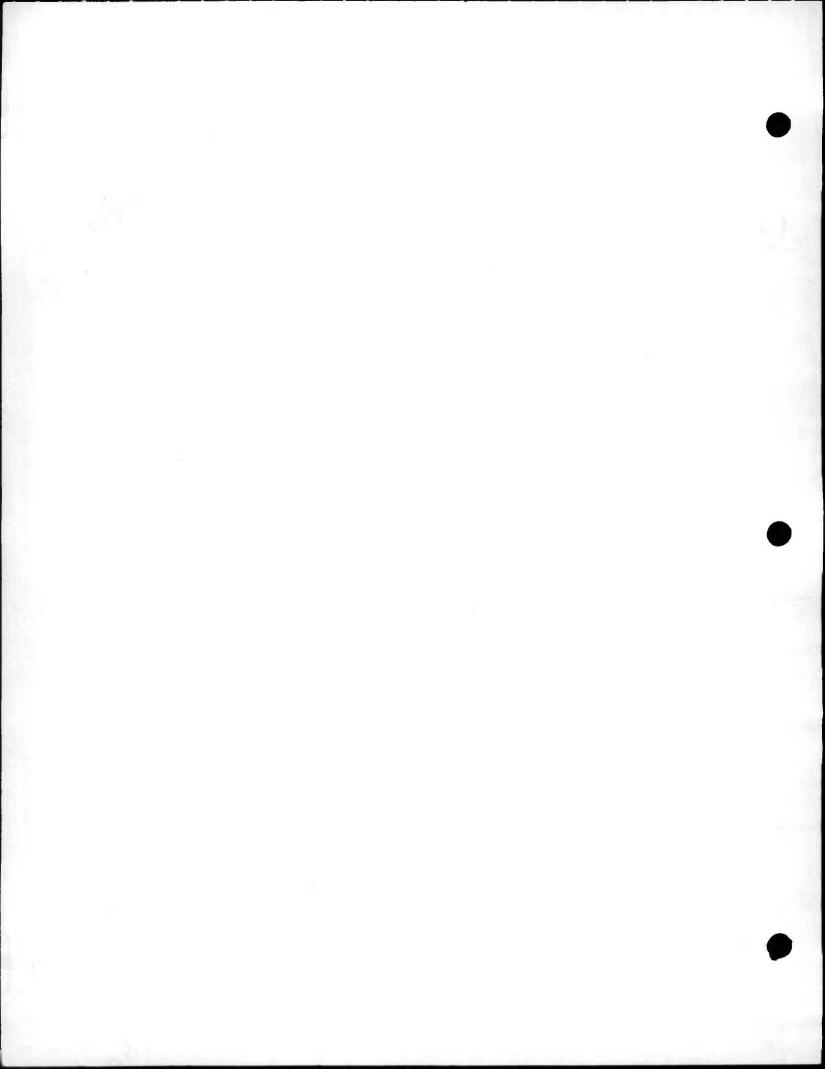
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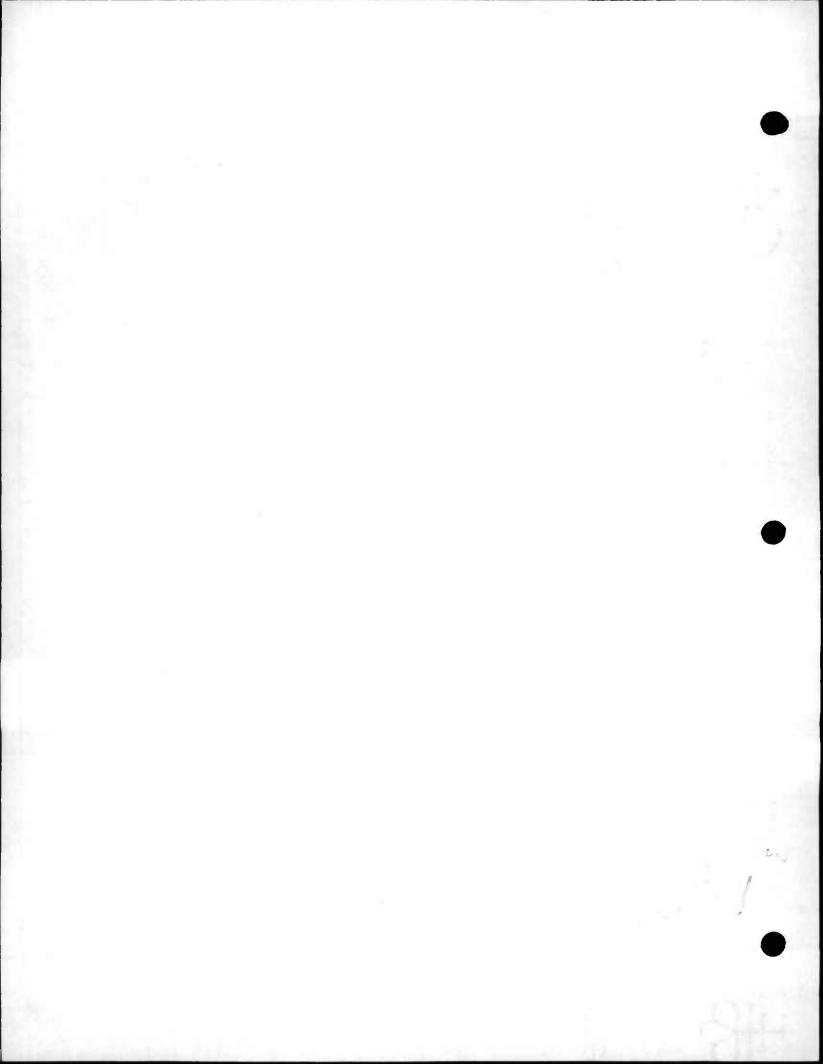
	1 - STATE STATE OF MARYLAND / DE CERT	PARTMENT OF	HEALTH AND ME DEATH	TENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last) ALMA M. SINTO			2. DATE OF DEATH DATE OF DATE	-93 YEA	4:10 P. M		
		Honor 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-17-1	Co	RTHPLACE (State or Foreign unitry) [ARYLAND]		
TOR	9e. FACILITY NAME (If not institution, give street and number) MERIDIAN MULTI MEDICAL CENTER 9b. CITY, TOWN OR LOCATION OF DEATH TOWSON RESIDENCE OF DECEDENT 9c. COUNTY OF DE							
DIRECTOR		10d. INSIDE CITY LIMITS?						
FUNERAL	100. STREET AND NUMBER 7700 YORK ROAD		TOWSON Of. ZIP CODE 21204			of what country?		
B₹	11. MARITAL STATUS 1 Never Married 2 Married XX Wildowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES	If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, apacify Cuban, Mexican, Puerto Rican, atc.) 1 YES X NO Specify:					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 YEARS 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Make)						10.00		
	17. FATHER'S NAME (First, Middle, Last) CHARLES B. SUMMERS			E (First, Middle, Maiden	Sumame)			
TO BE		O EAST D				AZ. 86001		
	20a METHOD OF DISPOSITION XX Burial 2 Cremation 3 Removal from State 20b. PLACE AND D complexy, cremation	DATE OF DISPOSITION (A	lame of	OATE 20c. LO	CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. J. Rutty	22. NAME A	HENRY W	JENKIN	VS &	SONS MD. 21212		
	23. PART I. Entar tha diseases, or complications that caused tha death. shock, or heart failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE)	Do not antar tha m	oda of dying, such	es cardiac or respir	ratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, laseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bleedin	5					
MEDICAL	PART ii. Other significant conditions contributing to death but not result	ting in the underlying	ng cause given in P	art i. 24s. WAS AN PERFORI	MED?	24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XX NO 1 Inabilant 2 FR/Outpatient 2 O		LACE OF DEATH (Chec					
	27. MANNER OF OEATH XX Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b.	D. TIME OF 28c. IN.	ne 5 Residence 8 JURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUREO			
TED BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide datarmined 28e. PLACE OF INJURY — At home, fe			28f. LOCATION (Street a: City or Town, State)	nd Number or Run	al Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death or one)					e(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUMB			ED (Month, Day, Year) -10-93		
	30. NAME AND ACCRESS OF PERSON, WHO COMPLETED CAUSE OF GEATH (ITEM 27) (CARL S. FRIEDMAN M.D., 660 K	KENILWOR'			, MARYI	LAND 21204		
	31. DATE FILED (MONTH) Day, West 1993 32. REGISTRAPIC SIGNATURE FUND	412						





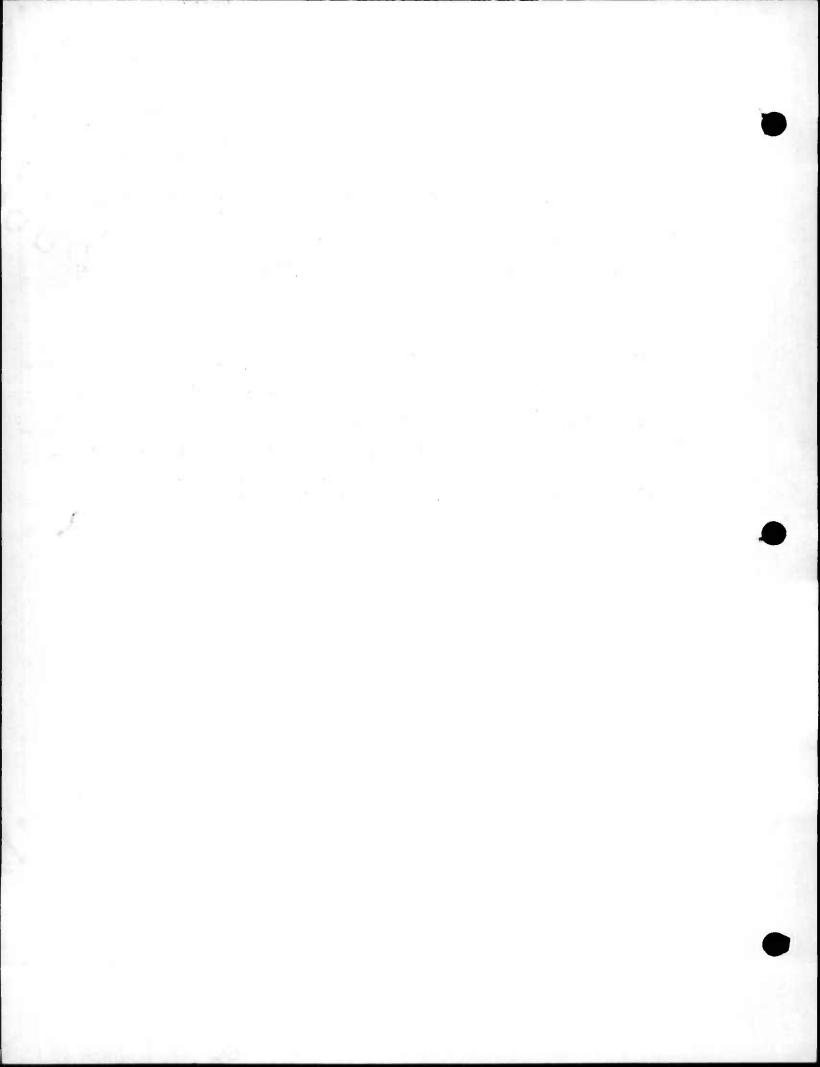
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	ICIA	erti	be filed within /2 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	9	l
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	1 - STATE REGISTRAR		CERTIF	ICATE O	DEATH	R	EG. NO.	- 0	33	136	19
	1. DECEDENT'S NAME (First, Middle, Lest) WES	LEE			NDLER	2. DATE OF I	DEATN	199	3EAR	1.:23	ATH A M
	4. SOCIAL SECURITY NUMBER 212-86-6307	1½ M 2 □ F	GE (In yrs. last birthday) 19 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF E (Month, Da OCt.)	HRTH (6, 19	73	s. BIRTHP Country) Ma	aryland	Foreign
TOR		9a. FACILITY NAME (If not institution, give street and number) $I-695 \& I-95 N/E$ 9b. CITY, TOWN OR LOCATION OF DEATH $BALTIMORE$									
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore	10c. CI	ry, town or loc	ddle Rive	er				10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 44 Beech Driv			9	21220)		10g. CIT	ZEN OF WH	IAT COUNTRY?	
BY FUN	11. MARITAL STATUS 12 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, s	ECENDENT OF NISPAN specify Cuben, Mexica ES 2 X NO Specify	in, Puerto Ricari	ecify Yes , etc.)	or No—	14. RACE - Black, Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY				White	2		
OME	12th 17. FATHER'S NAME (First, Middle, Lest)		u u	nemploye	16. MOTNER'S NA	ME (First, Middle	, Maiden	Sumame)			_
BE C	Edward Norman					a Murph					
5	19a. INFORMANT'S NAME (Type/Print) Rita Schindle	r	19b, MAILING	4 Beech	and Nymber or Aural I Drive Ba	Royte Number C Litmore	Md.	212	200		
	20a-METHOD OF DISPOSITION 1		20b. PLACE AND DATE cometery, crematory or o Oak Lawi	other place)		/93			city or Town		
	21. SUGRATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve. 21221										
	23. PART I. Enter the diseases, or canock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	. MULTIPL	sed the death. Do n each line.	ues	ode of dying, suc	h as cardiac	or respin	retory arr	rest,	Approxin interval E Onset an	Between
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	XF):		<u></u>					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE O	NF):							
	PART II. Other significant conditions	s contributing to death	h but not resulting	in the underlyi	ng cause given in	Part i. 24a	WAS AN A			VERE AUTOPSY I	
N: MEDICAL							YES 2		6	COMPLETION OF OF CEATH?	CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O	RY 28b. TIM	4 - Nursing Ho	vjury at	Other (Sp.					
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year 05/07/9	ir) IN		VURY AT VORK? YES 2 1 NO	PASS	ENGI	ER I	N AU		
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU building, etc. (S	JRY — At home, farm, Specify) HIGHV		ice	287 EDCATION City or To	vn, State)		5 N/		
COMPLETED		CIAN: To the best of my kn R: On the basis of examina								and manner as	stated.
TO BE	296. SIGNATURE AND TITLE OF CHITTEREN	glace			O.C.M.					Month, Day, Year))
F	30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type 11 Penn		., Balti	more,	Maı	ryla	nd	21201	
	31. DATÉ FILED (Month, Day, Year) AY 1 0 1993 32. REGISTRAR'S SIGNATURE										



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Debt, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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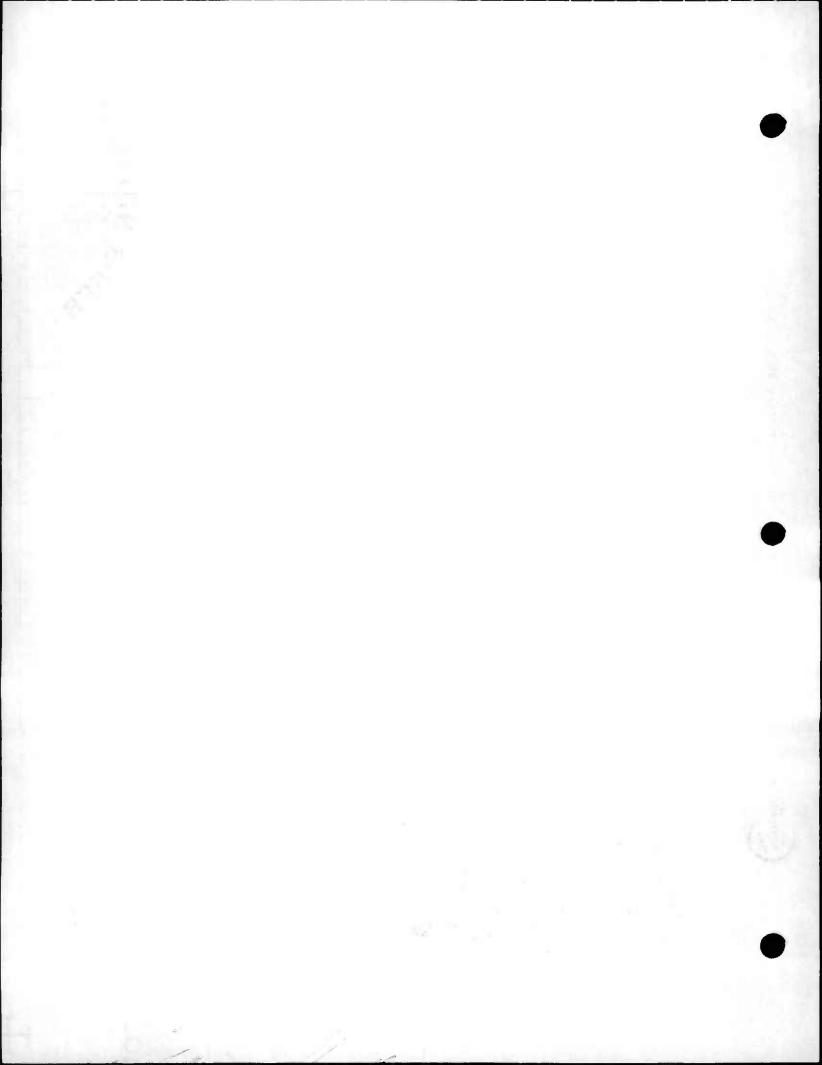
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND MI	ENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) Charles	Thom	as			2. DATE OF DEATN	Day .	YEAR 3. 1	7-46 M	
	4. SOCIAL SECURITY NUMBER 578 22 4505	1 1 m 2 - F 68		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month Ch 1682	9, 1	6. BIRTHPLA	Wash.,	
TOR	98. FACILITY NAME (If not institution, give stress SOUTHERN MAIN PRESIDENCE OF DECEDENT	eylandto	SPITAL	A	TON,	nd	16/21	NEE C	ח	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY District of Co	lumbia		hington					INSIDE CITY LIMITS? YES 2 NO	
VERAL	1627 30th Str	1627 30th Street, S.E.						ZEN OF WHAT		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 □ YES IF YES, GIVE WAR OR D. YES	2 NO	If yes, spec	NDENT OF HISPANIC Ify Cuban, Mexican, NO Specify:	ORIGIN? (Specify Y Puerto Rican, atc.)	ea or No—	Black, Wh	Inerican Indian, ita, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	Give kind of wo life. Do NOT use	rk done during most retired.)	of working	16b. KIND OF BI	OV.	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Charles M. Tho	mas. Sr.	Reciffe		18. MOTNER'S NAME		n Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1627 30th Street, S.E. Washing								n,D.C.	
	206. METHOD OF DISPOSITION **Description of Commentary of									
	21. SIGNATURE OF FUNERAL SERVICE LIES	tewart	III	Stewa	rt Fune: Benning	ral Hom				
	23. ANT I. Enter the disease, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Subsis	ech iine.	t enter the mode	of dying, such a	as cardiac or res	oiratory arre	eat,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflitted events resulting in deeth) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (QR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underlying (csuse given in Pa		RMED?	COM	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE JEATH?	
	25. WAS CASE REFERRED TO MEDICAL					-		1 🗆	YES 2 NO	
PHYSICIAN:	EXAMINER?	HOSPITAL: Inpatient 2 - ER/Outp	atient 3 DOA 4	THER:	5 Residence 8	Other (Specify)				
BĄ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28s. PLACE OF INJURY	26b. TIME (INJUE)	M 1 YES	37 S 2 □ NO	Id. DESCRIBE NOW				
COMPLETED	4 Nomicide determined	building, etc. (Spec	(fy)			City or Town, State)		Number,	
COMP	2 MEDICAL EXAMINER:	AN: To the best of my knowledge. On the basis of examination							manner as stated,	
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	Hage,	MA		9c. LICENSE NUMBE	352	29d. DATE	SIGNED (Mon	th, Day, Year)	
	30. NAME AND ADDRESS OF REPSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, PI	10 C1	inton 1	ud 21	735			



ysician. urial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020**

68760, BALTIMORE, MARYLAND 21215-002	- TO, THE MERITH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNDED CONSTRAINED STORE THIS Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur	burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TOIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be exe	this certificate has been signed by the attending physician an	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	irked, or item 23 shows any injury, or other traumal
NOISIAI	- TO, THE HIGH THE OF ATTENDING	TO THE PUNEMED DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: It Item 28 is ma-

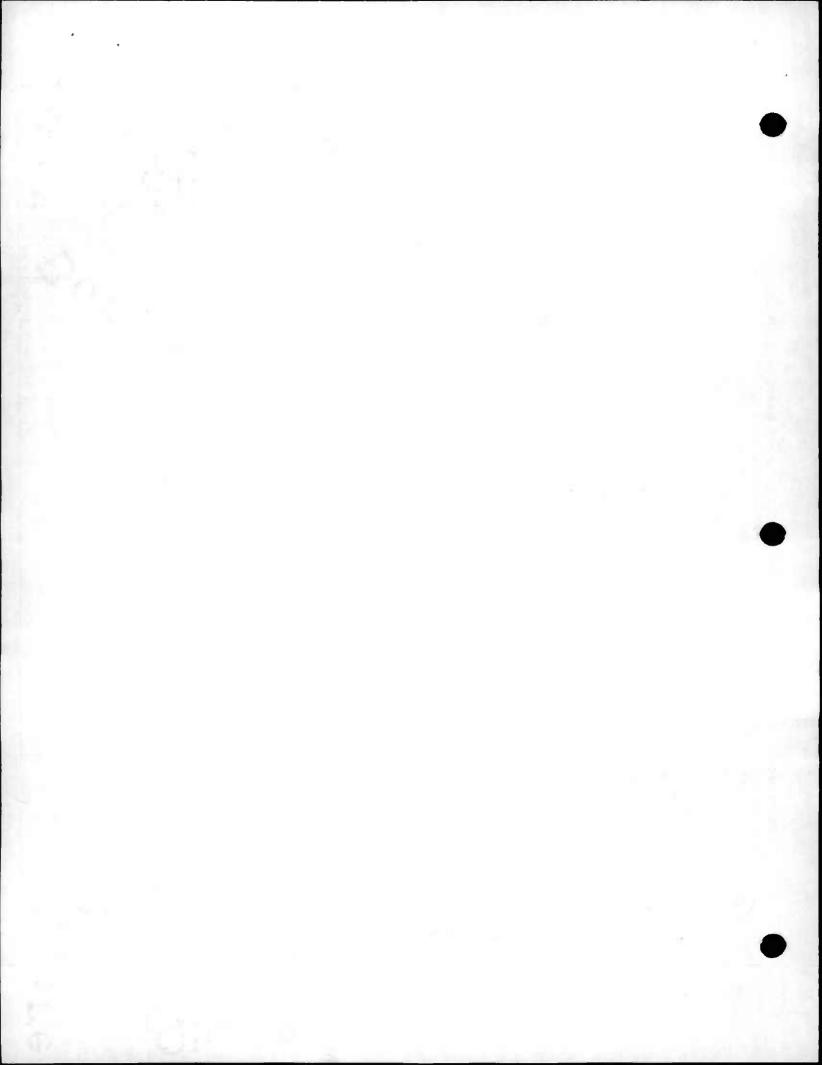
	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MEN	TAL HYGIEN) [3021
13	1. DECEDENT'S NAME (First, Middle, Last DORIS	Ε.			гном		<u> </u>		M	ATE OF DEATH	6	YEAR 93	3:26 PM
1)	4. SOCIAL SECURITY NUMBER 216-28-7644	5. SEX			IF UNDER	DAYS	IF UNDE	MIN.	7 D	MTE OF BIRTN Month, Day, Year) / 25/1922		8. BIRTNPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give	70	ino.	9b. CITY	, TOWN (R LOCATI	ON OF D					fland	
TOR	1110riverside	AVENUE			BA	LTI	MOR:	E					
DIRECTOR	10a, STATE 10b. COUN	TY			Y, TOWN							1	0d. INSIDE CITY LIMITS?
L D	Maryland - 10e. STREET AND NUMBER] Ba	lto.		y, M				10a, CITIZI		X YES 2 □ NO
FUNERAL		iverside	e Ave.				2	1230)		-7.7	SA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Types 27 NO FYES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifif yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				IGIN? (Specify Yes vito Rican, etc.)	or No- 1	4. RACE — Black, \ Specify:	- American Indian, White, atc. White
	15. DECEDENT'S ED (Specify only highest grad	le completed)	(0	ECEDENT'S Silve kind of a. Do NOT u	work done	durina mo	ON st of worki	ng		16b. KIND OF BUS	SINESS/INDU	STRY	
COMPLETED	8th.Grade	College (1-4 or 5 -	+) 1	omen						Own He	ome		
	17. FATHER'S NAME (First, Middle, Last) CCC	il	Kn	ight	5			HER'S NA		rst, Middle, Maiden		[i11	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19							Number, City or Tow			
	Laura Withrow 810 220th.St.Pasadena, Md, 21122 20a. METHOD OF DISPOSITION 20b.PLACE AND DATE Of DISPOSITION / Name of DATE 20c. LOCATION — City or Town. State												
	Supple Comparison Compari								114.70.74				
	21. SIGNATURE OF PUNISHAL SERVICE I	Mank	5									d. 21230 Fort Ave.	
	23. PART I. Enter the diseases, Di shock, Dr heert fellure	complications the	t caused the de	eath. Do	not enter	the mo	de Df dy	Ing, suc	h aa c	cardiac or respi	ratory arres	nt,	Approximate Interval Between
	disease or condition								Onset and Death				
_	DUE TO (OR AS A CONSEQUENCE OF):												
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CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSE	OUENCE O	F):								
		d											
ICAL	PART II. Other significant condition	one contributing to	death but not	resulting	In the ur	nderlyln	ceuse	given in	Part I	PERFOR	MED?	A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICA										1 TYES 2	X1 NO		F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			-		26 Pt	ACE DF D	EATH ///	nok on	trans)			
rsici	EXAMINER? YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHEI	R:				Other (Specify)			
	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF (Month, D		26b. TIN	URY M		RK?	7.40	28d.	DESCRIBE HOW I	NJURY OCCU	RED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At he	ome, farm,	atreet, fact		/ES 2 [] NO	201.	LOCATION (Street	and Number of	Runal Rou	rte Number,
ETE	4 Homicide determined		eta (Optiony)							City or Town, State)			
COMPLETED		SICIAN: To the best of IER: On the basis of e											nd manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFI	ER P (ENSE NUI			29d. DATE SIGNED (Month, Day, Year) ▶ 05/06/93		
10	30 MAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS											
	31. DATE FILED (Month, Day Mar)	A2. REMESTRA			Str	eet	, Ва	alti	LMO	re, Ma	ryla	nd	21201
	MAY 1 1 1993	give David	R'S SIGNATUR										



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31. DATE FILED (Month, Day, Year)
MAY 1 1 1993

		FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENT	AL HYGIEN		93	13622
•		1. DECEDENT'S NAME (FIRST,	Middle, Last)	, Tuch c					MON	E OF DEATH	MY		ME OF DEATH
		4. SOCIAL SECURITY NUMB				A february A		T	0			-	1755 M
		234-80-6383	7.1	1777 a 🗆 e	GE (In yrs. lesi		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Moi	E OF BIRTH oth, Day, Year)		Country)	E (State or Foreign
pino		9a. FACILITY NAME (If not in:		4.	2	192	AL CITY TOWN	OR LOCATION OF D		. 8, 1			gton, DC
2, 3 should	e l	Frederick Memorial Hospital Frederick Frederick County											
- 8	ᇈ	RESIDENCE OF DEC	10b, COUNTY			40° CITY	TOWN OR LOCA	TION					
permit. Pages 1, 2,	DIRECTOR	Maryland		11 County			sville						INSIDE CITY LIMITS? YES 2 🔀 NO
sit perm	FUNERAL	100. STREET AND NUMBER	D.1									CITIZEN OF WHAT COUNTRY?	
physician. burial-transit	N N	1529 Buckho	rn Ka.	12. WAS DECEDENT EVE	RIN US ARI	MED	12 WAS DE	21784 CENDENT OF HISPA	NIC ONG	MY Carelly Va	USA		
physic		1 Never Married 2 🔀	Married	FORCES? 1 Y	ES 2 X N		If yes, a	pecify Cuban, Mexico	an, Puerto		8 OF 140 14	Black, White	merican Indian, la, etc.
ding s the	B	3 Widowed 4 Divo	rced	ii Teo, Give Walt O	n DATES		' '	S 24 NO Specif	ıy:			Specify:	hite
after use a	9		EDENT'S EDUC y highest grade		(GI	ve kind of wor	SUAL OCCUPAT		16	b. KIND OF BU	SINESS/INDU		
for for	LET	Elementary/Secondary (0-	1-12)	College (1-4 or 5+)		Do NOT use		-		- 16			
detached	СОМР	IIth Grade 17. FATHER'S NAME (First, Mi			Car	pente	r			Self E		d	
by the	ш	Heber Bento		er Sr.				Mary		. Middle, Maiden readwa			
5 should	10 B	19a. INFORMANT'S NAME (7)						and Number or Rural					
y be		Mrs. Velma						Rd. Syk				784	
e 6 ma ector, p		1 Surial 2 Crematio	n 3 🗆 Remo	oval from State	cemetery, crei	natory or othe	pisposition (A or piace) e Ceme		DA	-93 Ta	CATION — CH		
Page al dire		21. SIGNATURE OF FUNERAL			layioi	SVILL	22. NAME A	AND ADDRESS OF FA	CILITY				
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran to burial, cremation, or removal. The medical examilier must be notified at once.		John K	Ar	end				er-Queen W. Old L					
hours after of in by the or remova		23. PAFOT I. Enter the di shock, or he	iseases, or c eart failure. I	omplications that cau List only one cause o	sed the de	ath. Do not							Approximate Interval Between
y filled ation, c		IMMEDIATE CAUSE (Fin disease or condition	nai	ASCV:	7								Onset and Death
owithin 24 ompletely fill, i, cremation, event, the		resulting in death)		DUE TO (OR A		WENCE OF):							
ecuted and com burial,	z	Sequentially list conditions.											
	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ertificate be ing physician rigiene prior tr	FIC	CAUSE (Disease or Injustrate initiated events		DUE TO (OR A	S A CONSEC	UENCE OF):							
the death certificat the attending phy I Mental Hygiene p	CERTIFICATION	resulting in death) LAST											
the deaty the att	AL C	PART II. Other significa	nt condition	s contributing to deat	h but not n	sulting in	the underlyle	ng cause given in	Part I.	24a. WAS AN		24b. WERE	AUTOPSY FINDINGS
that the hold by the and any lin	EDIC/									PERFO		COMP	ABLE PRIOR TO PLETION OF CAUSE
w requires that been signed of the beath a shows any	ME												EATH? YES 2 - NO
has been Dept. of 23 sh													
N: The law ficate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				PLACE OF DEATH (Ch	heck only	one)			
ICIAN: entifica the Sta	, Si	1 XYES 2 NO		1 Inpatient 2 KER/0	Outpatient 3		OTHER:	me 5 🗆 Residence	8 🗆 Ott	er (Specify)			
PHYSICIAN: The this certificate with the State rked, or Iten	H	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ 1	estatus.	(Month, Day, Ye	RY Br)	28b. TIME (JURY AT ORK?	28d. DI	SCRIBE HOW	INJURY OCCU	RED	
DING PHYS After this c death with s marked	à l		Pending Investigation					YES 2 NO	<u> </u>				
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	TED		Could not be determined	building, etc. (URY — At hou Specify)	ne, farm, atreet, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
DIRECT HOURS	L	29a. CERTIFIER	TEVING PHYSIC	CIAN: To the bast of my ke	nowledge, de	eth occurred	at the time det	and place, and thu	a to the c	augusta and me	nner en eteled		
	딜	(Charles and)						P B-1					
NERAL I	OMPL	nne)		R: On the beals of exemin		nvestigation,	In my opinion,	death occured at the	time, de	te and place, a	nd due to the	cause(s) and	manner as stated.
HE FUNERAL I led within 72 h	COMPL	nne)	CAL EXAMINE			nvestigation,	In my opinion,	29c. LICENSE NUI	MBER	_		SIGNED (Mont	The second second
Z Z Z =	O BE COMPLI	290-SIGNATURE AND TITLE	OF CERTIFIER	Sterts MT	etion and/or li				MBER	_			The second second
TO THE HOSPITAL THE FUNERAL I filed within 72 h	BE COMPL	29b-SIGNATURE AND TITLE What R 30. NAME AND ADDRESS OF	OF CERTIFIER	He on the basis of examin	DEATH (ITER			29c. LICENSE NUI	MBER	7	29d. DATE 5	SIGNED (Mont	The second second



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	10.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH			
Efstratios	Tsambarlis				May		993	м			
4. SOCIAL SECURITY NUMBER 216-20-1677	5. SEX 8. AGE	(In yrs. last birthday)	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)			HPLACE (State or Foreign try)			
9s. FACILITY NAME (If not institution, give			L CITY TOWN	OR LOCATION OF DE	Oct.5.	1926 I	NTV OF I	PA.			
1103 Middleway		3		Middle Ri				imore			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c CITY I	OWN OR LOCAT	TION				10d. INSIDE CITY			
Md. Ba	ltimore		iddle I					LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA USA											
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		ilC ORIGIN? (Specify n, Puarlo Rican, etc.) /:	Yes or No—	14. RAC Blac Spec	E — American Indian, ck, White, atc. city: White			
15. DECEDENT'S EDU (Specify only highest grad		16a. OECEDENT'S US			16b. KIND OF	BUSINESS/INC	USTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use n	etired.)	ot or working				*			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	den Surname)					
John Tsamba	arlis		5-1			voulos					
199. INFORMANT'S NAME (Type/Print) William Chamba	arlis	1	George		Route Number, City or Baltimore			L			
20s. METHOD OF DISPOSITION 1- Buriel 2 Cremellon 3 Ren	noval Irom Stata	o. PLACE OF DISPOSITI	ION (Name of cer	metery, crematory or	20c.	LOCATION —					
Suries 2 Cremeilon 3 Removal from State Gifter Place) Garrison Forest Cemetery 5 Baltimore Md.											
Connelly Fundal Home Connelly Funeral Home 300 Mace Ave. 21221											
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Due TO (OR AS A CONSEQUENCE OF):											
resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE OF):	44/42	squan	ion hal -	Luy	/	10 monits			
Sequentially list conditions,	b DUE TO (OR AS /	A CONSEQUENCE OF):									
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	3000 To 1000									
that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):									
					-						
PART II. Other eignificent condition	ns contributing to death t	out not resulting in	the underlyin	g ceuse given in	PER	AN AUTOPSY FORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
					-			1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)						
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ne 5 Residence	8 Other (Specify)						
27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OC	CURED				
2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	/ — At home, farm, stre		YES 2 NO	281. LOCATION (Str		r or Rural	Route Number,			
4 Homicide determined	building, atc. (Spe	ouy)			City or Town, St	are)					
CONDUCTION ONLY	SICIAN: To the best of my know ER: On the basis of examination							(a) and manner as stated.			
29b. SIGNATURE AND TUTLE OF CERTIFIE	PR 01-1- 10			29c. LICENSE NU	MBER /	29d. DAT	E SIGNE	D (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	10 17 11		F 3	119				
MILYARE. P	which Jark	ML 494	10 6	ade th	2 GAVI	Ml	4)	LLY			
31. DATE FILED (MAY AY 10)	32. REGISTRAN'S SHOT	Mason-Hande	N.		,						

d in by the funeral director, page 5 should be detached for use as the burial-transit permit

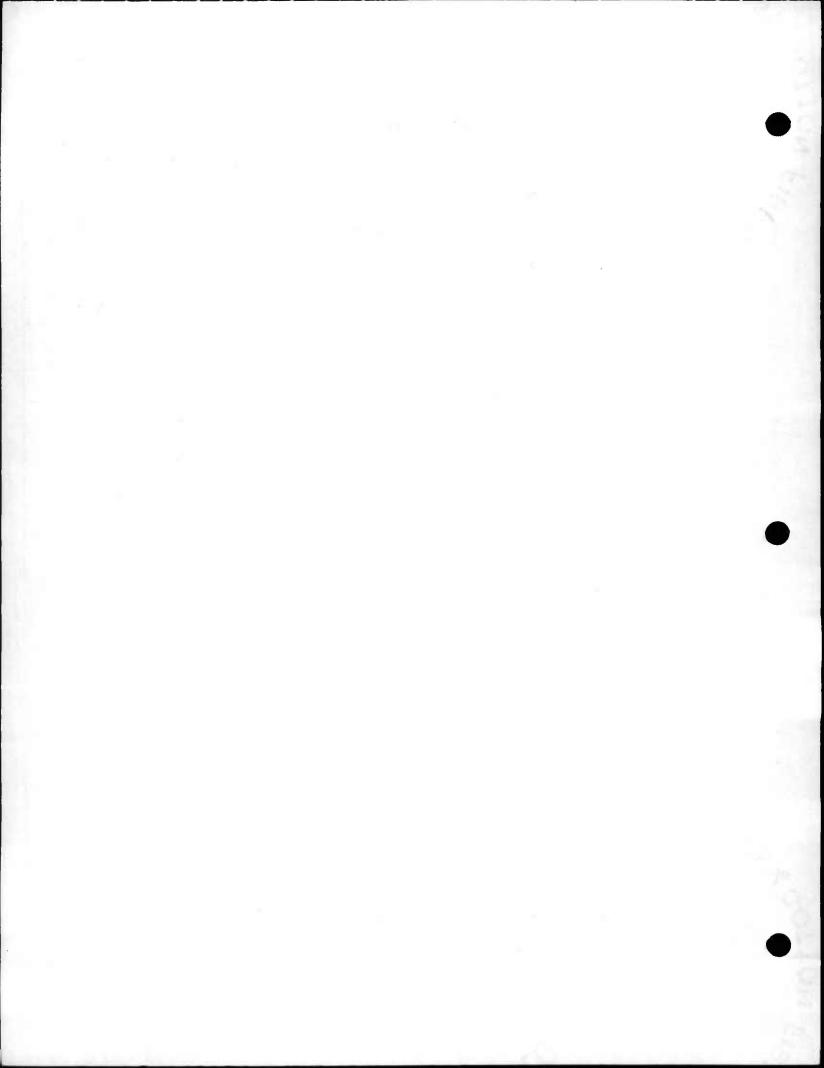
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

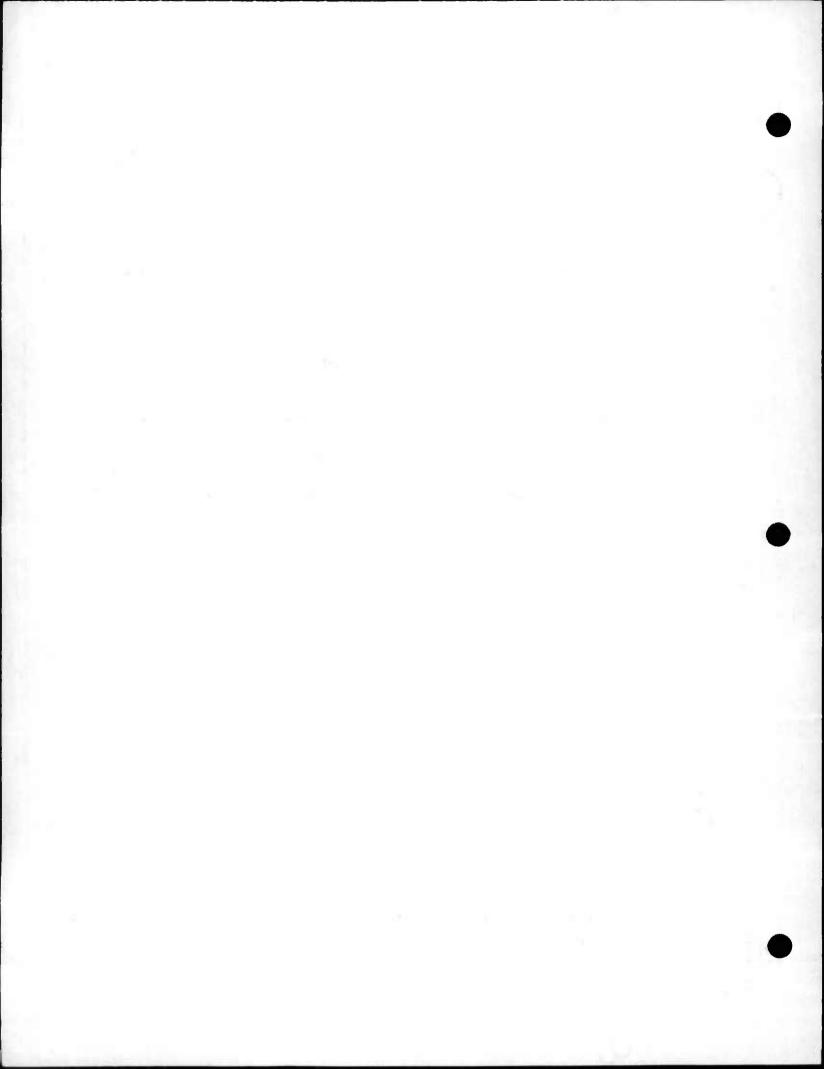
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	IEALTH AND	MENTA	L HYGIENI REG. NO.	E		,	
	1. DECEDENT'S NAME (First, Middle, Last)	Fern Pitch	her Und			MONT	OF DEATH		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-46-8457	5. SEX 1 M 2 T F 92 YRS. 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Oct. 25, 1900 Council Co								PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH The Wesley Home, Inc. 9c. COUNTY OF DEATH Baltimore										
DIRECTOR	nesidence of Decedent 10a. STATE 10b. COUNTY Maryland	Y		y, town or Local Baltimon						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 2211 W.	Rogers Ave.		10	21215			10g. CITIZI		THAT COUNTRY? J.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	U.S. ARMED 2 NO ATES	If yes, s	ENDENT OF HISP/ ecity Cuban, Mexic 2 NO Spec	can, Puerto I	? (Specify Yea Rican, etc.)	or No 1	I4. RACE Black Speci	- American Indien, White, etc.		
	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	(Give kind of a		ON est of working	16b.	KIND OF BUS			***************************************	
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Home	maker	18. MOTHER'S N	AME (First, A		Home			
BE	William 19a. INFORMANT'S NAME (Type/Print)	Bramhal.				ancy					
2				ADORESS (Street							
	Mrs Norma Keys RD3 Box 785, Felton, Pennsylvania 17322 20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of camelety, cremetory or other place) 20c. LOCATION — City or Town, State										
Hilltop Service Corp. 5-10-93 Towson, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wallace S. Brooks Q., 1050 York Road, Towson, Md. 21204										ryland 21204	
										04	
	23. PART I. Entar the diseases, or o ahock, or heart fellure.	complications that caused List only ona cause on e	l'tha daath. Do r ach line.	not antar the me	de of dying, au	ch ea cerd	lac or respir	atory arres	Bt,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Daath Onset and Daath										
NOI	Sequantially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF	F):				-			
		d									
PHYSICIAN: MEDICAL	PART II. Other significent condition Advance	es contributing to death be	ut not resulting i	in the underlyin	g cause givan ir	Part I.	24a. WAS AN A PERFORM 1 YES 2	AED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž										1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one	9)				
YSI	1 TES 2 NO	1 - Inpatient 2 - ER/Outpu	ntient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 🗆 Other	(Specify)				
	27. MANNEB OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	RK?	26d. DE\$	CRIBE HOW IN	JURY OCCU	RED		
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	- At home, term, a		ES 2 NO	281, LOCA	TION (Street an	nd Number or	- Aural A	outs Number	
E	4 Homicide determined	building, etc. (Speci	ify)			City o	or Town, State)			, and the state of	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the beat of my knowledge. R: On the basis of examination	edge, death occurre	n, in my opinion, o	and place, end du	e to the ceu	se(a) and menn and place, end	due to the	l. cause(a)	and manner as stated.	
H H	296. SIGNATURE AND TITLE OF CERTIFIER	! freets	ius.		29c. LICENSE NU	MBER 46 K		29d. DATE S	ATE SIGNED (Month, Day, Year)		
2	30. NAME AND ACCRESS OF PERSON WHO	Liberto, M.D.				1	e. Md.	21 22	4		
	31. DATE FILED AND DOWN TOOD 1991	32 REGISTRAR'S SIGNA			July Dal		-,				



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		3
	after	90
	hours	14 ann
1	2	2
	within	TAROUNDENT.
1	filed	000
2	2	700

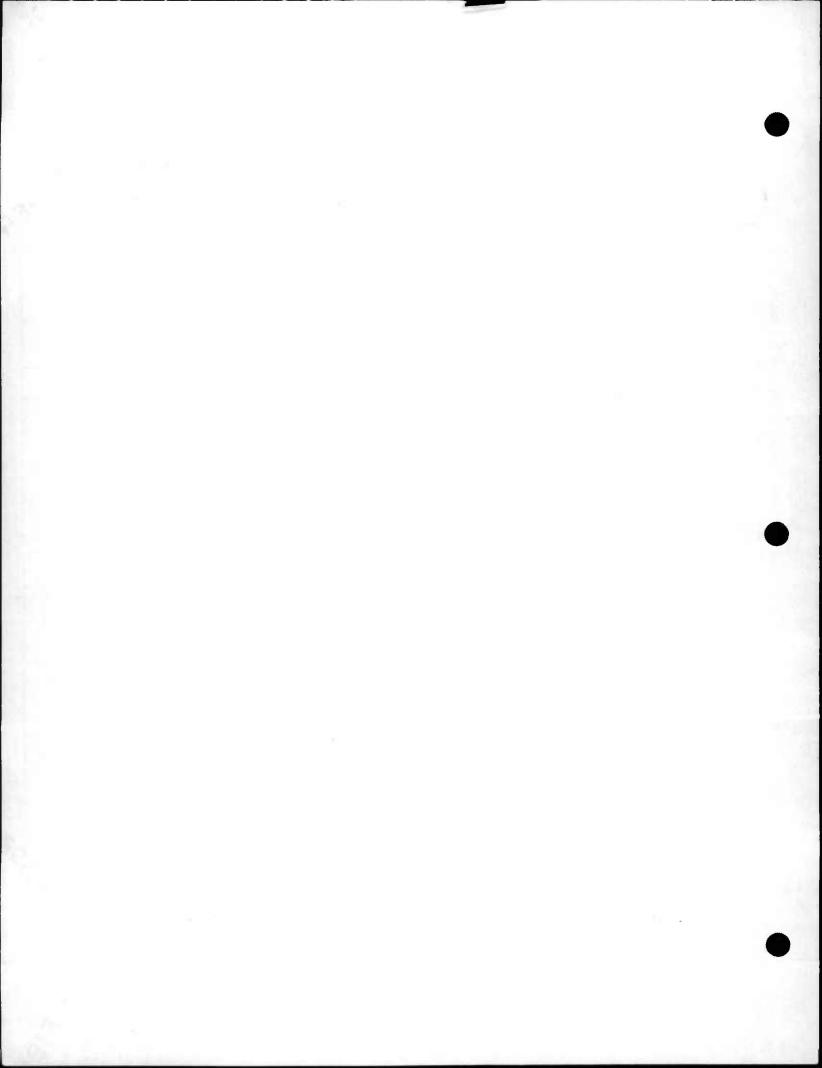
1. DECEDENT'S NAME (First, Middle, La		CERTIFI			REG. N				
	st)				2. DATE OF DEATH		3. TIME OF DEATH		
FRIEDA	MARGARI	MARGARET		VEIT	монтн 05 —	05 19	93		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
218-09-0109	1 □ M 2 ☑ F	// YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country) MARYLAND		
	DEL HOSPIT			or location of de	EN BURN		TY OF OEATH NE ARUNDEL		
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. CITY	TOWN OR LOCA	TION			10d, INSIDE CITY		
MARYLAND A	NNE ARUNDEL		LLERSVI				LIMITS?		
10e. STREET AND NUMBER				f. ZIP CODE		10a CITIZ	EN OF WHAT COUNTRY?		
MARYLAND MANOR	KNOLLWOOD NUI	RSING HOME		21108		U.S			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp	CENDENT OF HISPAN Hecify Cuban, Mexical 5 2 NO Specify		es or No—	14. RACE — American Indian, Black, While, atc. Specify: WHITE		
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					ISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	Me. Do NOT use	retired.)	ost or working	FOOD	CEDUT			
17. FATHER'S NAME (First, Middle, Last)	HOINE	T CHEKI		40 1400010010		SERVI	∪£.		
JOHN	HETTING	GER		GERTRUE	ME (First, Middle, Maide)E		KNOWN		
19a. INFORMANT'S NAME (Type/Print) FRIEDA M. SUTI	ER	196. MAILING A 10 4TH	AVENUE	, S.W., G	CLEN BURNI	wn, State, Zip (E, MD	. 21061		
20a. METHOD OF OISPOSITION 1									
21. SIGNATURE OF FUNERAL SERVICE CENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNER 1 SECOND AVENUE, S.W., GLEN BURNI									
disease or condition resulting in death) e. Due TO (OR AS A CONSEQUENCE OF): Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):									
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO							24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 YO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.		ACE OF OEATH (Che	ck only one)				
1 YES 2 JNO	1√2 Inpetient 2 □ ER/O		OTHER: I 🗌 Nursing Hon	e 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigatio	28a. DATE OF INJUR (Month, Day, Year	Y 26b, TIME) INJUI	RY WO	PURY AT PRK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCU	JRED		
2 Accident 3 Suicide 6 Could not a detarmined	28e, PLACE OF INJU	RY — At home, farm, str pecify)	reet, lactory, offic	a	28I, LOCATION (Street City or Town, State	and Number o	r Rural Route Number,		
	/SICIAN: To the beat of my known						d. cause(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUM					
my	6			D4049	/	► S	SIGNED (Month, Day, Year)		
30. NAME AND ACORESS OF PERSON V				NDS FERF	RY ROAD/	LINTH	ICUM, MARYI		
31. DATE FILES (Marth, Day, Year)		SNATURE Produce	<u></u> -						



FOR STATE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH			
	CAMERON L	UNAN	W	ATT	05 O	9 93 08:03 PM			
- 6	4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 F	RS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
. 1	034-07-7164	1 🕅 M 2 🗆 F	73 YRS.	MONTHS DAYS HOURS M	08 31 19	O 1 O Country)			
	9a. FACILITY NAME (If not institution, give :		7.5	OL CUTY TOWN OF LOCATION		TANGGERE			
œ			OOT AMT ON	9b. CITY, TOWN OR LOCATION (9c, COUNTY OF OEATH			
유	NORTH ARUNDEL HO	DSPITAL ASS	OCTATION	GLEN BURNIE		A.A. COUNTY			
S	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCATION		404 100105 0171			
E	1 1475	3 40				10d. INSIDE CITY LIMITS?			
5	MD ANNI 100. STREET AND NUMBER	E ARUNDEL	G	LEN BURNIE		1 TES 2 X NO			
MA I	TOW. STREET AND HOMBEN			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
빌	109 S. JEROME PA			21060		U.S.A.			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1		13. WAS DECENDENT OF HI	SPANIC ORIGIN? (Specify Yearican, Puerto Rican, etc.)	e or No— 14. RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WITH C	OR DATES	1 YES 2 NO S		Specify:			
		<u> </u>				WHITE			
	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATION work done during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)					
M M	12	0	PRODUCT	ION MANAGER	WESTING	GHOUSE			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First, Middle, Maiden	Sumame)			
BE	JAMES C. WATT			CHRTS	STINE LUNAN				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street and Number or F		rn, State, Zip Code)			
2	HARRIETT WATT					RNIE, MD 21060			
	20s. METHOD OF DISPOSITION			OF DISPOSITION (Name of		CATION — City or Town, Stata			
	1 Donation 8 Other (Specify)	oval from State	cemetery, cramatory or of		1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES	LOUDON PAI	22. NAME AND AODRESS O		LTIMORE, MD			
	V12 0	1			UNERAL HOME				
	Kamela	(Char	atter	1 SECOND AV	E. S.W. GLE	N BURNIE, MD 21061			
	23. PART I. Enter the diseases, or	complications that cer	used the deeth. Do n	ot enter the mode of dying,	auch as cerdiec or resp	Iratory arrest, Approximete			
MMEDIATE CAUSE (Single									
	disease or condition	1/2/1		1.0.000	1	Onset and Death			
	resulting in death)	BUE TO (OR	AS A CONSEQUENCE OF	funcial	-	Trules			
_	_	ana.	sels. I.	" () //	Vasuva d	(40 -			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE OF	i amence	vasuura cu	sean flows			
Ă	if any, leading to immediate cause. Enter UNDERLYING			,		l V			
윤	CAUSE (Disease or injury that initiated evente	C DUE TO (OR /	AS A CONSEQUENCE OF	1:					
E	resulting in death) LAST			•					
B		d							
	PART II. Other aignificent condition	a contributing to deat	th but not reaulting i	n the underlying cause give	n in Part i. 24s. WAS AN	AUTOPSY 24b. WERE AUTOPSY FINDINGS			
EDICAL				ic penodea	PERFOR	AMAILABLE PRIOR TO			
	1 /A O //	Calsenice	-11 11/10	- May bus	1 TYES 2	OF DEATH?			
Σ	trum Mer	callenge	- anknon	- eliology		1 TYES 2 NO.			
3	Tel leus								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER:	(Check only one)				
YS	1 TES 2 -NO	1 - Inpatient 2 - Envi	Outpatient 3 DOA	4 Nursing Home 5 Realder	nce 8 Other (Specify)				
H	27. MANNER OF BEATH	28a. DATE OF INJU (Month, Day, Ye			28d. OEŞCRIBE HOW I	NJURY OCCUREO			
BY	1 Natural 5 Pending 2 Accident Investigation	(3333, 23), 12		H 1 Tyes 2/ Ng	/				
	3 Sulcide 8 Could not be	28e. PLACE OF INJ	URY — At home, farm, s	treet, factory, office	281. LOCATION (Street a	and Number or Rural Route Number,			
国	4 Homicide determined	building, atc. (Specny)	1	City or Town, State)				
3	29a. CERTIFIER								
₹				d at the time, data and placa, and					
COMPLETED			ation and/or investigation	n, in my opinion, death occured at	the time, data and placa, an	d due to the cause(a) and manner as stated.			
w II	296. SIGNATURE AND TITLE OF CERTIFIER	1 (1.	/	29c. LICENSE	NUMBER	29d. DATE SIGNED (Month, Day, Year)			
TO B	1) aftered	y Ina	bar	NV) 12	4592	10 May 93			
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH DEN 27) Type.	Print)	, , ,				
	DR BAYINNAH SHAI	BAZZ/1600 C	RAIN HIGHW	AY SW/GLEN BUI	RNIE, MD. 21	061			
	31. DATE FILED (Grin Day, 16a)	32. REGISTRAR'S S	IGNATURE .						
	T 0 133	J June Na	vidoon-Randal	2_					

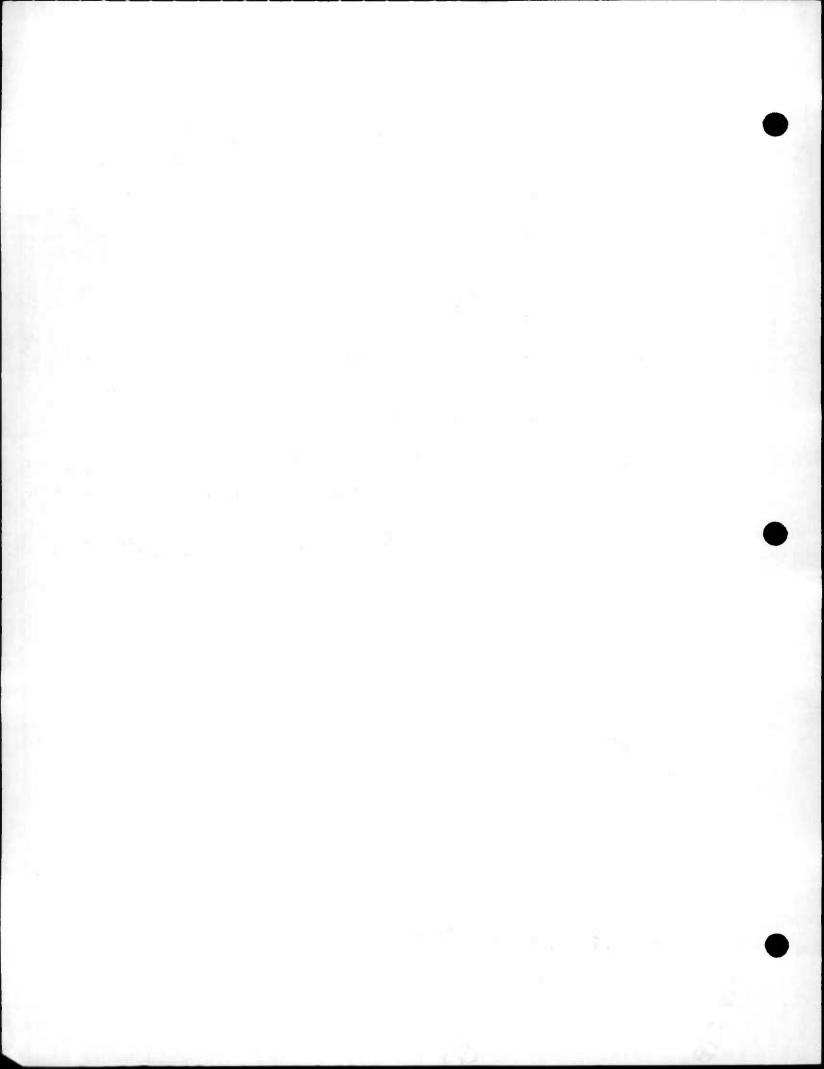




TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEZAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be fine within 12 hours after oratif with the state Dept. of reality and wenter hyperie prior to burial, defended, or removal. IMPORTANT: If item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDII	HE FUNERAL DIRECTOR: A	OFTANT: If item 28 is
2	2	M

	FOR											0	2	12627
	1 - STATE REGISTRAR	;	STATE OF IN	IARYLAND /	DEPAR ERTIF					MENT/	AL HYGIENI REG. NO.	E J	3	13627
10	1. DECEDENT'S NAME (First, M.	liddle, Last)			_,,,,,	· ·		DEA.			E OF DEATH		T	3. TIME OF DEATH
- 55	Ear1		G.	Willi	ar,	Jr.				MON		93	YEAR	M
1	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs. las	t birthday)		R 1 YEAR	IF UNDER		7. DATE	E OF BIRTH		a. BIRTH	PLACE (State or Foreign
	219-26-249	7 1	M 2 □ F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	372	27193	8	M	aryland
	90. FACILITY NAME (If not institt							R LOCATIO		ATH		9c. COU	NTY OF O	
6	1228 S.Ca	_	St.				3a⊥τ	o.Mo	d.					
EG	RESIDENCE OF DECE	DENT 0b. COUNTY			T 10c, CIT	V. TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland							ty,	Md,					LIMITS?
	10e. STREET AND NUMBER						101	. ZIP CODE				10g. CITI		HAT COUNTRY?
BY FUNERAL	1228 S.Car	ey ST	,					21	230				USA	
2	11. MARITAL STATUS			EVER IN U.S. AF		13.	WAS DEC	ENDENT O	F HISPAN	IC ORIG	IN? (Specify Yee	or No-	14. RACE	- American Indian, White, etc.
≥	1 Never Married XX Me 3 Wildowed 4 Olvorce	erried	IF YES, GIVE W	YES 2 1	NO.		1 Yes, sp		n, Mexicar Specify		Ricen, etc.)			White, etc.
		ENT'S EDUCATI						1111						MILLOE
	(Specify only hi	ighest grade com	npleted)	(G	CEDENT'S ive kind of a Do NOT us	vork done	durina ma	ON si of workin	g	16	b. KIND OF BUS	INESS/INC	USTRY	
=	Elementary/Secondary (0-12 10th.Grade) C	ollege (1-4 or 5 +)	Upho					ı	David		Edwa	rds Co.
COMPLETED	17. FATHER'S NAME (First, Middle	lle, Last)			- In 11 c			18. MOTH	ER'S NAI	ME (First	Middle, Malden		D 04 17 0	
BE C	Pl.	EA	Arl (G. Wi	11ia	r.S	r.						Co1	۵
	19a. INFORMANT'S NAME (Type		11.1	19	b. MAILING	ADDRES	\$ (Street a	nd Number	or Rural R	oute Nun	nber, City or Town	, State, Zip		. C
5	Mrs.Barbara Ann Williar 1228 S.Carey St,Balto.Md. 21230													
	20a. METHOD OF DISPOSITION X1 汉 Burlel 2 ☐ Cremetion		from State	20b. PLACE	ANDDATE	F DISPO	SITION (Na	me of		DA	TE 20c. LOC	CATION —	City or Tov	vn, State
	4 Donation 5 DOther (Sp	pecify)		Loud	$ \frac{1}{0} $	ark	Cei	nete	ry .	5/1	0 Ba1	to.	City	,Md.
	21. SIGNATURE OF FUNERAL S	SERVICE LICENS	SEE //			22.	NAME AP	O ADORES	S OF FAC	CILITY	Ba1	to.	Md.	21230
	Nanie	il O	. 1/a.	1/52		M	cCu:	lly	Fune	era	1 Home	.13	0 E.	Fort Ave.
	23. PART I. Enter the dise	asea, or com	plicatione that	caused the de	eth. Do r	ot enter	the mo	de of dyle	ng, suct	n es cai	rdiec or respir	atory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final	rt fallure. List	only one ceu	se on each line	,	1	1	, (1	7		r	,		Interval Between Onset and Death
	disease or condition resulting in death)		mel	what	The blansition common of bladder!				6-11-					
	,		DUE TO	OR AS A CONSE	DUENCE OF	7):				007	7	2000		- Jean
NO	Sequentielly list condition	b												
CERTIFICATION	If any, leeding to immedia cause. Enter UNDERLYING	rte	DUE TO	OR AS A CONSEC	QUENCE OF):								
문	CAUSE (Disease or injury that initiated events		DUE TO	OR AS A CONSEC	DUENCE OF	n:								
E	resulting in death) LAST	M.,												į
8		a												
¥	PART II. Other aignificant	conditions co	ontributing to	deeth but not r	esuiting i	n the u	nderlying	ceuse g	iven in i	Part f.	24a. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă											1 - YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ										_				1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO M	AEDICAL												
S	EXAMINER?	H	OSPITAL:			OTHE	R:	ACE OF DE						
¥	1 YES 2 NO 27. MANNER OF DEATH	11	28e. DATE OF	ER/Outpetient 3	DOA 28b. TIM		aing Hom 28c. INJ	_	sidence i		er (Specify)			
	1 Netural 5 Pen		(Month, Da	y, Year)		URY	WO	RK? ES 2	I NO	28d. OE	SCRIBE HOW IN	JURY OCC	UREO	
ě	3 Sudates —	estigation	28e. PLACE OF	INJURY — At ho	me, farm, s	treet, fac			-	28f. LO	CATION (Street e	nd Number	or Burnt Br	usta Number
281. LOCATION (Street and Number or Rural Found in the detarmined building, stc. (Specify) at norms, street, ractory, ornice 281. LOCATION (Street and Number or Rural Found in the detarmined state) at City or Town, State) 293. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(e) and manner as stated.							or more rin	ratio rearrison,						
Ä	29a. CERTIFIER 1 CERTIFY	ING PHYSICIAN	. To the heat of	my knowledge, da	eth conum	d of the f	lmo deta	and also		11.7		- 1		
M														and menner as stated.
	29b. SIGNATURE AND TITLE OF						1							
	7	27					- 1	29c. LICE	MSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
TO BE	1/1 //	50-					I	00	22	82		10	151	157

31. DATE PILED (MONTH, Day, Year)
MAY 1 1 1993



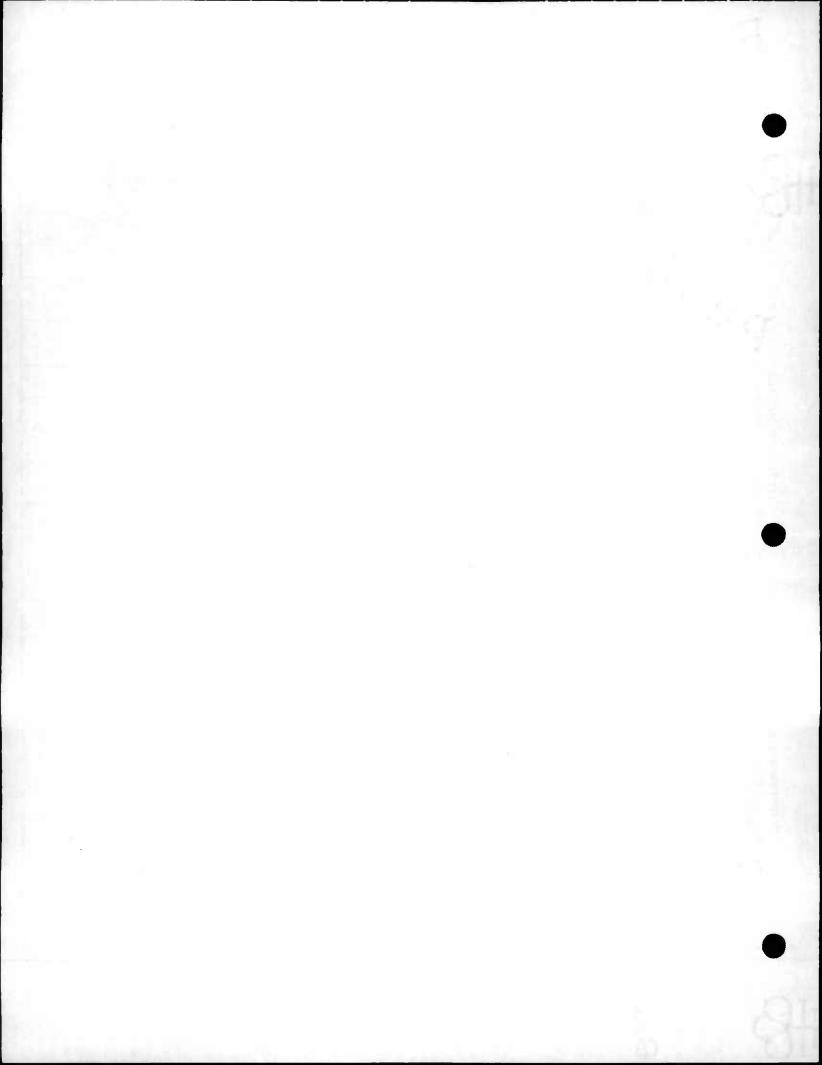
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Leat) EMMA A. WATE	?RS				2. DATE OF DEATH MONTH 5 - 0 7		3. TIME OF DEATH 3:30 P M	
0		1 M X F 92YS		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-23-	7007 0	RTHPLACE (State or Foreign puntry) MARYLAND	
TOR		9a. FACILITY NAME (if not institution, give street and number) G.B.M.C. 6701 N. CHARLES ST TO					BALTI.		
DIRECTOR	10s. STATE 10b. COUNTY	ATE 105 COUNTY 100 CO			TOWN OR LOCATION TOWSON			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER TABCO TOWERS	RS 305 JOPPA ROAD			101. ZIP CODE 21286			OF WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES YES ON THE YES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:				
COMPLETED	15. DECEDENT'S EDUX (Specify only highest grade Elementary/Secondary (0-12)	CATION 16- completed) 16- College (1-4 or 5+)	e. DECEDENT'S USI (Give kind of work life. Do NOT use re	USUAL OCCUPATION work done during most of working se retired.) White					
COMP						AE (First, Middle, Maiden	Sumame)		
TO BE				DRESS (Street a		Unknown oute Number, City or Tow	n, State, Zip Code,)	
۲	Mary Jane Felter 2702 Park Heights Dr. Baldwin, MD								
	20a. METHOD OF DISPOSITION 1 Starte Date Date Date Date 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), crematory or other place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), crematory or other place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), crematory or other place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), crematory or other place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), State 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer), Cometer place 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place) 20b. PLACEAND DATE OF DISPOSITION (Name of cometer), Cometer place p								
	21. SIGNATURE OF FUNERAL SERVICE LIC	Koperyk		Johns	on Funera				
	23. PART I. Enter the diseases, or o shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	RATORY	antar the mo	da of dying, such	as cardiac or reapl	ratory arrest,	Approximate interval Between Onset and Death	
NO	Sequentially list conditions b. S/P ORIF RT. HIP								
CERTIFICATION	sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CAL CE	PART II. Other significant conditions	s contributing to death but r	not resulting in ti	he underlying	cause given in I	Pert i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
MEDI						1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		THER:	ACE OF DEATH (Che				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	JRY AT	28d. DEŞCRIBE HOW II	NJURY OCCURED		
12	3 Suicide 6 Could not be determined	3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, Characteristics)							
COMPLETED		CIAN: To the best of my knowledg R: On the bests of examination an						se(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Abor			Dalalogy	BER	29d. DATE SIGN	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	nt)	D HVV		,		
	31. DATE FILED (Hornh, Day, Year)	32. REGISTRAR'S SIGNATUR	RE					_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

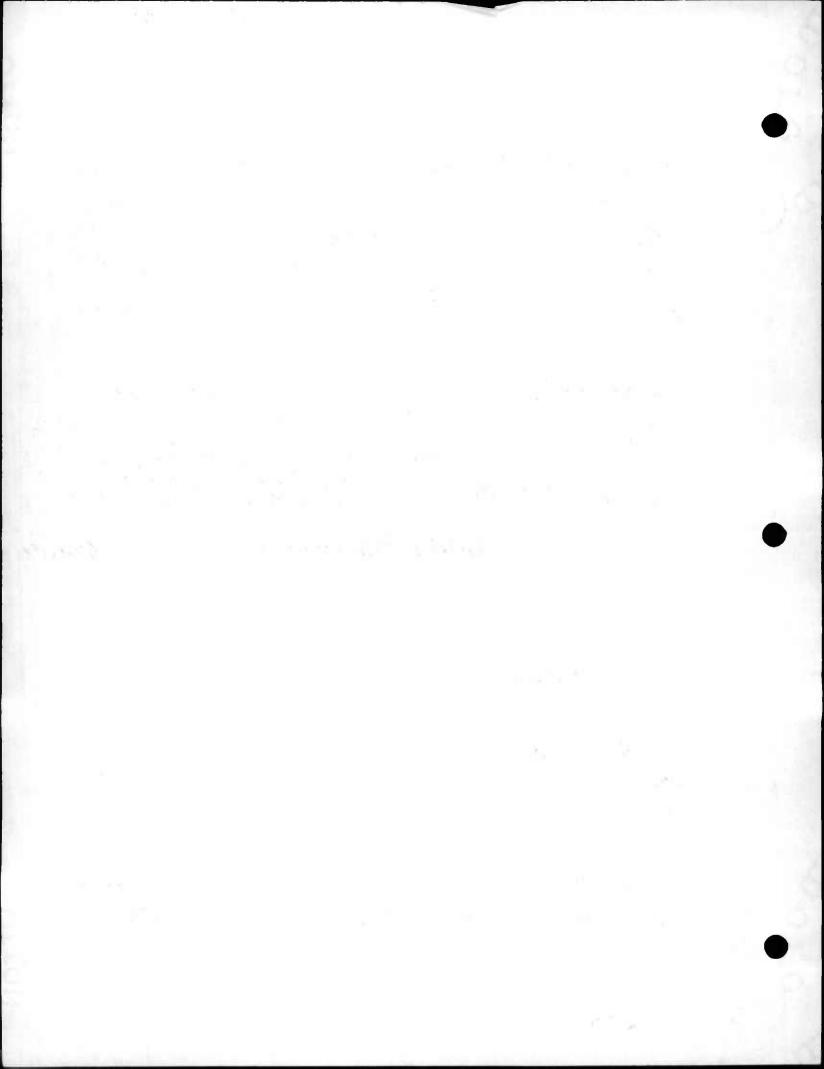


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		1 - STATE REGISTRAR	STATE OF MARYLAI			HEALTH AND F DEATH	MENTAL HYG REG.			
		1. DECEDENT'S NAME (First, Middle, Last) ERMA	Mod)DV		2. DATE OF DEAT	гн	3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	н ј	93 08:27 PM	
P	A	216-36-6247	1 🗆 M 2 💢 F	2 YRS.	MONTHS DAYS	HOURS MIN.	7-15-	30	MARYLAND	
3	E	98. FACILITY NAME (If not institution, give at THE JOHNS HOPKIN				OR LOCATION OF D			Y OF DEATH	
1)	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	3 HUSPITAL	40- 017	BALTIM		Υ	IBALTI		
	DIR	M		100. CI	A ZIII	VIRE			10d. UNSIDE CITY JAMITS?	
physician. bunal-transit permit.	RAL	100. STREET AND NUMBER	7-01	- V	1	IOI. ZIP CODE	117	10g. CITIZE	N OF WHAT COUNTRY?	
physician. burial-transi	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS DI	ECENDENT OF HISPA	NIC ORIGIN? (Specif	y Yea or No — 1	I. RACE American Indian,	
ling phys	BY F	1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE		If yes,	opecify Cuban, Mexic IS 2 NO lipeci	an, Puerto Rican, etc		Black, White, etc.	
attend se as	8	15. DECEDENT'S EQUO (Specify only highest grade)		6a. DECEDENT'S	USUAL OCCUPATI stork done during it	non .	166. KIND OI	F BUSINESS/INDUS	ITRY	
al or	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	m Do Ngo	9 K	and of money				
e e	NO	17. FATHER'S NAME (First, Mickelly Land)		COL	/\	18. МОТУЕН'Я У	AME (First, Alloldin, AA	eidjen Surnama)		
× 2 #	BE (THE INEQUALANT'S NAME (SUMPON)	15			N5/5	N RO	tinso	W	
e f should	2	PAULA FOOTE	2	440	13 M	D VOR	Rum Humbur, Cop o	BALTI	MD 11110_	
24 hours after death. Page 6 may be filled in by the funeral director, page ion, or removal.		20a METHOD OF DISPOSITION 1 Burial 2 Cramation 2 Remo	ovel from State 20h Pi	LACE AND DATE	OF DISPOSITION (Name of 1	DATE 26	LOCATION - CH	y or Town, State	
		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	9711501	22. HARR	AND ADDRESS OFF	5/13/93	UWING	5/11/15/11/1/	
death. Pag e funeral di al.		X hry 87	Inel		270	TOED	ARCA F	UNERA!	11100 M	
hours after of in by the or removal.		23. PART L Epfer the diseases, or c	omplicatione that ceused to	he deeth. Do i	not anter tha m	node of dying, aud	ch as cardiac or i	reapiratory arres		
y filled in the m		iMMEDIATE CAUSE (Final disease or condition			21- 1	mbde	4		Onset and Deeth	
completely fill, ial, cremation, the		resulting in death)	DUE TO (OR AS A C	ONSEDUENCE O	F):	11000-			3 minust	
and o bur	NO	Sequentielly list conditiona,	DUE TO (OR AS A C	ONSEQUENCE OF	Fi:					
physician ne prior t	ICAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
death certificat attending phy intal Hygiene p	ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
5 5 5	O	PART II. Other significant conditions	Contributing to deeth but	not resulting	in the undertui	na ceues alum in	Boot i Jacons	0.14.4170004	1	
that the dea ted by the at th and Menta any Injury,	JICAL	As7h	ma	The reading	the underly!	ng couse given in	PEI	S AN AUTOPSY PFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
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has be bept. 7 23 s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	neck naty nael			
rtificate he State	YSIC	EXAMINER?	HOSPITAL: 10 Inpatient 2 - ER/Outpati	ant 3 🗆 DOA	OTHER:	ime 5 🗆 Residence				
PHYSIC this ce with th	УНЧ	27. MANNER DF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	YURY AT YORK? YES 2 ND	28d, DESCRIBE H	OW INJURY OCCU	RED	
R: After er death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, :					Rural Route Number,	
IR ATTE	ETE	4 Homicide determined					City or Town, S			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt IMPORTANT: If Item 28 is marked, or Item 23 shows a	COMPL	(Check only 1 L CERTIFYING PHYSIC	EAN: To the bast of my knowled I: On the basis of examination a						revise(s) and manner as eleted	
IE HOSI	ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Mogth, Day, Year)	
5 6 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO B	Dr. Thomas / 18/12	16, MD			,		1 5	16/93	
		30. NAME AND ADDRESS OF PERSON WHO	MD GOE	(ITEM 27) (Type,	Print)	Baltimi	M.M.)/) >	61	
4		31. DATE FILED (MONTH POR YOUR DESTRUCTION OF THE PROPERTY OF	32. REGISTRAS'S SHAPE	Son-Rand	LEC.	Je 111.00	7			

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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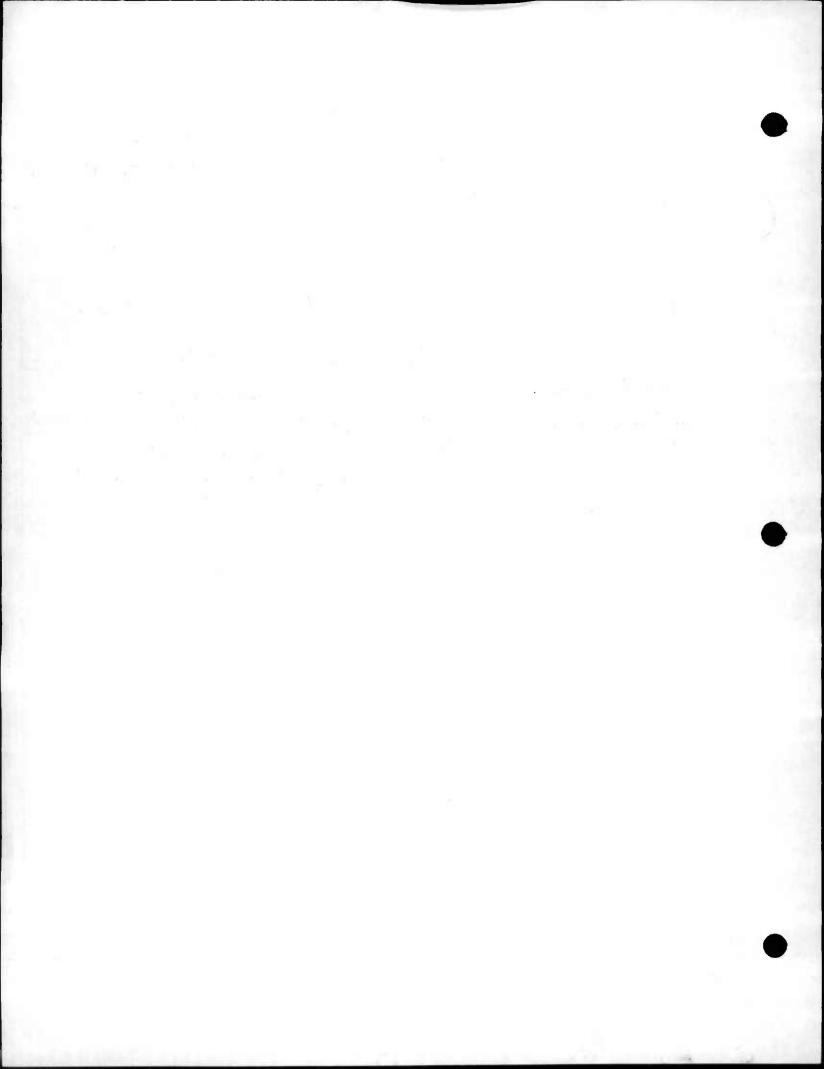
once.

						9:	13630			
	FOR 1 . STATE	STATE OF MARYLAND			MENTAL HYGIEN		, , 0 0 0 0			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) SERNEATHER	WILLIAM		E OF DEATH	REG. NO 2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH			
8	4. SOCIAL SECURITY NUMBER : 1	6. SEX 6. AGE (In yrs. In		THPLACE (State or Foreign nitry)						
STOR	9a. FACILITY NAME (If not institution, give street NU- OF M RESIDENCE OF DECEDENT	ALTUAND M	EATH	9c. COUNTY OF	DEATH IMORE					
L DIRECTOR	10a. STATE 10b. COUNTY	BALT	10c. CITY, TOWN	DUTMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	73 S Mal	2. WAS DECEDENT EVER IN U.S. A	RMED 1:	101. ZIP CODE 2/2 Z	*	6	CE — American Indian.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Ricen, etc.) fy:	Bla	CK, White, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (C	ECEDENT'S USUAL Sive kind of work don DO NOT use retired	e during most of working	16b. KIND OF BU	RME!	, and			
BE COI	17. FATHERYS NAME (First, Mickille, Last) 18. MCHER'S NAME (First, Mickille, Mander) Surmanne) 19. MFORMANT'S HAME (TyperFrint) 19b. MAILING ADDRESS (Street and Number of Furnit Number City or Review Stein, Zip Code)									
10	MARY (NA) THALL 73 S. MORLEY ST. PALTI, MD, 21229									
	Source Commence State Commence Control Contr									
	23. PART L'Enter the glabeses, or cor shock or heart failure. Lis IMMEDIATE CAUSE (Final disease of condition resulting in death)	nplications that caused the dat only one cause on each line Respiratory DUE TO (OR AS A COMSE	h-AL	er the mode of dying, suc	HON PAGE th as cardiac or resp	Piratory arrest.	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Decree of Tout 1 Status 4 b DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	contributing to death but not	resulting in the s	underlying cause given in	Part I. 244. WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO			
SICIAN:		IOSPITAL:	OTHE	26. PLACE OF DEATH (CI	Service and the service of					
B	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW I					
COMPLETED	3 Suicide 4 Humicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)			28f. LOCATION (Street City or Town, State)	m.common avail	Abuste Murriber			
	2 MEDICAL EXAMINER:	N: To the bast of my knowledge, do On the basis of examination and/or	eath occurred at the Investigation, in my	opinion, death occured at the	time, data and place, an	nner as stated, and due to the cause	(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Sel pi	X	29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (FTEM 27) (Type, Print) SAADI PAUL

32. REGISTRAR'S SIGNATURE

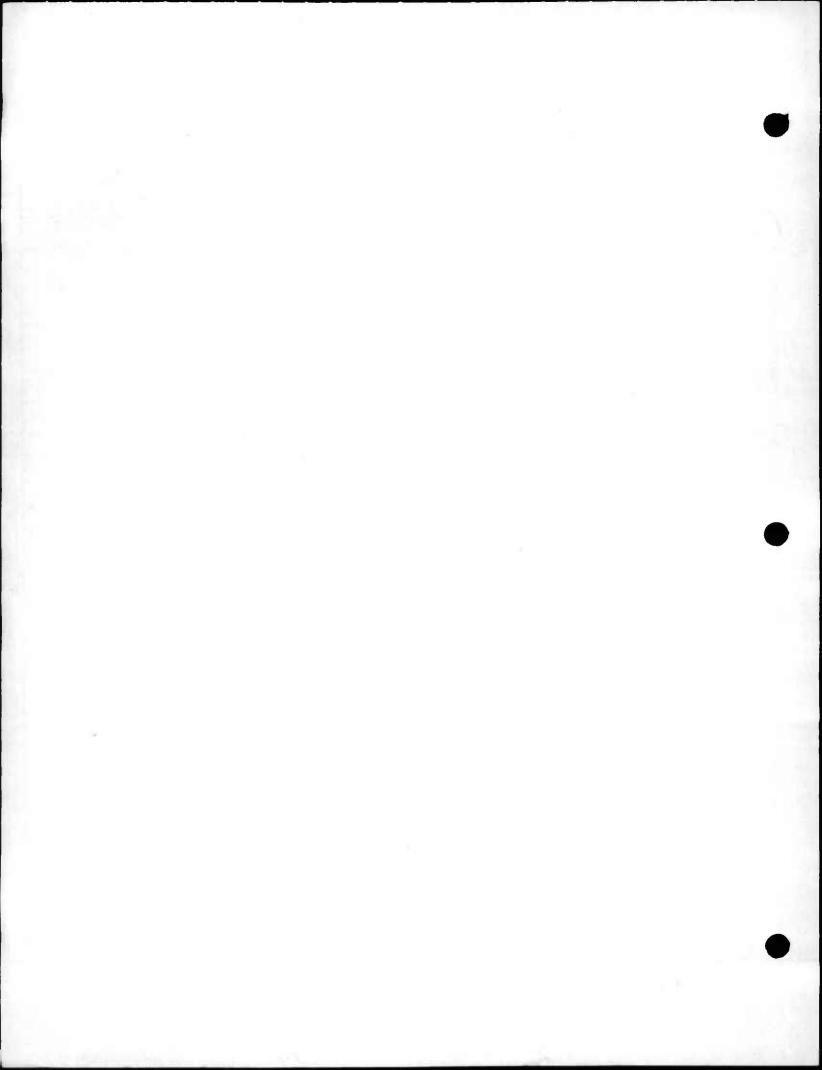
LIA DAY doon-Rindell 31. DATE FILED MATY POY TOUT



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, La JOHN ALBERT					2. DATE OF DEATH DA	y /r:	3. TIME OF DEATH	
- 9	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 7	BIRTHPLACE (State or Foreign	
	217-03-4731	1 M 2 □ F	78 YRS.	MONTHS DAYS	HOURS MIN.	(Month. Dav. Year) 2/7/15		Maryland	
œ	9a. FACILITY NAME (If not institution, gir	re street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
OTO	Stella Maris		son		Ba	altimore			
DIRECTOR	10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LOCA	N OR LOCATION			10d. INSIDE CITY LIMITS?	
LD	Maryland Ra	ltimore	owson _				1 TES 2 ND		
RA	8114 Dalesford	Ford Dood			Of. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	21234 CENDENT OF HISPAI	NIC ORIGIN? (Specify Yea		S.A. RACE — American Indian.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1- YES IF YES, GIVE WAR OR D WW TT	2 NO PATES	If yea, a	pecify Cuban, Maxica S 2 🙀 NO Specif	n, Puerto Ricen, etc.)		Specify: White	
ē	1S. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DECEDENT'S			16b. KIND OF BUS	INESS/INDUST		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	vork done during n e retired.)	lost of working				
COMPLETED	7th Grade 17. FATHER'S NAME (First, Middle, Last)		Heavy E	quipmen	t Operato				
						ME (First, Middle, Malden :	Sumame)		
BE	Conrad Zinkhan 19s. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street		P. Leight Poute Number, City or Town	State Zin Cor	rie)	
2	Marion L. Zinkh	ian	1			Baltimore,		21234	
	20e. METHOD OF DISPOSITION 1		D. PLACE AND DATE O	FOISPOSITION /A				or Town, State	
	4 Donation S Other (Specify)	M	oreland I	Memoria	l Park	5/10/93 H	illend	ale, Md.	
	1//1	// /			son Funer				
_	200 04 07 1/2 14 14			8521	Loch Ray	en Blvd.	Towson	, MD 21286	
1	PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset end Death Approximate interval Between Onset end Death								
	Toolking in double,	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentisity list conditions, if any, leading to immediata b. 17 () 2								
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF						
RTI	resulting in death) LAST	d	O TOTAL OF	<i>y.</i>					
	PART II. Other significant conditi	ons contributing to death h	ust mot requision to	- Abi undidu	a care risk a		-		
PHYSICIAN: MEDICAL	- Similari	one contributing to death b	ot not resulting ii	n the underlyin	ig ceuse given in	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED I						1 🗆 YES 2	K) NO	OF DEATH?	
ä								1 YES 2 NO	
CIA	2S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/ /	26. P	LACE OF DEATH (Che	ock only one)			
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		4 - Nursing Hor	ne S 🗆 Residenca		Lospic	10	
BY PI	1 Natural S Pending 2 Accident Investigation	28a. DATE OF INJUIN (Month, Day, Year)	Reb. TIME	JRY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURE	:D	
	3 Suicide 8 Could not b	26s. PLACE OF IN URY building, etc. Spec	At home, farm, st	treet, factory, offic		281. LOCATION (Street ar City or Town, State)	nd Number or R	ural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of my show NER: On the best of examination	adge, death occurre	d at the time, date	and place, and due death occured at the	to the cause(a) and mans	ner as stated,	use(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE DF CERTIF	IER			299 LICENSE NUM	BER G	29d. DATE SIG	MED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, 2300	Prings / 4/21	neg Os	ley ho	21,	204	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA				(
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The second control of the second control of

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

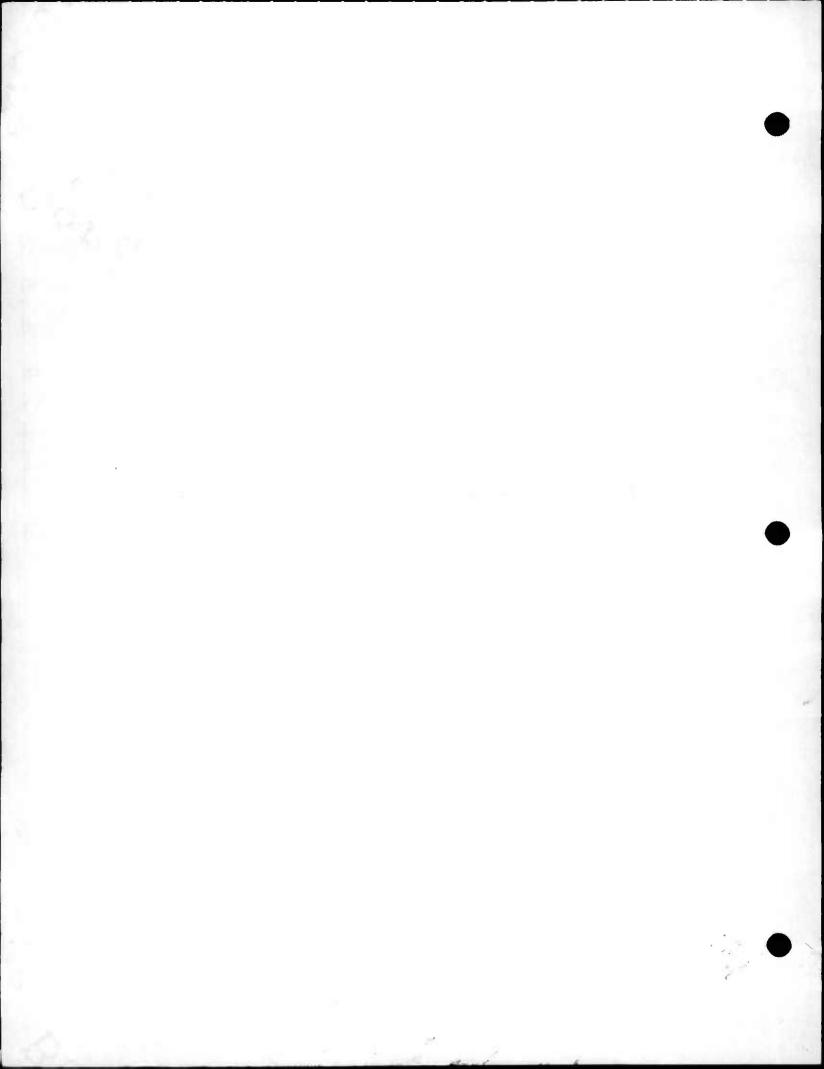
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. MAY TI 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

82. AEGISTRAR'S SIGNATURE

									93	131	032
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPARTME	NT OF	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF	DEATH
	Mary	Grace Z	epp					DAY 199	93	9	a. M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 15.	8. BIRTI	HPLACE (State	
3	300 01 9344 d	1 □ M 2 🖾 F 8	9	YRS. MONT	HS DAYS	NOURS MIN.	9/1/03		Mar	yland	
	9a. FACILITY NAME (If not institution, give str	not institution, give street and number) 9b. CITY, TO						9c. COL	JNTY OF E		
OR	4921 Bushey Ro	ad		S	/kesv	ille		Car	croll		
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR	Md. 10a. STATE 10b. COUNTY	rroll	- 1	10c. CITY, TOV							E CITY 3?
-	10e. STREET AND NUMBER				Sykesville					1 TYES	4.5
A					10	r. ZIP CODE		10g. CI1		WHAT COUNT	TRY7
FUNERAL	4921 Bushey					21784		1	U.S	5.A.	
	1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YES	S 2 NO	D	13. WAS DE If yes, s	CENDENT OF HISPAI pecify Cuban, Mexico	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	s or No-	14. RACI Blac	E — America: k, White, atc.	n Indien,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 [] YE	3 2 X NO Specif	y:		Spec		
	15. DECEDENT'S EDUC	ATION	16a. DEC	EDENT'S USUA	L OCCUPATI	ON	16b, KIND OF BI	ISINESS/IN	Whi	re	_
<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of work do Do NOT use retire	ne durina m	ost of working	100.11.10	70111237111	DOGINI		
립	7.1	=	Но	memak d :	r		Home				
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)			
ш	Herbert Ways					Blan	nche Moody	•			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AOOR	ESS (Street	and Number or Rural	Route Number, City or To	wn, Stata, Zi	p Code)		
۲	Elaine Thompson						esville, M				
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo	20	Ob. PLACE AN	ND DATE OF DISI	POSITION (N	ame of	DATE 20c. L	OCATION -	City or To	own, State	
ĺ	4 Donation 5 Other (Specify)	The state of the s	Mt. O	live Co	emete	rv	5/11 Ran	dalls	stown	n. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE				ND AGORESS OF FA	CILITY				
	+ Home 41)	Haralt	-			405	Haight F				
	23. PART I. Enter the diseases, or co	emplications that cause	ed the deat	th Do not en	POB	OX 195	Sykesvill	e, Mo	1. ZI		
	arrock, bringer, langre, L	ist only one cause on	each line.	DO 1101 WI	ter trie in	nue or dying, auc	an all cardiac or reap	Piratory ar	rest,		oximate val Between
	IMMEDIATE CAUSE (Final disease or condition	Alzhei			Die	ase				Onse	t and Death
ł	resulting in death)	DUE TO (OR AS			0114	1003 00					
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQU	JENCE OF):						-	
8	cause. Enter UNDERLYING									ĺ	
프	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQU	JENCE OF):							
	resulting in death) LAST										
- II	PART II. Other algnificant conditions	contribution to doub									
₹	Atherosule,	o des	O 4 P	euiting in the	underlyin	g ceuse given in	Part I. 24a. WAS AI PERFO		24b	WERE AUTOF	
ă	74 0147 036/47	2111	0,-	,		Tivh Di.	1 TYES	NO		OF DEATH?	OF CAUSE
Σ							_	•		1 TYES 2	NO 🗆
PHYSICIAN: MEDICAL											
할		HOSPITAL:		ОТН		ACE OF DEATH (Ch	eck only one)				
₹		1 Inpatient 2 ER/Out		DOA 4 🗆 I		e 5 A Residence	8 Other (Specify)				
2 Accident Investigation M 1 YES 2 NO							INJURY OC	CURED			
3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
iii	an opposition 2 4										
COMPLET	29a. CERTIFIER (Check only one)	IAN: To the best of my know	wiedge, deati	h occurred at th	e time, data	and place, and dua	to the cause(a) and ma	nner aa stal	ted.		
S I	2 MEDICAL EXAMINER	On the basis of examination	on and/or inv	restigation, in m	y opinion, d	eath occured at the	time, data and place, as	nd due to th	ne cause(a) and manner	as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	na 1				29c. LICENSE NUM	MBER	29d, DAT	E SIGNED	Month, Day	Pear)
2	1000 0,1	(or/				0320	982	▶ .	5/1	10/	93
_ 11	36 NAME AND ADDRESS OF DEDSON WHO										

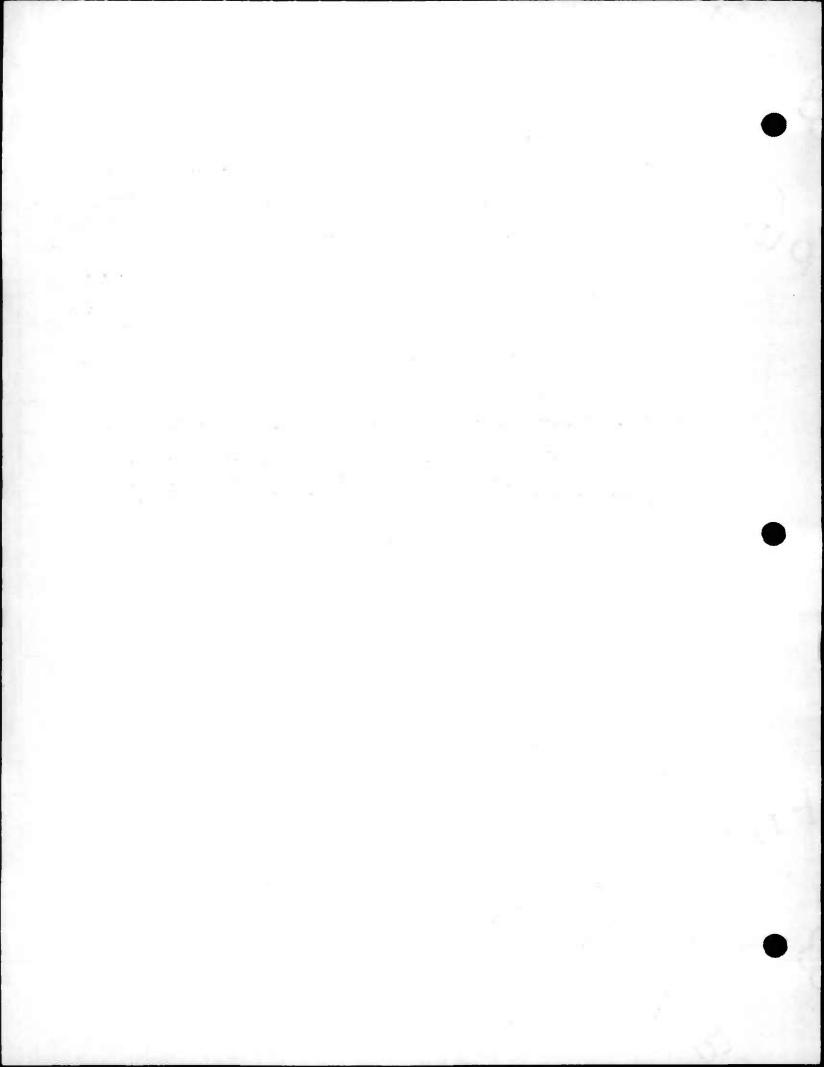


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the proposed of the contract o
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		1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENT/	L HYGIE			
		1. DECEDENT'S NAME (First,	Middle, Last)						<u> </u>	<u> </u>		2. DAT	E OF DEATN	0.		3. TIME OF DEATN
- 1		JULIA		S.		R	ARTK	OWSKI				MA	ГН	1002	YEAR	
		4. SOCIAL SECURITY NUMB	ER	5. SEX				F UNDER 1				OF BIRTH	1993	0.0000110	11:55A '	
		217-18-6645	;	1 M 2 XF		70	YRS.		AYS	HOURS	MIN.	(Mor	th, Day, Year)		Country	PLACE (State or Foreign
		90. FACILITY NAME (If not in				/ 0						Apr. 13,1923				ryland
	œ	a .			The west and the second of second					9c. COUNTY OF DEATH			ATH			
Н	5	RESIDENCE OF DEC	2 HOLK	CINS HOSP	TIAL			BA	LTI	<u>MORE</u>	CI	<u> </u>				
	E	10e. STATE	10b. COUNT	1		10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY	
- 1	DIRECTOR	Maryland		Baltimore	1			Po	70707	Hal	1					LIMITS?
- 1	7	10e. STREET AND NUMBER						10		ZIP CODE	-			10a CITI		1 YES 2 TYNO
	FUNERAL	9831 Forge	Park	Road						211	28			log. or		
	Ξ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	IS ARM	IED	12 148	DECE			IIC OBIO	N? (Specify Y	1	U.S	
		1 Never Married 2 💢	Married	FORCES? 1 IF YES, GIVE W	YES	2 XN)	lt y	s, spe	city Cubar	n, Mexica	n, Puerto	Rican, etc.)	ee or No —	Black,	American Indian, White, etc.
	BY	3 Widowed 4 Divo	rced	IF YES, GIVE V	MR OR DAIL	ES		1 10	1 ☐ YES 2 ☐XNO Specify: Specify Whi					White		
		15. DEC	EDENT'S EDU	CATION	1	6a. DEC	EDENT'S	USUAL OCC	PATIO	N		16	. KINO OF B	USINESS/IND		
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900	COMPLET	17. FATHER'S NAME (First, Mi	ddle, Last)					- 11011		18. MOTH	IER'S NA		Middle, Melde		g CO	прапу
क	w I	Adolph	Sojk	a							alia			sniew	oled	
Fled	8	19a. INFORMANT'S NAME (7)				19b.	MAILING	ADDRESS (S	treet en				ber. City or To	wn. State. Zio	Code)	7
100	٤	The male and the second second and multiples of north notice number, city or lown, S											0.0			
pe l		Frank J. Bartkowski (husband) 9831 Forge Park Rd., Perry Hall, MD 21 20a. METNOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of company of the place) 20c. DCATION - City or											City or Tow	n. State		
Ē		4 Donation 5X Other	her plece)	Ma	11007		5/									
ner	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									CILITY	eral Homes, Inc.				
examiner must be notified at once.		> /.//	11/1	//				Sc	nim	unek	Fun	era.	L Home	s, In	c.	
		9705 Belair Road, Baltimore 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arr										, MD	21236			
event, the medical		23. PART I. Enter the di shock, or he	seases, or cart fallure.	complications that List only one cau	t caused to	he dea	th. Do n	ot enter th	mod	e of dyle	ng, such	aa car	diac or res	piratory arm	eat,	Approximata
9		IMMEDIATE CAUSE (Final Onset and Deat											Onset and Death			
=		disease or condition a. OHF BIVENTRICULAR BUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. MYDCARRAL (NFARCTION 6 MONTHS														
20																
	z I	Sequentially list condition		DUE TO (OR AS A CONSEQUENCE OF):										6MONTHS		
Ē	CERTIFICATION	if any, leading to immed	liate	DUE TO	(OR AS A C	ONSEOL	JENCE OF):							7	
=	ें व	Cause. Enter UNDERLYII CAUSE (Disease or Injur		2											-10	
5	<u> </u>	that initiated events resulting in death) LAST														
5	H	resulting in death) CAS		1												
201	A C	PART II. Other algnificar	nt condition	a contributing to	death but	not res	sulting is	n the unde	rlylna	COURS O	iven in i	Dort I	24a. WAS A	H ALLTONOV	Lan	TERE ALTERNATION OF THE PARTY O
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20	MEDIC											_	1 TYES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
shows any	Σ											_			1	YES 2 NO
	Ž I	05 340 0405 DEFENDED TO														
ស	云山	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					6. PLA	CE OF DE	ATH (Che	ck only o	ne)			
tem Z	¥ ∥	EXAMINER? 1 YES 2 NO HOSPITAL: 1 To Timpstient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence									idence	6 🗆 Othe	r (Specify)			
or Item 2	i ksic			28e. DATE OF			26b. TIME INJU		:. INJU WOR			28d. OE	CRIBE HOW	INJURY OCC	UREO	
ked, or Item 2:	PHYSICIAN:	27. MANNER OF DEATH	Pandina	(Month, Di	ry, rear)						400					
Tar.	BY PHYSIC	27. MANNER OF DEATH	Pending investigation	(Month, D					YE	S 2 [NO					
mari	à	27. MANNER OF DEATH 1 Netural 5 F 2 Accident II 3 Suicide 6 C	ould not be	(Month, Di		At hom-	e, term, si			S 2 [NO	281. LOC	ATION (Street or Town, State	and Number	or Rurel Ro	ste Number,
ZB Is mark	à	27. MANNER OF DEATH 1 Netural 5 F 2 Accident II 3 Suicide 6 C 4 Homicide	nveatigation	(Month, Di	F INJURY —	At home	e, term, si			S 2 [NO	28t. LOC C/ty	ATION (Street or Town, State	end Number	or Rural Rol	ite Number,
28 Is mark	à	27. MANNER OF DEATH 1 Netural 5 F 2 Accident II 3 Suicide 6 C 4 Homicide CERTIFIER (Check only CERTIFIER	Could not be setermined	(Month, Di	F INJURY — otc. (Specify)			treet, factory,	office			City	or Town, Stete)	11.07	ite Number,
28 Is mark	à	27. MANNER OF DEATH 1 Netural 5 F Accident II 3 Suicide 6 G 4 Homicide delayer (Check only CERTIFIER	Could not be intermined	28e. PLACE Of building,	F INJURY — etc. (Specify) my knowled	ge, deat	h occurre	treet, factory,	office	and place,	and dua	lo the ce	or Town, Stete	nner ee state	d.	ute Number,
TANT: If Item 28 Is mark	COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 F Accident II 3 Suicide 6 G 4 Homicide delayer (Check only CERTIFIER	Could not be determined FYING PNYSIC CAL EXAMINE	28e. PLACE Of building,	F INJURY — etc. (Specify) my knowled	ge, deat	h occurre	treet, factory,	date e	and place,	and dua	lo the ce	or Town, Stete	inner ee state	d. ceuse(e)	and menner ee stated.
PORTANT: If Item 28 Is mari	à	27. MANNER OF DEATH 1 Netural 5 F 2 Accident II 3 Suicide 6 C 4 Homicide CERTI (Check only one) 2 MEDIC	Could not be determined FYING PNYSIC CAL EXAMINE	28e. PLACE Of building,	F INJURY — etc. (Specify) my knowled	ge, deat	h occurre	treet, factory,	date e	and place, with occure 29c. LICE	and dua	In the ce	or Town, Stete	inner ee state nd due to the	d. ceuse(e)	

600 N. WOLFE ST. BALTIMORE M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Aundell



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31. DATE FILED (Month, Dav. Year)

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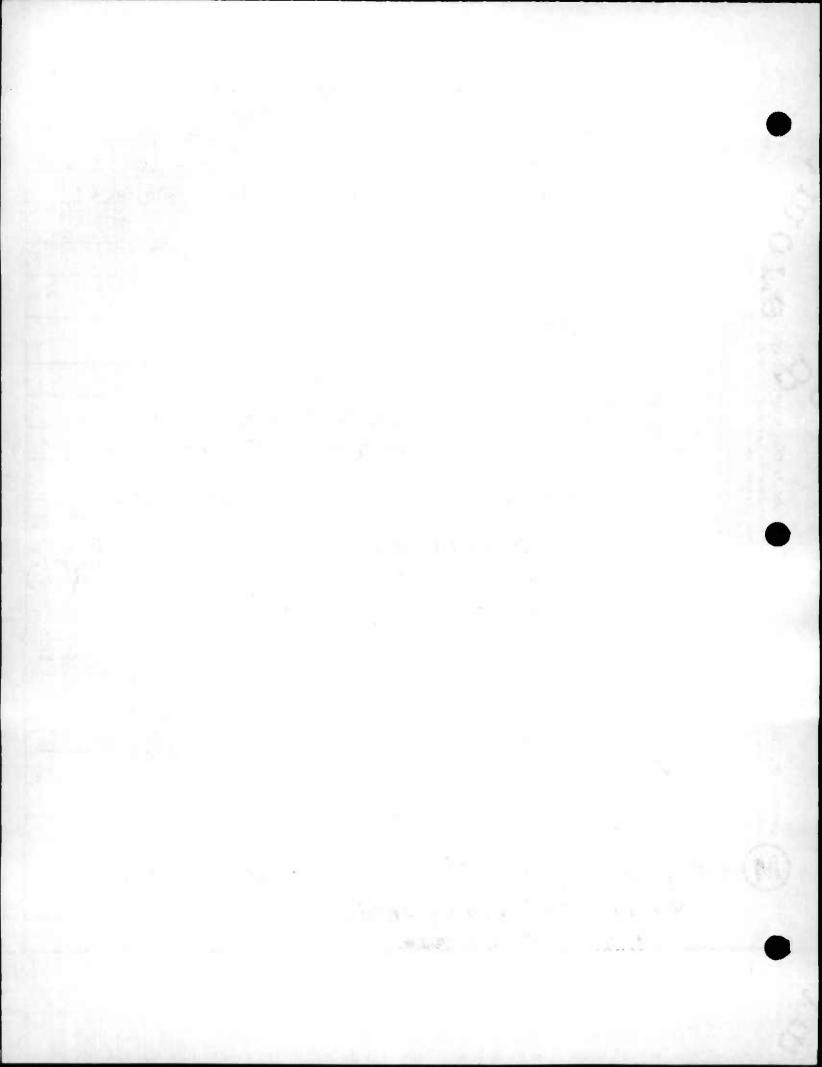
Like Devilon

permit. Pages 1, 2, 3 should funeral director, page 5 should be detached for use as the bunal-transit yours after death. Page 6 may be retained by the hospital or attending physician. once. notified at must be the medical examiner filled in by the figure, or removal. 0 has been signed by the attending physiclan and completely fille Dept. of Health and Mental Hygiene prior to burial, cremation. within. traumatic event, executed certificate be other injury, or that shows any requires W. 23 OR ATTENDING PHYSICIAN: The December 2018 of the Communication of the Communica

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF DEATH Baldwin 915 pm 93 5 2 7. DATE OF BIRTH (Month, Day, Year) 3-11-92 5. SEX 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. Baltimore 1 0 M 2 F 35-4456 Baltmare 9b. CITY, TOWN OR LOCATION OF DEATH Pediatri MH Washing ton Hospital DIRECTOR baltymere 10e. STATE 10b. COUNTY IGG. INSIDE CITY Butto Md 1 YES 2 | NO 10e. STREET AND NUMBER WHAT COUNTRY? FUNERAL 10g. CITIZEN OF 10f. ZIP CODE 24 5 2/21 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11, MARITAL STATUS 14. RACE Black. American Indian,
 White, etc. If yes, specify Cubs

1 YES 2 SANO an, Mexican, P 2 Me IF YES, GIVE WAR OR DATES Specify: Black Specify: BY 3 Widowed 4 Divorced COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Baldwin exter BE State, Zip Code 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS /Str 2 10 Iris hia tarnson 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION ADOCATION - City or Town, State 3 🗆 F 115town anda ran 21. SIGNATURE OF FUNERAL SERVICE LICENSEE H. Wes 0 live 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximata** shock, or heart failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition mons resulting in death) 41992 CERTIFICATION Sequentially ilst conditions, if any, leading to immediata cause. Enter UNDERLYING SEQUENCE OF: 0 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUE that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** OTHER 1 YES 2 NO patient 2 ER/Outpatient 3 DOA me 5 🗆 Residence 6 🗆 Other (Specify) 4 | N 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 19 5 12 9 15 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

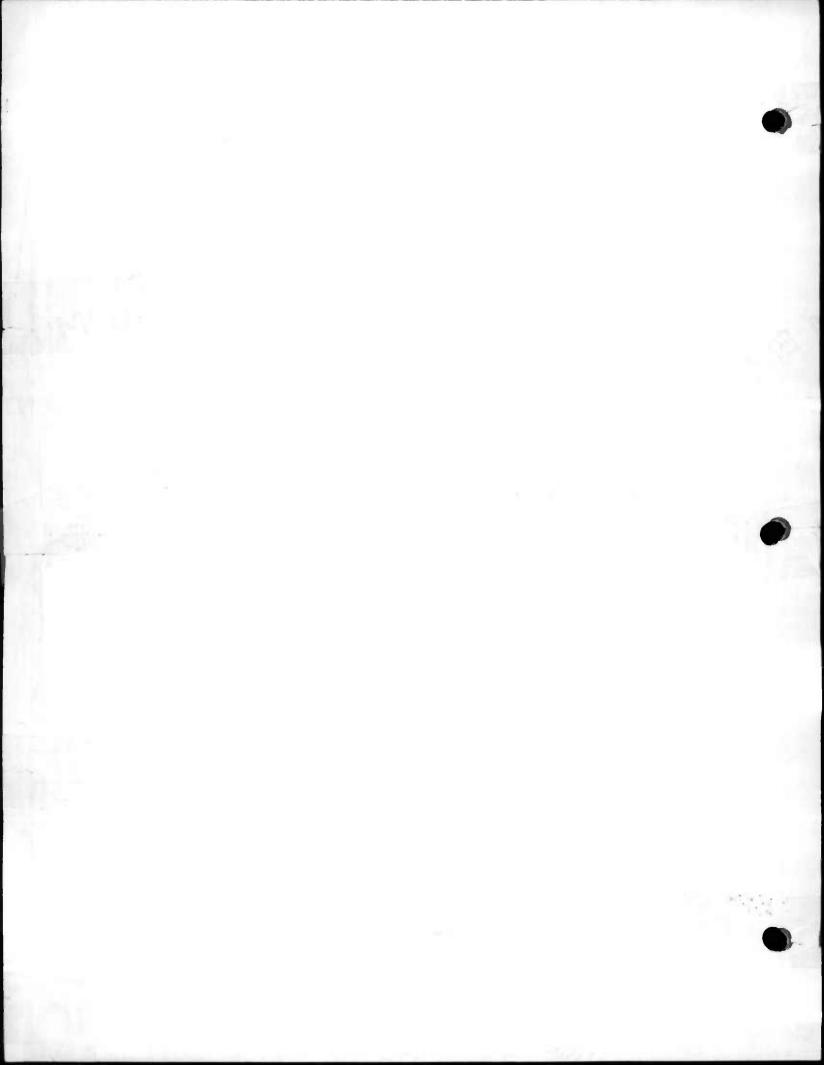
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TO THE HIERTAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	TO THE THE RAL DIRECTOR: After this certificate has been signed by the attending physician a	be med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traum:
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /				HEALTH DEAT		MENTA	L HYGIEN	E	93	13635	
	1. DECEOENT'S NAME (First,	Middle, Last)	A BOOK			-	_ 01	DEA		2. DATE MONT	E OF DEATH	1993	VEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	(Mon	E OF BIRTH		S. BIRTHPLACE (State or Foreign Country)		
	216-18-014	13 A	1 □ M 2X1XF	87	YRS.	MONTHS	DAYS	HOURS	Mire.	6.	-5-190		Pennsylvani		
_	9a. FACILITY NAME (If not in							OR LOCATI					NTY OF E		
6	209 St. He		Avenue			St	•He	lena	-Dui	ndalk Bal			lti	timore	
E C	10e. STATE	10b. COUNTY	γ		10c. CIT	ry, town	OR LOC	ATION						10d. INSIDE CITY	
DIRECTOR	Md.	Bal	timore		St	.He	len	a-Du	nda:	lk				LIMITS? 1 YES 2 NO	
AL.	10e. STREET AND NUMBER			· · · · · · · · · · · · · · · · · · ·	-		1	of. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?	
FUNERAL	209 St. He	elena	Avenue					2122	2			U.S	.A.		
5	11. MARITAL STATUS			NT EVER IN U.S. AF		13.					IN? (Specify Yes Rican, etc.)	or No-	14. RACI Blac	E — American Indien, k, White, atc.	
ВУ	1 Never Merried 2 3 X Widowed 4 Divo			WAR OR DATES				S 2/XNO			, ,		Whi		
	15. DEC	EDENT'S EDU	CATION	18a. DI	CEDENTS	USUAL C	CCUPAT	ION	·	16	b, KIND OF BUS			LE	
		y highest grade		(0	live kind of	work done ise retired.)	durina n	nost of worki	ng	"					
P	10 yrs	-12)	Conlege (1-) or 5		omem	ake:	r				Own Ho	ome			
COMPLETED	17. FATHER'S NAME (First, M									ME (First,	Middle, Maiden				
BE C	William V	Vilbe	rn					Sa	die	Su	pplee				
10 8	19e. INFORMANT'S NAME (7		1·								mber, City or Tow				
-	Elizabeth										, Md.	_			
	20g. METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	20b. PLACE	OF DISPO	SITION (N	ame of c	emetery, cre	matory or	,				own, State Pa.	
	4 Donetion 5 Other							eter						ra Townshi	
	21. SIGNATURE OF FUNERA	L SERVICE LI	Edis	on M. 1	Perk	ins	. NAME	adle	V-A	shta	on Fur	era	1 1	Home, Inc.	
	Educ	m	Lerke	D0008	33	2	$1\overline{3}\overline{4}$	Wil	1ow	Spi	ring F	₹d.,	Dung	dalk,Md.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final										Onset and Death				
	diseasa or condition resulting in death)	\rightarrow	. SEVE	RE W	6161	HT L	-01	55						T.	
	DUE TO (OR AS A CONSEQUENCE OF):														
NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): OUE TO (O														
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING UN KNOWN FTOLOGY - OR TESTING.														
윤	CAUSE (Diseesa or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):														
	resulting in death) LAS	ST .	d.												
	PART ii. Other algnifice	ent condition	ne contribution to	a death but not	no nu Itlm n	In the s	on al a ali il		when In	Don't I	1 242 MM C 41	ALIMORAY	1 24	b. WERE AUTOPSY FINDINGS	
CAL	OSTEDPO		_	o death but not	resulting	in the c	incerty	ing couse	givan in	rail i.	PERFO	RMED?	"	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	HISTORY			TENICIO	141						1 TYES	XNO		OF DEATH?	
≖	1412 [416]	01-	HIPEN	1611211										1 TYES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED 1	O MEDICAL					26.	PLACE OF	DEATH (Ch	neck only	one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 □ DOA	OTHE	R:	1/			her (Specify)				
H	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TI	ME OF	28c. 1	NJURY AT	, a ai de il de	_	EŞCRIBE HOW	INJURY O	CURED		
		Pending investigation	(Month,	Day, Year)	"	M		VORK?	□ NO						
р ву	2 Accident 3 Suicide 8	Could not be	28e. PLACE	OF INJURY — At h	ome, farm	, atreet, fe	ctory, of	fice		28f. LC	OCATION (Street ty or Town, State	end Numbe	or or Rural	Route Number,	
TED	4 Homicide	determined		, (,)							,, 0, 10111, 0,010				
COMPLET	29e. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	leath occu	rred at the	time, di	rte and plac	a, end due	to the c	euse(e) end me	nner ee st	rted.		
OM	ome)	ICAL EXAMIN	ER: On the beele of	examination end/or	r Investigat	tion, in my	opinion	, death occ	ured at the	time, de	nte end placa, e	nd due to t	the cause	(e) and menner as stated.	
E C	295. SIGNATURE AND TITLE	E AF ESTIFIE	ER /					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
00	41 hmul	H-m	1 (FAI	nily P	445	IUA	(4	02	19 19	えつ			5/1	0/93	
2	30. NAME AND ADDRESS	F EISON W	HO COMPLETEO CA	USE OF OEATH (IT	EM 27) (Typ	oe, Print)	J.I	M. N	ieho	off	M.D.				
1	I.M. NIE	FOEE.	mo. 9	1000 FF	MAS	KLI 1	13	DUAR	E 1	X.	M.D.	10,1	10	21237	
	31. DATE FILED (Month, Day)	Year)	32. REGISTE	TAR'S SIGNATURE											

32. REGISTRAR'S SIGNATURE
Suha Davidson-Rendall

MAY 1 2 1993

DHMH-16 Rev 1/89



DHMH-18 Rev 1/89

page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

funeral director,

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	TAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after d	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

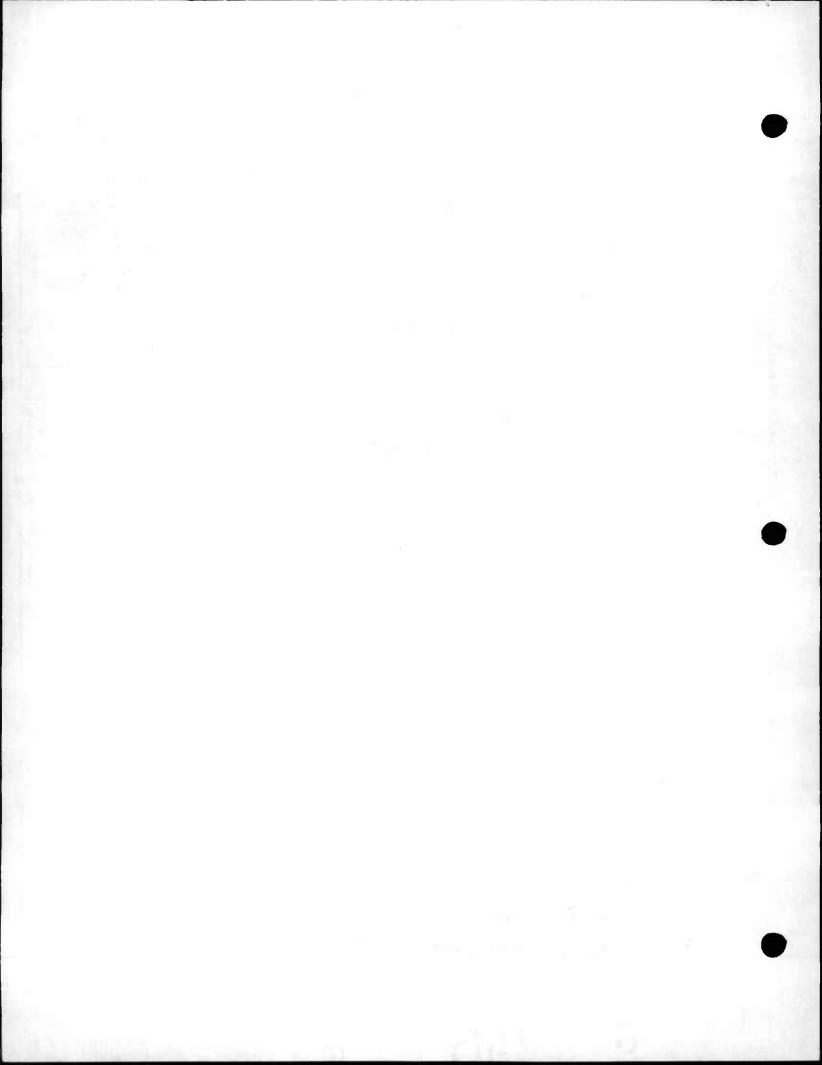
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH (LEONARY) YEAR Leona Brown 05 06 1993 11:57 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAVE MOUNT 1 - M 2X-XF 217-26-2537 6-14-17 S.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University Hospital S.T.U. Baltimore City 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD TXXYES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 529 WILLOW AVENUE 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 Never Married 2 Marr 1 TES 2 NO Specify: A 3 Widowed 4 Divorced BLACK ETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) notified at JOHN WOODWARD BE HANNAH 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 OUEEN GOODMAN 5920 FALKIRK RD/BALTIMORE, MD 21239 must be 20s. METHOD OF DISPOSITION

XCX Burdel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MD Laurel, MD NATIONAL PARK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Retw Onset and Death **IMMEDIATE CAUSE (Fine)** the disesse or condition MUMPE DYSURIS resulting in death) shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resuiting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: XX ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation Passenger in Auto/Auto 1 YES 2X NO BY 2 P PLACE OF INJURY — A building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide .00 6 Could not be BECOMPLETED 4 Homicide Item 28 determined Street Coldspring & The Alameda 29a. CERTIFIER

(Chark and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. SATTE TWERAL C (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. SIGNATURE AND TITLE ON 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) meyhill O.C.M.E. 05/07/1993 30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARIO KIREL WO 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 1993 Bandall

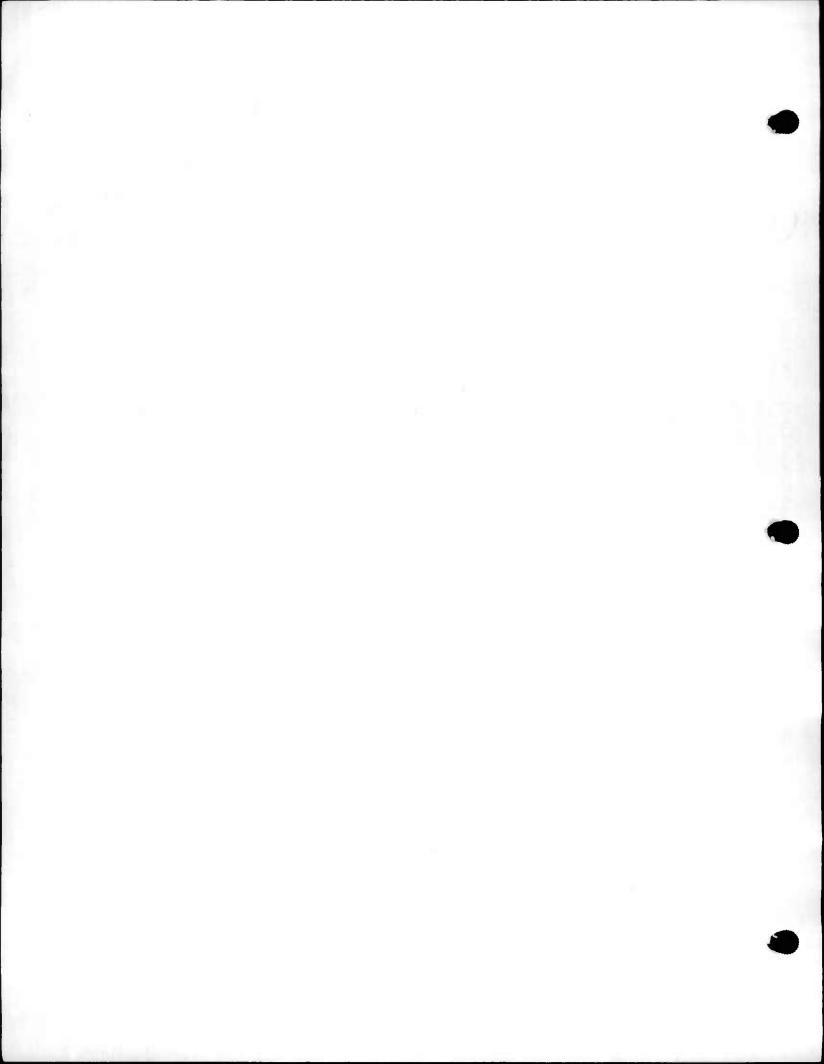
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OHMH-18 Rev 1/89

O BOA 13140, BALLIMONE, MANTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
DIVISION OF VIIAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows

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1	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF DEAT	TH DAY		VEAG	3. TIME OF DEATH	
İ	Mary	Agnes		Bisson						MONTH 5	DAY		YEAR	0 5554	M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF BIRT	9	1		9 • 5 5 P M IPLACE (State or Foreign	
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BY FUNERAL DIRECTOR	occiia ma.	113				1	OWS	on				Ba	lti	more	
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5	MD	BALI	IMORE			COCF	teys	A T T T 6	=					1 YES 2 X NO	
4	10e. STREET AND NUMBER						10	. ZIP COD			\neg T	10g. CIT	ZEN OF	VHAT COUNTRY?	
3	8 Thurkil	1 Cour	t					2103	30		- 1	T	JSA		
ΞI	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AS	RMED	13	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specis	y Van d			- American Indian,	_
리	1 Never Married 2	Married	FORCES? 1	YES TO	NO		If yes, sp	ecity Cubi	an, Maxica	n, Puerto Rican, ato			Blac	t, Whita, atc.	
≿	3, Widowed 4 Divo	erced	IF YES, GIVE V	WAR OR DATES"			1 TYES	2 XNO	Specify	<i>:</i> :			Spec	™: nite	
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A P	0				Reta	ail					S	ales	3		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle, M.	alden S	lumame)			
	John Coval	1037						M.	arv l	McNeeve					
BE	19a. INFORMANT'S NAME			19	b. MAILING	ADDRES	S (Street	and Numbe	r or Rural I	Poute Number City of	r Town.	State, Zic	Code)		
ဥ	Helen C. S	Stadter	•		8 Thu	ırki	11 C	ourt	, Co	ckeysvil	1e,	MD	210	30	
H	20- METHOD OF DISPOSIT	ION		20b. PLACE	OF DIEBO	PITION (A)				Lac	- 100	ATION	Clin on To	wn, State	
	20e. METHOD OF DISPOSIT 1 △ Burlel 2 ☐ Cremetic		oval from State	other p	vace)	·									
	4 Donation 5 Other		X 4	athe					5/12/9B	Ва	ltir	nore	, MD		
	21. SIGNATURE OF PUNERA	SERVICEAR	Lowers					it ob	ошти ell-Wied	ofo	14	Tnc			
	Marti	n D. T	awson									-			
-4	23. PART I. Enter the d				- N D-					a Rd., T					_
			Liet only one ce			not enter	the mo	oda Or dy	ring, auc	n aa cardiac or	reapir	atory ar	rest,	Approximate interval Between	een
	I IMMEDIATE GAUGE (FINAL												Onset and De	ath	
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CERTIFICATION	Sequentielly list condit if any, leading to imme		DUE TO	(OR AS A CONSE	OUENCE O	F):									
ξl	cause. Enter UNDERLY	ING													
E	CAUSE (Diseese or Injuthet initieted events	JIY	DUE TO	(OR AS A CONSE	OUENCE O	F):									
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اب	PART II. Other aignifica	ant condition	a contributing to	death but not	resuiting	in the u	nderiyin	g cauae	given in			WTOPSY	241	. WERE AUTOPSY FINDIN	VGS
MEDICAL	/			4							RFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	E
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PHYSICIAN:															
8	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:)	Marian		LACE OF	DEATH (Ch	eck only one)					
S	1 YES 2 NO			ENOutpettent /	□ 00A	ØTHE 4 □ Nu	FR: raing Hor	na 5 🗆 A	Realdanca	6 - Other (Specify)				
<u> </u>	27. MANNER OF DEATH		28s. DATE OF	F/MJURY /	28b. TIN	E OF		JURY AT		28d. DESCRIBE	IOW IN	JURY OC	CURED		
	1 Natural 5	Pending	(Month)	out news	I IN	JURY M		ORK? YES 2	No						
B	2 Accident 3 Suicide	Investigation	28s. PLACE	FINIURY — At h	ome ferm.	etreet, fec	tory offic	ca .	-	26f. LOCATION (S	Street as	nd Numbe	r or Rural	Floute Number	_
요ㅣ	4 Homicida	Could not be determined	building	(Specify)						City or Town,					
				/											_
COMPLETED	29a. CERTIFIER (Check only	TIFYING PHYSI	ICIAN: To the best	my knowledge, d	leath occur	red at the	time, dat	end plac	e, and dua	to the cause(a) an	d men	ner an ata	ted.		
ĕ	one) 2 MEC	ICAL EXAMINE	R: On the beals of	kemilittee and/or	Investigati	on, In my	opinion,	death occu	ured at the	time, date and pla	ca, and	dua to t	ha cause(a) and manner as stated	d.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R		_			29c 110	PAGE NU	MRFR		29d DAT	E SIGNE	(Month, Day, Year)	
B									1/1	MBER OH		•		0/93	
2	OR NAME AND COME	F DEPOS:	O COMPLETE	ISE AF SELECT	eu e= =	D. C. C.			/			-	/	, ,	
_	Eddie Nak	FERSON WH	2300 D.	1 a D a V	LM 27) (Type	Print)	DD	Т-							
	Eddie Nak				vall	еу	KD.	IOW	son	, Mary	Lar	nd 2	120	4	
-	31. DATE FILED (Month, Day,			AR'S SIGNATURE											
- 1	MAY 1 9	2 1002	Grena D	evidson-Ro	india se	į.									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECOKLDS, P.O. DOA DO/DU,

DITH HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with it is burial transit permit. Pages 1, 2, 3 should be filled with it is a shown any liquity, or other traumatic event, the medical examiner must be notified at once.

						OATE	<u> </u>	DEATH		HEG. NO.			
	1. DECEDENT'S NAME (First		D 7 12 17 17						- 1	DATE OF DEATH DA		YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUME		BAYNE 5. SEX	6. AGE (In yrs. Is	est hirthriay)	IF UNDER 1 Y	FAD	IF UNDER 24 H	0.	DATE OF BIRTH	199		7:50PM M
	219-20-67	0.0	1 🗆 M 2 🗗 🟋 F		7 YRS.			7	NN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not in		street and number)		, ,	9b. CITY, TO	Db. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						RYLAND
8	G.B.M.C.,	6701	N.CHARL	ES STR	REET							RE	
DIRECTOR	RESIDENCE OF DEC												
Ē	MARYLAND		' LTIMORE			r, TOWN OR I	OCATIO	ON					0d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	BA	LTIMORE		TO	WSON	404.7	ZIP CODE					TES 2 NO
FUNERAL	1010 MARL	e T C U	CIDCIE									USA	AT COUNTRY?
Š	11. MARITAL STATUS	b I G II	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WAS		2120		ORIGIN? (Specify Yea			- American Indian,
	1 Nover Married 2		FORCES? 1	YES 2 X	NO	If yo	s, spec	Ify Cuban, M	lexican, P	verto Rican, etc.)		Black, \ Specify:	White, etc.
ВУ	3 Widowed 4 Divo											WHI	
COMPLETED	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(Give kind of w	USUAL OCCU				166. KIND OF BUS	INESS/INDU	STRY	
LE	Elementary/Secondary (0)-12)	College (1-4 or 5	•)	FICE		O I/			Black +	- DE	CKER	
MC	17. FATHER'S NAME (First, M	licicile (net)		101	FICE	. ۷۷С	_	_	0 114145	(First, Middle, Malden S			
	HOWARD F		LIN BA	yne						Rosant		2110	0.25
BE	19a. INFORMANT'S NAME (7				9b. MAILING	ADDRESS (S	reet and			e Number, City or Town			
임	Family											,	
	20a. METHOD OF DISPOSITE	ION	oval from State			F DISPOSITIO	N (Name	e of		DATE 20c. LOC	ATION — C	Ity or Town	, State
	4 Donation 5 Other			GREE	rematory or ot			neter	Y	516/93 P	ALTO		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	- Constant	0		22. NAI	AE AND	ADDRESS O	FACILITY OF FACILITY	of Chir	nes		1
	Habert	W	way	80-1		23	25	YORK	Rd	of Chir	MUIN	MY	. 21093
	23. PART i. Enter the di ahock, or h	iseasea, or e	complications the	t caused the d	leeth. Dp n	Dt enter the	mode	of dying,	such a	a cerdiac Dr reapir	atory arre	at,	Approximate interval Between
	IMMEDIATE CAUSE (Fin		,										Onset and Death
ļ	disease or condition reculting in death) a. CARDIOPULMONARY ARREST												
	DUE TO (OR AS A CONSEQUENCE OF):												
ō	Sequentially list conditi		EOUENCE OF		.61	DENT							
S	cause. Enter UNDERLY!	CLEROSIS								!			
CERTIFICATION	that initieted events resulting in death) LAS		DUE TO	(OR AS A CONSE	ONSEQUENCE OF):								
Ä	resulting in death) LAS	,	d										
	PART II. Other eignifica	nt condition	a contributing to	deeth but not	recuiting in	n the under	lying o	cauee give	n in Par	t i. 24a. WAS AN /	UTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	O.R. 04/2	29/93	STENOS	IS OF	ABDO	MINAI	A	ORTA	ANI				MALABLE PRIOR TO OMPLETION OF CAUSE
H KE	RIGHT RENZ	AL AR	TERY								1	F DEATH?	
ż													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	6. PLAC	CE OF DEATH	H (Check o	only one)			
KSI	1 VES 2 NO		1 Inpatient 2	ER/Outpatient	1	4 Nursing	Home	5 🗆 Reside	nce 6	Other (Specify)			
_	27. MANNER OF DEATH	Pending	26a. DATE OF (Month, D		28b. TIME	JRY	WORK	</td <td></td> <td>d. DESCRIBE HOW IN</td> <td>JURY OCCU</td> <td>IRED</td> <td></td>		d. DESCRIBE HOW IN	JURY OCCU	IRED	
à	3 Suleide	Investigation	28e. PLACE O	F INJURY — At h	ome ferm a			S 2 NO	_	1. LOCATION (Street at		. 0 . 10	
		Could not be detarmined	building,	atc. (Specify)	ome, 101111, 2	illori, lactory,	Office		201	City or Town, State)	ia Number o	r Hurai Hou	te Number,
COMPLETED	29a. CERTIFIER 1 CERT	EFYING PHYSI	CIAN: To the heat of	mu knowledon d	lanth gasum	d at the three	4-4-			he cause(e) end mend	C 800 HIDS		
퇽										he cause(e) end men: s, date end place, end			od menner es eteted
	296. SHEMARURE AND TITLE	_						Pgc. LICENSE					Ignth, Day, Year)
H	Show K A	vila	Aren A	2))			1	D184	44	2	D T	15	93
유	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	EM 27) (Type,	Print)	_	1 8				- /	
ľ		CHAR	-	205 YO	IKK,	KP 2	UIT	R 2Z	LU	THERVIL	LE,	MD	21093
	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIGNATURE	2								
	MAY 1 2 199	33 7	was welled	and lander		_							

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	REGISTRAR				
	1. DECEDENT'S NAME (First, Middle, Last		CATE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
œ	9a. FACILITY NAME (If not institution, give		96. CITY, TOWN OR LOCATION OF D	7-/3-/927 DEATN 9c. COU	NTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUR	ITY 10c. CITY	TOWN OR LOCATION	e CIII	10d. INSIDE CITY
AL DIR	MARYLAND BY	ALTIMORE CO. 1	PARKVIVE 101, ZIP CODE	100 CIT	LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY?
FUNERA	3026 WOOD	SIDE AVE	2123	34 U	1.S.A.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — Armster Indian, Black, White, etc. Specify: 17E
PLETED	15. DECEDENT'S EI (Specify only highest gra		USUAL OCCUPATION work done during most of working a retired.) MIDDES NITY	POLICE DE	
E COMPL	17. FATNER'S NAME (First, Middle, Last) LAWRENCE	BROSCIOUS	18. MOTHER'S N.	AME (First, Middle, Malden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip	Code)
	20a. METHOD OF DISPOSITION 1 © Burlal 2 SV Cremation 3 © Re 4 © Donation 5 © Other (Specify)	20h PLACE AND DATE O	FDISPOSITION (Name of	5-10 PARVA	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	of Gairmon	EVANS	GINERAL	amax
		1 110000	1 8800 th	THERD 14).
	23. PARTA. Enfect the diseases to affock, or heart talkin IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one gause on each line. Malugnant plants of the consequence of	and efferie	ch as cardiac or respiratory are	Interval Betw
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Maliznant ple	sacoma	m	Interval Betw
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. List only one cause on each line. Malignatiful DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) d.	sacoma	m Hemangis-so	Interval Betw Onset and D
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. List only one cause on each line. Malagnant plants on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence on the consequence of the conseque	sacoma	m Hemangis-so	Interval Betw Onset and De
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	BUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) d. ons contributing to death but not resulting in	n the underlying cause given in	Part I. 244. WAS AN AUTOPON PERFORMED?	24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	B. List only one cause on each line. Malagrant plants on the consequence of the conseque	26. PLACE OF DEATH (O OTHER: 4 Nursing Home 5 Residence OF 28c. RAJURY AT WORKY	Pers I. 244. WAS AN AUTOPOY PERFORMED? 1 YES 2 NO	Interval Betwoned and Dr. 2 Mark Autorsy Finds ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATHY 1 YES 2 NO
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause of the	BUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)	26. PLACE OF DEATH (O OTHER: 4 Nursing Home 5 Residence OF 28c. MJURY AT WORKY 1 YES 2 HO	Pert I. 244. WAS AN AUTOPRY PERFORMED? 1 YES 2 NO	Interval Betwoned and D TEAM 37 WEST AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the cause of the	B. List only one cause on each line. A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)	26. PLACE OF DEATH (OOTHER): 4 Nursing Home 5 Residence OF 28c. NUJURY AT WORKT 1 YES 2 NO trest, factory, office	Part I. 244. WAS AN ALTOPRIV PERFORMED? 1 YES 2 NO DISCRIBE HOW INJURY OCCUPY OF Revis, State)	24b, WERE AUTOPSY FINDS ANRIABLE PRIOR TO COMPLETION OF CAIR OF DEATH? 1 YES 2 NO CORED TO Plural Route Number

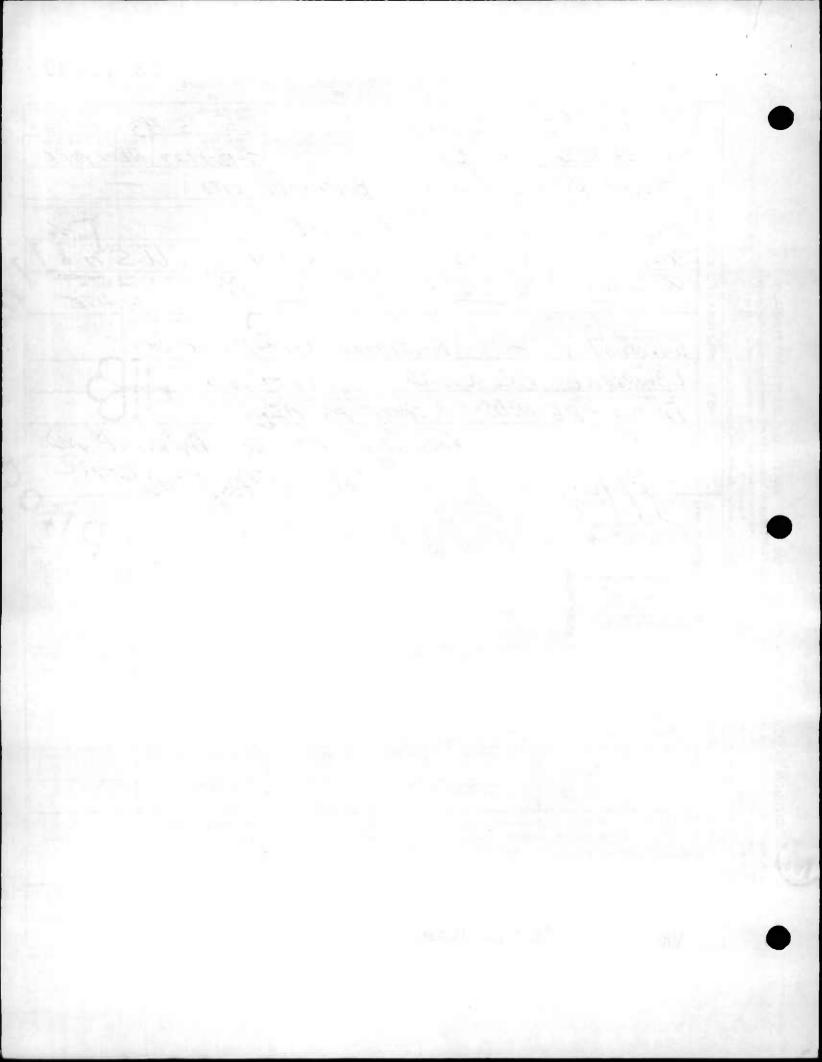
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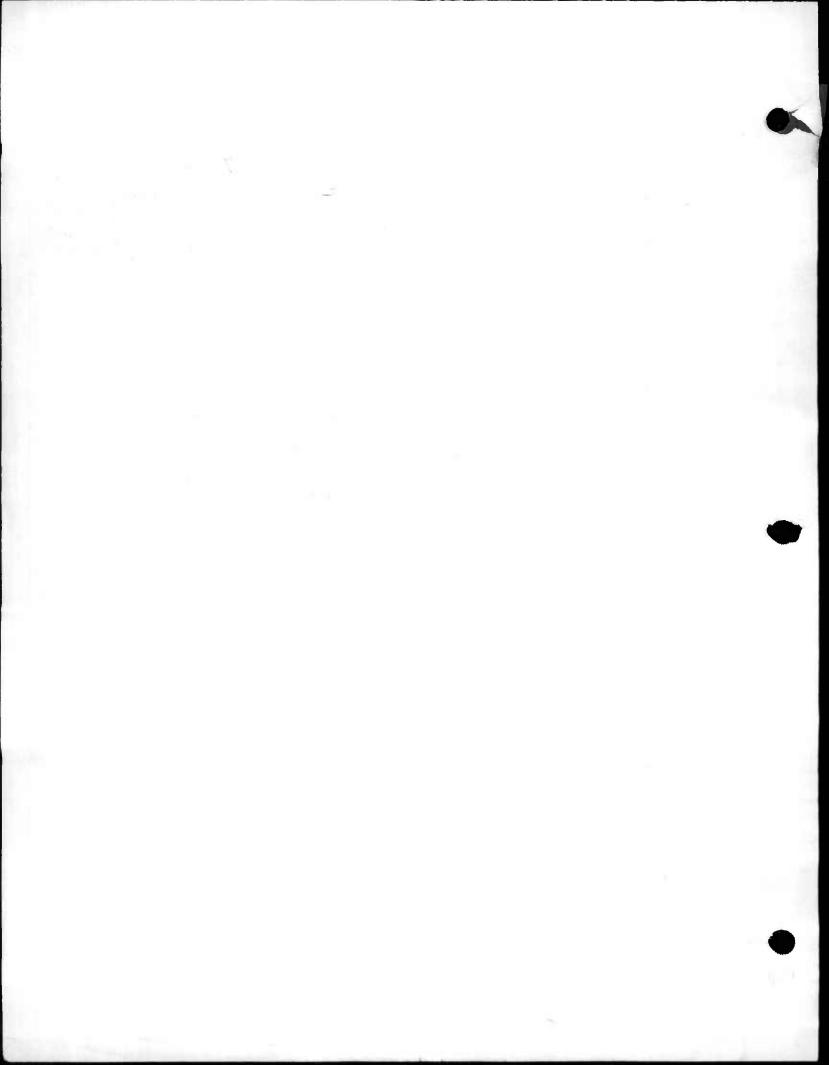


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should find within 72 hours after death with the State Dept. of Health and Mental Hydere prior to burial, cremation, or removal.	
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after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further find within 72 hours after death with the State Dest, of Health and Mental Hydiene prior to burial, cremation, or removal.	•
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT ERTIFICATI			IENTAL HYGIENI REG. NO.	93	13640
		1. DECEDENT'S NAME (First, Middle, Last)	Bank	BELLA F	BANK		2. DATE OF DEATH	D 95	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 213-40-9538	5. SEX 8. AGE (In yrs. In	st birthday) IF UNDER MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)
V	E S	So. FACILITY NAME (If not institution, give str Tewish Convert	Nurs. Home	9b, CTT	to .	LOCATION OF DEA	ATH .	9c. COUNTY	
1	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c. CITY, TOWN	OR LOCATIO	N			10d. INSIDE CITY LIMITS?
		Md. Bc.	to.	BAC	-7/M	OFE CIP CODE		10g. CITIZEN	1 VES 2 NO
	FUNERAL	7920 SCOTTS LEV				21208			USA
	à	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		ify Cuben, Mexican	C ORIGIN? (Specify Yee i, Puerto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (4	ECEDENT'S USUAL Of Give kind of work done b. Do NOT use retired.)	during most	of working	16b. KIND OF BUS	SINESS/INDUST	TRY
6	COMPLI	12	Conege (1-4 or 5+)	HOUSEWIF				HOME	
76	ш	17. FATHER'S NAME (First, Middle, Lest) RABBI HARRY C	ANTOR				NE (First, Middle, Meiden ORA ADLEMAN		
notified	TO B	19a. INFORMANT'S NAME (Type/Print) MR. ARNOLD SOLOM					oute Number, City or Town		de)
must be		20s. METHOD OF DISPOSITION 1 € Burlel 2 ☐ Contraction 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Spootly)	20b. PLACI	E OF DISPOSITION (N	eme of ceme	tery, crematory or	20c. LO	CATION — City	or Town, State
mer m		413 Donation 5 (Cither (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICE		IE EMUNAH-		ADDRESS OF FAC	5/9/93 SILITY	BALT	O.,MD.
examiner		> Syluly ho	tellman		SOL 6010	LEVINSON REISTER	1 & BROS. 1 RSTOWN RD.	FUNERAL BALTO	L HOME .,MD.(21215)
medicei			omplications that caused the d List only one cause on each lin	leeth. Do not ente	r the mode	e of dying, such	es cerdiec or respi	ratory arreat	Approximate Interval Between Onset and Death
it, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirator	Farles	4				Your
ic ever	2		Percussion to		en	Many			2 ms
ranmat	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSI	DUE TO (OR AS A CONSEQUENCE OF):					540
r other traumatic event, the	RTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):	10 <u>a</u>	unes	<u> </u>		
Injury, or	빙	PART II. Other significant condition	s contributing to death but not	resulting in the u	nderiving	cause given in I	Part i. 24a, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
an	EDICAL				eau con	NATIONAL PROPERTY.	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows	Σ						-		1 TYES 2 NO
Item 23	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		CE OF DEATH (Che	ack only one)		
5	PHYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpetient 28s. DATE OF INJURY				6 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCUR	RED
marked,	ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WOR 1 TYE	IK?			-
28 18	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street, fe	ctory, office		26f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
If Item	MPLE	cont only	CIAN: To the best of my knowledge, or						ause(e) end manner en stater!
IMPORTANT:	8	29b. SIGNAPURE AND TITLE OF CERTIFIER		- nong miny		29c. LICENSE NUM			IGNEO (Month, Day, Year)
IMPC	10 8	30, NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF DEATH (I	FM 27) (Time Print)		0339	74	1 5	9/93

PLITTED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROY PAR 31. DATE FILED (MAN DAY, 32. ABBISTRAR'S SIGNATURE
Suna Davidson-Randell 12



BALTIMORE, MARYLAND 21215-0020

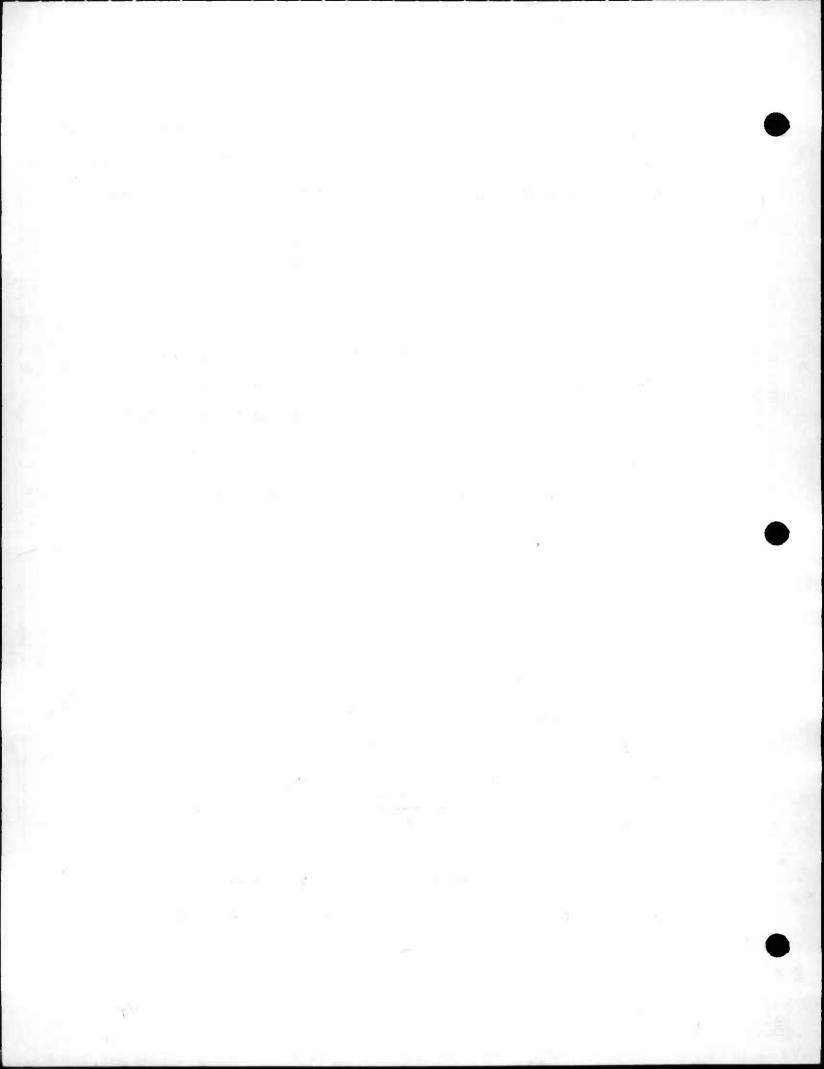
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12		1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	ND /	DEPAR ERTIF	TMEN	T OF H E OF	EALTH DEA	AND I	MENTAL HY	GIEN G. NO.			100.1
		1. DECEDENT'S NAME (First, Middle, Last) MARIAN LILLIAN E	BERGER								2. DATE OF DE	ATH		YEAR	3. TIME OF DEATH 9:58 PM
	1	4. SOCIAL SECURITY NUMBER 215–16–1618	5. SEX 1 M 2 X F	8. AGE (In	yrs. las	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIR	тн 25',]	1910	e. BIRTH	PLACE (State or Foreign HINGTON, D. C
	OR	9a. FACILITY NAME (If not institution, give a MILFORD MANOR N		ME				r, town o		ION OF OE			9c. COU	L INTY OF OI LTIMO	EATH
1	ERAL DIRECTOR	MARYI, AND 10e. STREET AND NUMBER				10c. CIT			MORI	E			10g. CIT	IZEN OF W	10d. INSIDE CITY LIMITS? 1 YES 2 NO PHAT COUNTRY?
	D BY FUNER	6711 PARK HTS AV 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	T EVER IN U	2Y∏ N ES	10	If yes, specify, Cuben, Mexicen, Puerto Ricen, atc.) 1 YES Z Y NO Specify: Specify:									
	COMPLETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(Gi	Do NOT us	S USUAL OCCUPATION work done during most of working see retired.) EWIFE AT HOME						INDUSTRY			
led at onc	BE	ROSE SMITH													
t be notif	٥	SYLVIA EILEEN BERGER 8310 MARCIE DRIVE BALTIMORE, MD 21208 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of 200. LOCATION — City of Town States											an State		
or removal. medical examiner must be notified at once.		The duries 2 Cremention 3 Removal from State 4 Donation 6 Other (Specify) The signature of function and service licenses 20. Location - City of Town, State 21. Location - City of Town, State 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 2121													
		23 PART I Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	pula	on and	h lina	<u>Q</u> o	7								Approximata Interval Batween Onset and Death
or other	CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
vs any in	MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO OF DEATH?									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
State Dept.	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
28 is marked,	IEU BY PHY	27. MANNER OF OBATH 1 Natural 5 Pending 2 Accident Investigation 3 Sulcida 8 Could not be determined	28a. DATE OF (Month, D. 28e. PLACE Obuilding,	ay, Ybar)	At hor	26b. Tine Shui ne, ferm, s	M	28c. INJU WOF Y	ES _X	<u></u>	28d. DESCRIBE 28l. LOCATION (City or Town,	Street as			oute Number,
72 hox	COMPLEI	29e. CERTIFIER (Check only one) CERTIFYING PHYSIC DISCOURSE (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of a	my knowled	ge, der	nth occurre	d at the I	lme, data e	and place,	, and dua :	to the cause(s) er	nd man	ner as stat	ed. e cause(e)	and marrner es stated.
EL) BE	296. SIGNATURE AND TITLE OF CENTREIER	B	60	٥	-\	me.	K	29c. LICE	NSE NUM	BER 68	O	29d. DATI	E SIGNEO	(Month, Day, Year)

32. REGISTRAR'S SIGNATURE

2 1993

e. 21215



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500								3642	
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF H	TEALTH AND	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)	(M JERC				2. DATE OF DEATH MONTH DA		EAR 3. T	IME OF DEATH	
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Foreign	
	217-18-69791 9e. FACILITY NAME (If not institution, give stree	7 0	0	b. CITY, TOWN (OR LOCATION OF D	APRIL 27,	1913 9c. COUNTY	OF DEATH	MD.	
5 E	UNIVERSITY OF MAR	YLAND HOSPIT	AL	BALTI	MORE					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			10d.	. INSIDE CITY	
<u> </u>	MD.		BALT	TIMORE					LIMITS? XYES 2 NO	
FUNERAL	3935 CLOVERHILL 1	POAD.		101	I. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
S	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN I		13. WAS DEC	21218 ENDENT OF HISPA	NIC ORIGIN? (Specify Yee		USA RACE — A	mericen Indien,	
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR DAT W.W.II ARMY	ES	1 TYES	2 NO Specifi	en, Puerto Ricen, atc.) fy:		Specify: WHITE		
ETE	15. DECEDENT'S EDUCAT (Specify only highest grade col	TON mpleted) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo		16b. KIND OF BUS	INESS/INDUST	TRY		
COMPLETED		5+	PROFESS	SOR		PRINCE	TON UNIVERSITY			
	17. FATHER'S NAME (First, Middle, Last)				A CHARLES TO A CO.	AME (First, Middle, Maiden S				
BE (MOSES BLUM 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		NNY HERZE		riel	·	
10	196. INFORMANT'S NAME (Type/Print) MS. ESTELLE BLUM 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3935 CLOVERHILL RD., BALTO., MD. (21218)									
	20e. METHOD OF DISPOSITION 1 Neutriel 2 Cremetion 3 Removel from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) BETH TFILOH CONGREGATION 5/9/93 BALTO.,									
0.0010-0.00	21. SIGNATURE OF FUNERAL SERVICE LICEN	Lu	SOL 1	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS. FUNERAL HOME 6010 REISTERSTOWN RD., BALTO., MD. (21215)						
	23. PART Inter the diseases, or control of the disease, or condition resulting in death)	Protate	the death. Do not the line.	antar tha mo	da of dying, suc	ch as cerdiac or respir	atory arrest	,	Approximete Interval Between Onset and Daat	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	at Consequence of:	ancer desket hol	hon					
MEDICAL C	PART II. Other significant conditions of	ontributing to death but	t not resulting in t	he underlying	g cause givan in	Part I. 24a. WAS AN PERFORI	MED?	AVAIL COMI DF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION DF CAUSE MEATH? YES 2 \(\subseteq \text{NO} \)	
PHYSICIAN:		IOSPITAL:	O	26. PL THER:	ACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 PHO 1 27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpat 28e. DATE OF INJURY		☐ Nursing Hom		6 Other (Specity) 26d. DESCRIBE HOW IN	HIBY OCCUP	ED.		
ВУ Р	Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	wo	RK? YES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: 0	N: To the best of my knowled						use(s) end	manner se stated.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI		29d. DATE SIG			

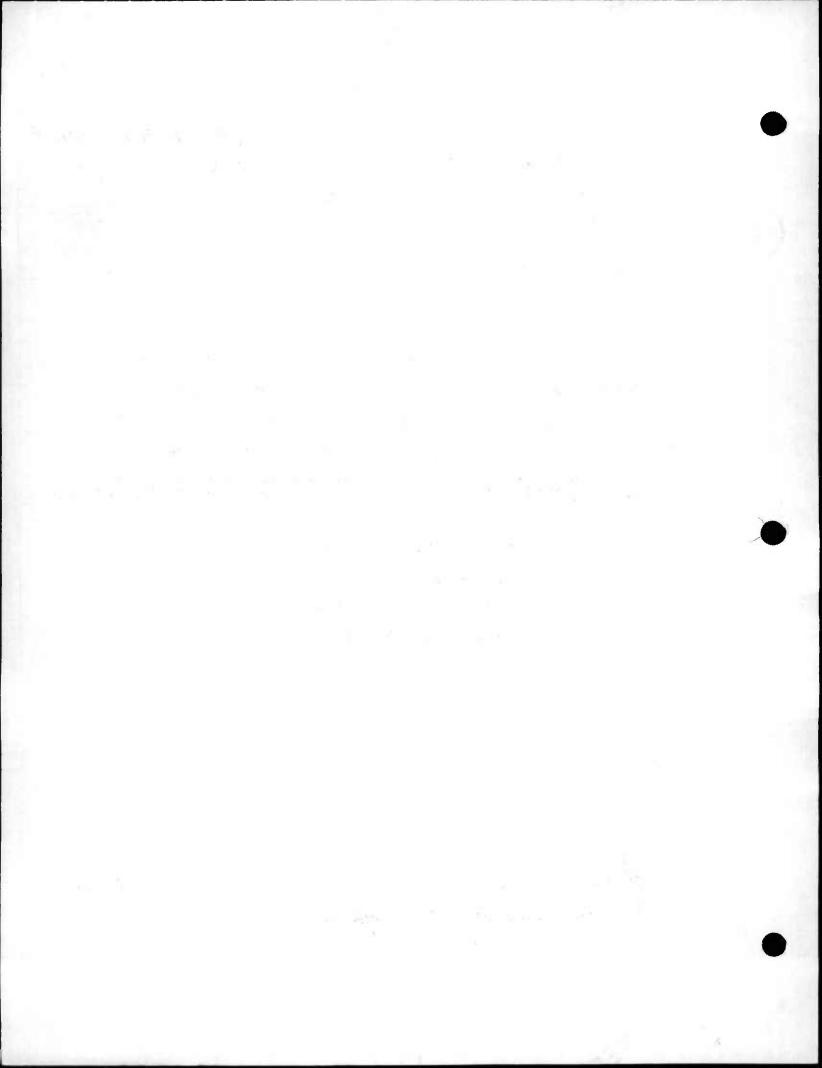
				20. PLACE OF DEATH (UN	reck only one)				
HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 D		□ DOA	OTHE 4 Nu	R: rsing Home 5 - Residence	6 Other (Specify)				
	28e. DATE OF INJURY (Month, Day, Year)	26b, TIN	ME OF JURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED				
	28e. PLACE OF INJURY — At ho building, atc. (Specify)	ome, ferm,	atreet, fee	ctory, office	281. LOCATION (Street and Number or Rural Route Numb City or Town, State)				

20e CERTIFIER		
(Charles and	1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the time	alata anal alata sant di caratra con estimatoria.
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time,	, thate and piece, and due to the ceuse(e) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or immediation in an artist	

	Mark St.				
O. NAME AND ADDR	ESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM	27) (Type, Print)	
Wook	KIM	university	of	Maryland	

31. DATE FILE MAY DOY, YOUR 1993

2

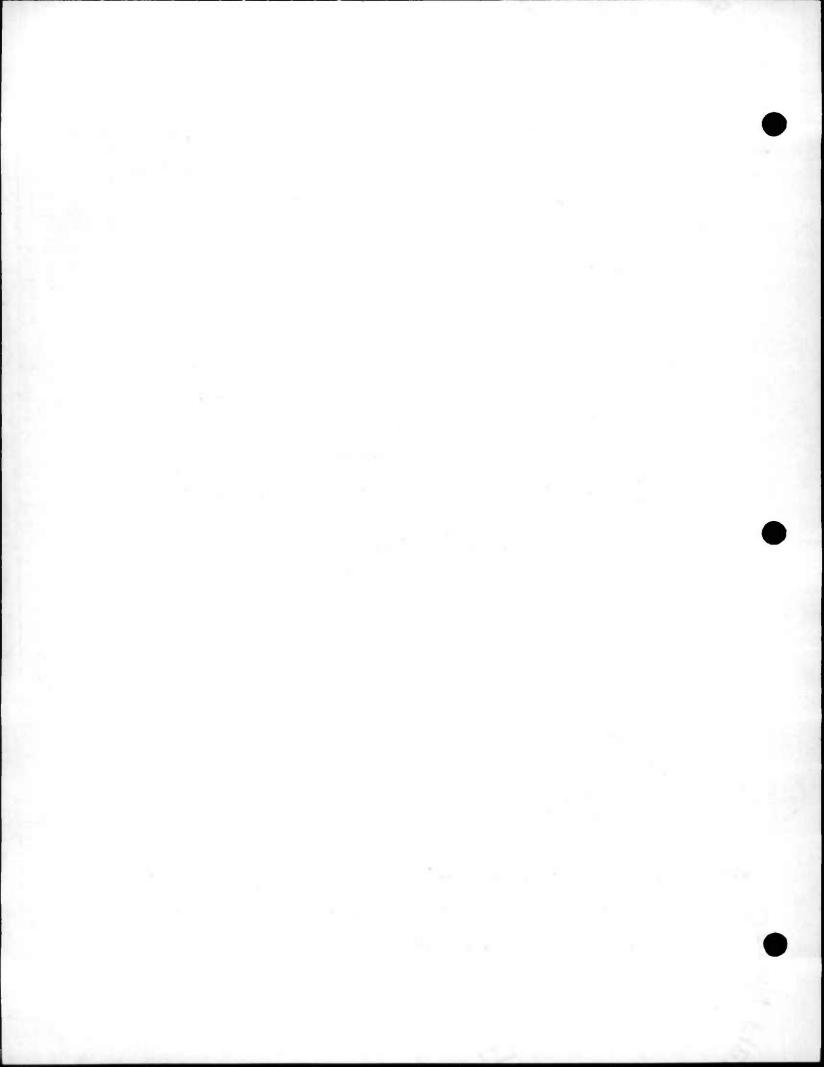


93 13643

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL	HYGIEN		J	1364	3
	1. DECEDENT'S NAME (First, Middle, Last)	Black				2. DATE	OF DEATH	19	3. 947	TIME OF DEATH	ρ.
	4. SOCIAL SECURITY NUMBER 220-20-3383	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH Day, Year)		Country)	ACE (State or Fore	elgn
	9a. FACILITY NAME (If not institution, give a	**	62 YRS.	9b. CITY, TOWN O	R LOCATION OF D	OCT	1 1	930 M	aryla		
DIRECTOR	Liberty Medical				ltimore			S	TOT DEAT	<u>"</u>	
) H	10a. STATE 10b. COUNT	4	10c. CITY,	TOWN OR LOCAT	ION				10	d. INSIDE CITY	
	Maryland		Ba1	timore					11	LIMITS?	10
FUNERAL	10e. STREET AND NUMBER		117		ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
NE NE	901 Druid Park L				21217			US	A		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES	2X NO	If yes, spe	ENDENT OF HISPA	an, Puarto R	(Specify Yellican, etc.)	n or No- 14	. RACE — Black, W	American Indian	i.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Speci	lfy:			Specify:	Black	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S U	ISUAL OCCUPATIO	IN st of working	16b.	KIND OF BU	SINESS/INDUS		DIACK	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	it or working						
₩	10th Grade 17. FATHER'S NAME (First, Middle, Last)		Cle	rk				s Tav	ern		
					16. MOTHER'S N			Surname)			
BE	James Miller 19a. INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS (Street ar	Kati	e Tay	lor_	- A 7/- A-			
5	Pamela K. Davis			ittings							
	20a. METHOD OF DISPOSITION 1 X Burtal 2 Cremation 3 Ram		PLACE AND DATE OF	F DISPOSITION (Ner		DATE		CATION City		Stata	
	4 Donation 5 Other (Specify)	K	etery, cremetory or oth	ial Parl	k.	5/1	4 Ba	1timor	e Co	. MD	
	21. SIGNATURE OF FUNERAL SERVICE-LIC	ENDEE		22. NAME AN	D ADDRESS OF FA	ACILITY NU	tter	Funera	1 Ho	mes, In	ıc.
	Cmt t	TH ann	1	2501 C	Swynns F nore, MD	alls	Parkw	ay			
	23. PART I. Enter the diseases, pr	complications that caused List only one cause on a	the death. Do no	ot enter the mod	de of dying, suc	ch as cerd	ec or resp	iretory erres	t,	Approximate	
	IMMEDIATE CAUSE (Finel	0 '	11 0							Onset and I	
	disease or condition Probable Sepsis										
o l	Sequentially list conditions, if any, leading to immediate b. I LECADOUC ACIA OS D DUE TO (OR AS A CONSEQUENCE OF):										
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.									
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)								
CERTIFICATION	resulting in death) LAST	d									
CALC	PART II. Other significent condition		ut not resulting in	the underlying	ceuse given in	Part i.	24a. WAS AN		24b. WE	RE AUTOPSY FIND	DINGS
걸	Renal Fai	lure					PERFOR	. /	co	MPLETION OF CAL	
MEDI										DEATH?	,
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (C)	heck only one)				
ΥS	1 YES 2 INO	1 Inpatient 2 ER/Outpu	etlent 3 DOA	4 ☐ Nursing Home							
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WOF	IRY AT RK? ES 2 NO	28d. DE\$0	RIBE HOW I	NJURY OCCUR	ED		
ВУ	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	— At home, ferm, str			28f 1.0CA	I MOIT	and Number or	Dural Davis	Montag	
COMPLETED	4 Homicide 8 Could not be	building, etc. (Speci	ify)	,,,		City o	Town, State)	ind Number of	TOTAL MODILE	Nomber,	
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurred	at the time, data a	and place, and dua	to the caus	e(a) and mer	mer an etetad			
MO		R: On the basia of axamination							ause(a) an	d manner ae stat	ed.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			29d. DATE SI			
TO B	George C. W.	ul I	7.1.		D413	65		► Ma	ry 1	0, 199	3
F	30. NAME AND ADDRESS OF PERSON WHO	CKS IM	TH (ITEM 27) (Type, F	Print)	aut. 1	1.0	. 1	0 -	F-0	,	
	31. DATE FILED Month, Day, Year)	32. REGISTRAR'S SIGNA	TIPE	L140,	eviy	red	ical	Cen	er		
		de News									

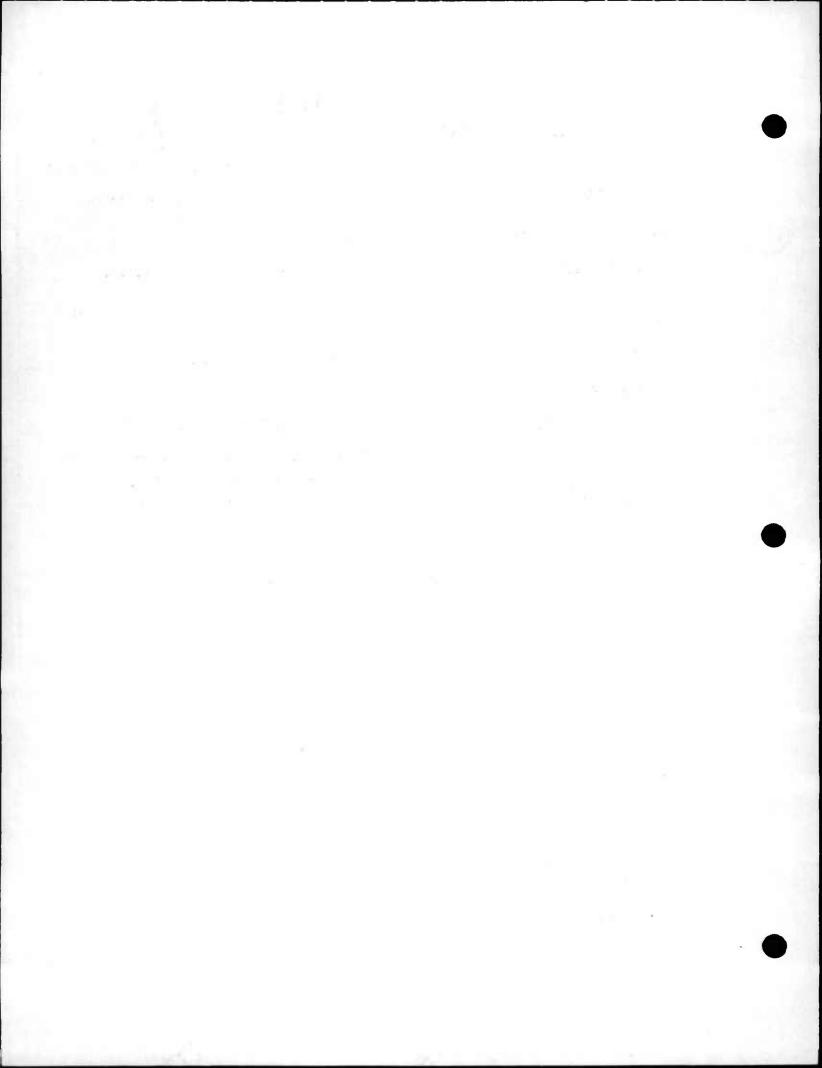
TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020	haurs after death. Page 6 may be retained by the hospital or attending physical	ed in by the funeral director, page 5 should be detached for use as the burial-ti	or minoral
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haum after death. Page is may be retained by the hospital or attending physicial	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burneral	hours after death with the State Dept, of Health and Mental Hydiene prior to burlal, cremation, or memoral

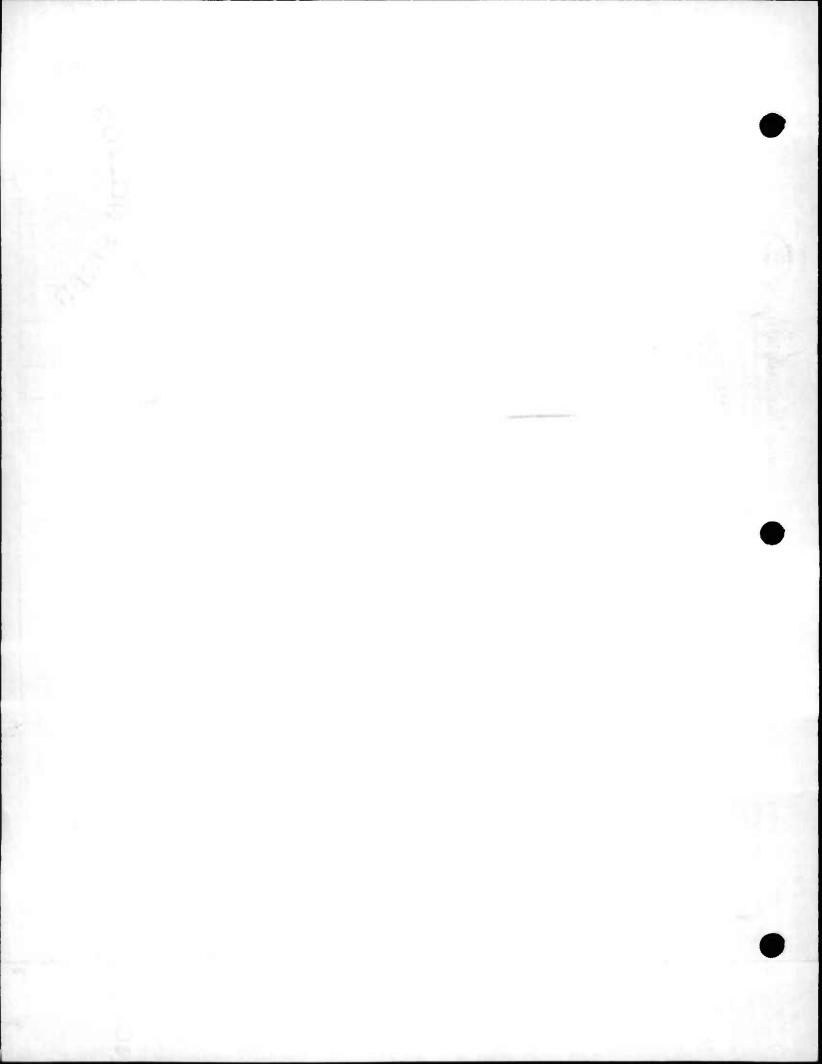
	1 - STATE REGISTRAR		CE	RTIF	CATE OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	Philamena E. Ca	pp /ak	a/ Fan	nie	Capp			May	8	1993	YEAR	9:00 A
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AG	GE (In yrs. last b	oirthday)	IF UNDER 1 YEAR	IF UNDER	-	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	215-03-4937	☐ M 2 💢 F	78	YRS.	MONTHS DAYS	HOURS	MIN.	July		1914	Countr	msylvania
	9e. FACILITY NAME (If not institution, give street				9b. CITY, TOWN	OR LOCATION	ON OF OR		,		NTY OF D	
DIRECTOR	10908 Old Landing	Road			Kin	gsvil	le			Ba	ltim	ore
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										1 6 111	
E		altimore		10c. CIT	Y, TOWN OR LOCA							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	altimore			Kings							1 TES 2 NO
A B		D 1			10	f. ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	10908 Old Landing						1087				·S.A	
	1 Never Married 2 Merried	P. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO		If yes, s	ecify Cube	n, Mexice	NIC ORIGIN? (S n, Puerto Rica	pecify Yes n, etc.)	or No—	14. RACE Black	American Indian, White, etc.
B	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 🗍 YES	2 💢 NO	Specify	y:			Specif	w. White
8	15. DECEDENT'S EDUCATI	ION	16a, DECE	DENT'S	USUAL OCCUPATI	ON		16b, KIN	O OF BUS	SINESS/IND	USTRY	WILLE
4	(Specify only highest grade com Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of w o NOT us	vork done during m e retired.)	ost of working	g	100000				
ם	N/A	N/A	На	ir	Stylist				Beau	ity S	hon	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTA	HER'S NA	ME (First, Middl			пор	
BE	Unknown					1000		Unkn	own			
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. 8	MAILING	ADDRESS (Street	and Number	or Rural I	Route Number, (City or Town	n, State, Zip	Code)	
F	_ John Guanti (so	n)	98	310	Gunforge	Roa	d, P	erry H	Ia11.	MD	211:	28
	20a, METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 Removal	from State	20b. PLACE AND	ODATEC	F OISPOSITION /N	nme of		OATE		CATION —		
	4 Donation 5 Other (Specify)	Trom state	Garden	S O	her place) f Faith	Cem.		5/12	Ba1	timo	re. l	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22. NAME A	NO ADDRES	SS OF FA	CILITY				7 2 4 4 4
	11-6	1//			0705	pala	run	eral H	lomes	, In	c.	01004
\neg	23. PART. Enter the diseeses, or com	pilications that caus	ed the deet	h Don	ot enter the mo	De Ta	TI K	load, B	alti	more	, MD	21236 Approximete
	snock, or heart fellure. List	only one ceuse on	aech line.			or or ay	ing, adoi	ii as cardiac	or respin	iatory arr	arat,	interval Between
1	IMMEDIATE CAUSE (Final disease or condition	A==.			0							Onset and Death
	resulting in death) a. ASPIRATION PRESUMENCE OF:											
_												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):											
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	ATT	eros	cla	rosis							1
드	that initieted events	DUE TO (OR AS										
EB	resulting in deeth) LAST											
	PART II. Other significent conditions co	Ontributing to death	hut not ree	ultino i	n the underlyle		the second	0.41			1	
DICAL		sitting to desti	DUL HOL 183	unny i	n the underlyin	g ceuse g	liven in	Pert I. 24a	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME								_			1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	OSPITAL:		T	OTHER:	ACE OF O	EATH (Che	ock only one)				
₹ ¥	1 VES 2 NO 1	Inpetient 2 ER/O			4 Nursing Hon		sidence					
	1 Natural 5 Pending	(Month, Day, Year		INJI	URY WO	PURY AT	, ,	28d, OESCRIE	BE HOW IN	NJURY OCC	URED	
BY	2 Accident Investigation	284 PLACE OF IN III	BY At home	4		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJUI building, atc. (Sp	pecify)	, term, s	ireet, factory, offic	•		261. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural Ro	oute Number,
	29a. CERTIFIER											
COMPLETED	(Check only CERTIFYING PHYSICIAN											
S	2 MEDICAL EXAMINER: O	n the beals of examinat	lion and/or inve	eatigation	n, in my opinion, o	laath occur	ed at the	time, date and	placa, and	d dua to the	e cause(a)	and menner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFICH					29c. LICE	NSE NUM	BER		29d, DATE	SIGNED	(Month, Day, Year)
0	Walch	you				AP 2.	12841	n			5/10	0/93
-	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF	DEATH (ITEM 2	7) (Type,	Print)							1
	Dr. Michael Suter											
	31. DATE FILED Maprity Day, Year 2 1993	32. REGISTRAR'S SIG								-		
- N	1 2 1333	1 - www.	ason-ga	ndels	2							



BALTIMORE, MARYLAND 21215-0	ours after death. Page 6 may be retained by the hospital or attending	In by the funeral director, page 5 should be detached for use as the removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be flied within 72 hours after death with the State Oest, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

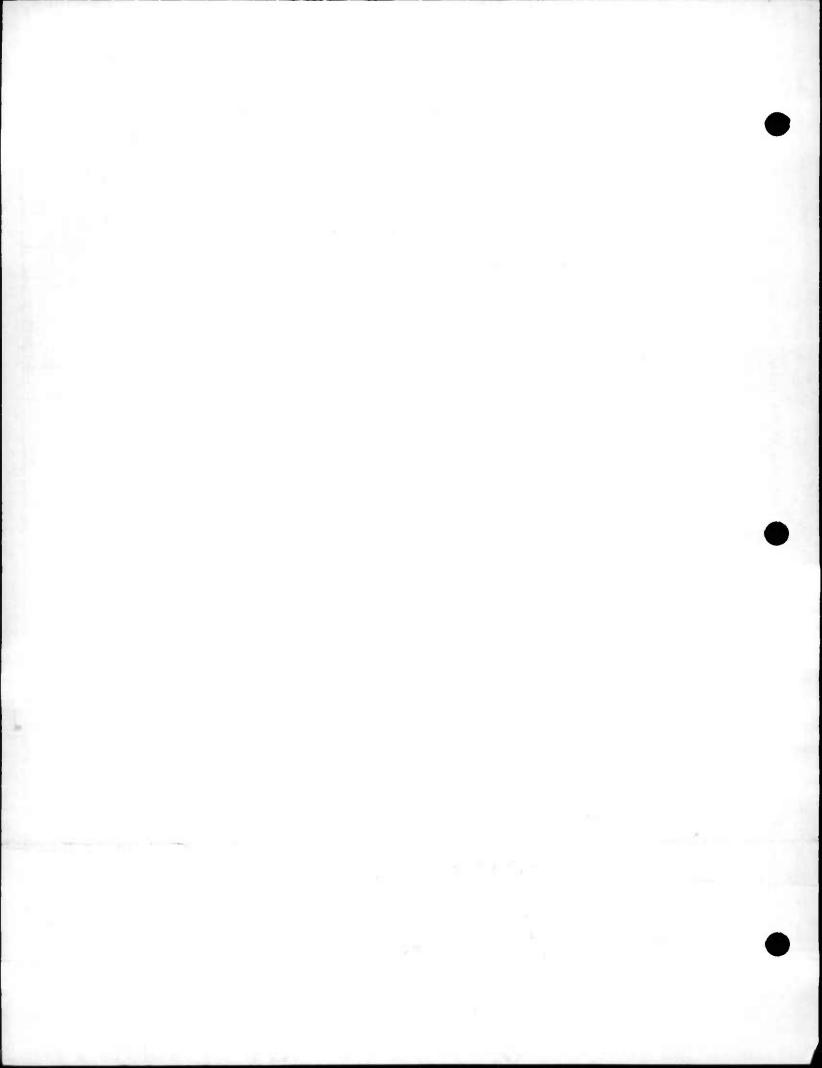
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	IE UF MARYLAI		ICATE OF			NTAL HYGIE REG. N			
- 4	1. DECEDENT'S NAME (First, Middle, Last)			iorti L or	DEATT	2.	DATE OF DEATH	DAY.	YEAR	3. TIME OF DEATH
		ophie J. (Alana e	,		5	3	93	0850 M
		with the same of t	yrs. last birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	HOURS 24	MIN.	DATE OF BIRTH (Month, Day, Year)	1001	Country)	
ì	212-05-2256 1 A Sa. FACILITY NAME (If not institution, give street and			9h CITY TOWN	OR LOCATION		Aug. 7,			yland
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH CHURCH HOSPITAL RESIDENCE OF DECEDENT 96. COUNTY OF DEATH BALTIMORE CITY									AIR
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				1	10d, INSIDE CITY
PE	Maryland		Ba	ltimore					1	LIMITS?
IAL	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CIT	IZEN OF WI	IAT COUNTRY?
FUNERAL	917 N. Luzerne Avenue				1205			U.S	.A.	
ВУ	1 Never Married 2 Married FOI	S DECEDENT EVER IN U RCES? 1 1 YES (ES, GIVE WAR OR DATE	2 200	If yes, sp		Mexican, Pu	PRIGIN? (Specify Y verto Rican, etc.)	es or No—		- American Indian, White, etc. White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	of) I	16a. DECEDENT'S	USUAL OCCUPATI	ON set of working		16b. KIND OF B	USINESS/IN	OUSTRY	
IPLET	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) N/A 16a. DECEDENT'S USUAL OCCUPATION (Give kind of d work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
CON	T7. FATHER'S NAME (First, Middle, Last) Unknown Unknown									
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number of	r Rural Route	Number, City or To	wn, State, Zi	io Code)	
5	Audrey Rose (Sister			. Luzerr		nue			_	
3	20a. METHOD OF DISPOSITION 1 57 Burlal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	n State cemet	ery cramatory or o	of disposition (N ther place) Cemetery			5/11 Ba		re, M	A DOCES
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	Λ	22. NAME A	ND ADDRESS	OF FACILIT			-	
	Tyler Jugard	Lare!	4	3331	Breh	ms La	ne Bal	timor	e, Md	. 21213
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only	ntions that caused by one cause on and	he death. Do i	not enter the me	de of dying	g, such aa	cardiac or rea	piratory ar	rrest,	Approximate Interval Between
		Carde		1 west	i de	Ò.				Onset and Death
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE O	D:						Duoxtes?
z	<i>f</i>	7ASCU	1D	•)•						years
ET.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	F):						
2	CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE O	D.						
CERTIFICATION	that initiated events resulting in death) LAST	502 10 (011 20 2 0	ONGEGOENCE O	, ,.						į
8	PART II. Other significant conditions contri	hutles to death but								
DICAL	Ele Frol	y Re ria	Pala	CLQL	g cause giv	ren in Part	PERF	N AUTOPSY ORMED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
tal I	6	1					1 TES	2 NO		OF DEATH?
Z.										1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DITAL			ACE OF DEA	TH (Check o	only one)			
YSIC	1 YES 2 NO 1 In	PITAL: petient 2 ER/Outpat	fent 3 🗆 DOA	OTHER: 4 - Nursing Hor	e 5 🗆 Resk	dence 6 🗆	Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	URY W	URY AT DRK?		f. DESCRIBE HOW	INJURY OC	CURED	
D BY	Could not be	ia. PLACE OF INJURY — building, etc. (Specify	- At home, farm,			_	LOCATION (Street City or Town, State	t and Numbe	er or Rural Ro	rute Number,
13	4 Homicide determined							~,		
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To MEDICAL EXAMINER: On the									and manner as stated.
B	299. SIGNATURE AND TITLE OF CERTIFIER	Da. 200		0 500	29c LICEN	SE NUMBER		29d. DA		Month, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WHO COMPI	TETED CAUSE OF DEAT	H griem 27) (Typo	Prine) Dway	30	efo	. MD.	21	93/	,
	0.0.0.1	. REGISTRAR'S SIGNAT	URE						/	
	MAY 1 2 1993	Julia Davidsor	-gandell							



ALLENDING FILED WE REQUIRE THAT THE DEATH CETHICATE DE EXECUTED WITHIN 24 HOURS ARE DEATH. PAGE 6 MAY DE RETAINED BY THE NOSPITAL OF ATTENDING PHYSICIAN.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit nermit. Pages 1 2 3 chould	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MAT ON ALLENDING PRI	MERAL DIRECTOR: After this	hin 72 hours after death with	NT: If Item 28 is marke
V antaga	TO ME IS	be filed wi	IMPORTA

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	IEALTH AND DEATH	MENTAL HYGIE		, ,	0 10
. 3	1. DECEOENT'S NAME (First, Middle, Linst)					2. DATE OF DEATN		3. TIM	E OF DEATH
	CORVESTER COVI	NGTON				MONTH 5		YEAR	м
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)			(State or Foreign
	237-22-3039		O YAS.			3-25-1	918	N	. C .
œ	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF D	EATH		Y OF DEATH	
DIRECTOR	1665 W. NORTH A	VENUE		BA	LTIMOR	€			
3EC	10a, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCAT	ION				SIDE CITY
	MD		ВА	LTIMOF	RE				IMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f	. ZIP CODE		10g. CITIZE	N OF WHAT CO	
KER	1665 W. NORTH AVENUE 21217 U.S.A.								•
E	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, atc.							erican Indian,	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:									
	15. DECEDENT'S EQUICATION	ON O	16a. OECEDENT'S U	SUAL OCCUPATION	ON .	18h KINO OF B	USINESS/INDUS	BLAC	2K
COMPLETED	(Specify only highest grade complete (Specify only highest grade complete (Specify On	pleted) pllege (1-4 or 5 +)	(Give kind of wo	k done during mo	st of working	IOU. KING OF B	OSMESS/MD03	SIRI	
릴	12th					KOPPE	RS		
ő	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Sumeme)		
BE	LUTHER COVINGTO	N			Δ Τ.111Τ.	SNEAD			
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or To	wn, State, Zip Co	ode)	
-	BIRDIE COVINGTO	N	1665	W NOF	TH AVE	/BALTIM	ORE,	MD 21	217
	20a. METNOD OF DISPOSITION \$\int_X\int_X\text{Burial} 2 \square \text{Cremation} 3 \square \text{Removal}:		PLACE ANO DATE OF etery, crematory or other	DISPOSITION (Na			OCATION - CH		
	4 ☐ Donation 5 ☐ Other (Specify)	T.C	DUDON PA	RK CEM		L CA	TONSY	ILLE	MD
	. 1 1	The			D ADDRESS OF FA		_		
	Vaneosa	100		WM.C.	MARCH	F.H./110)1 E.	NORTH	AVE.
	23. PART I. Enter the diseases, or comp shock, or heart failure. List	olicatione that caused	the death. Do not	enter the mod	de of dylng, suc	h as cardiac or res	piratory arres		pproximata
	IMMEDIATE CAUSE (Final	0 -			. 1				nterval Between Onset and Death
	disease or condition resulting in death) a	CHYCI	nomA		olon				
		DUE TO (OR AS A.	CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):						
¥	if any, leading to immediate cause. Enter UNDERLYING	555 10 (611 75 7	oonscouling or).						
필	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					-	
토	resulting in death) LAST							-	
	PART II Other significant conditions as								
MEDICAL	PART II. Other significant conditione co	ntributing to deeth bu	it not resulting in	the underlying	ceuse given in		N AUTOPSY PRMEO?	AVAILA	AUTOPSY FINDINGS BLE PRIOR TO
ă						1 YES	2 PNO	OF DEA	ETION OF CAUSE ITN?
Σ						_		1 🗆 YI	ES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
S	EXAMINER? HC	SPITAL:		THER:	ACE OF DEATH (Ch				
¥ I	27. MANNER OF TEATH	Inpatient 2 ER/Outpa 28e, DATE OF INJURY	18b, TIME 0			8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	PULMI		RK?	28d. DESCRIBE NOW	INJURY OCCUP	RED	
À	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, farm, stre			281, LOCATION (Street	and Number or	Durent Dougle Mary	mbar
	4 Nomicide 8 Could not be determined	building, atc. (Specif	(y)	,,		City or Town, State		noral node No	noer,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN	To the best of my knowle	des death server d						
Ž	(Check only one) 2 MEDICAL EXAMINER: On								
	29b. SIGNATURE AND TITLE OF CERTIFIER	- 0 1 7		ar my opimon, de					
8	Contract of Central	() KPM	MAY M	0	29c. LICENSE NUM	ABER	29d. OATE S	IGNED (Month,	Day, Year)
2	30. NAME AND AGORESS OF PERSON WNO CO	MPLETEO CAUSE OF OEA	TN (ITEM 27) (None Pr	int	VL	1000	1, 3	1119-	-5
	CHRISTOPHER 31. DATE FILED (MORTH, Day, Year)	D. KEAH	RNEY		wasit i	BIVD B	MIT.	MO 2	1230
		32. REGISTRAR'S SIGNA							



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Injury, or other traumatic event,

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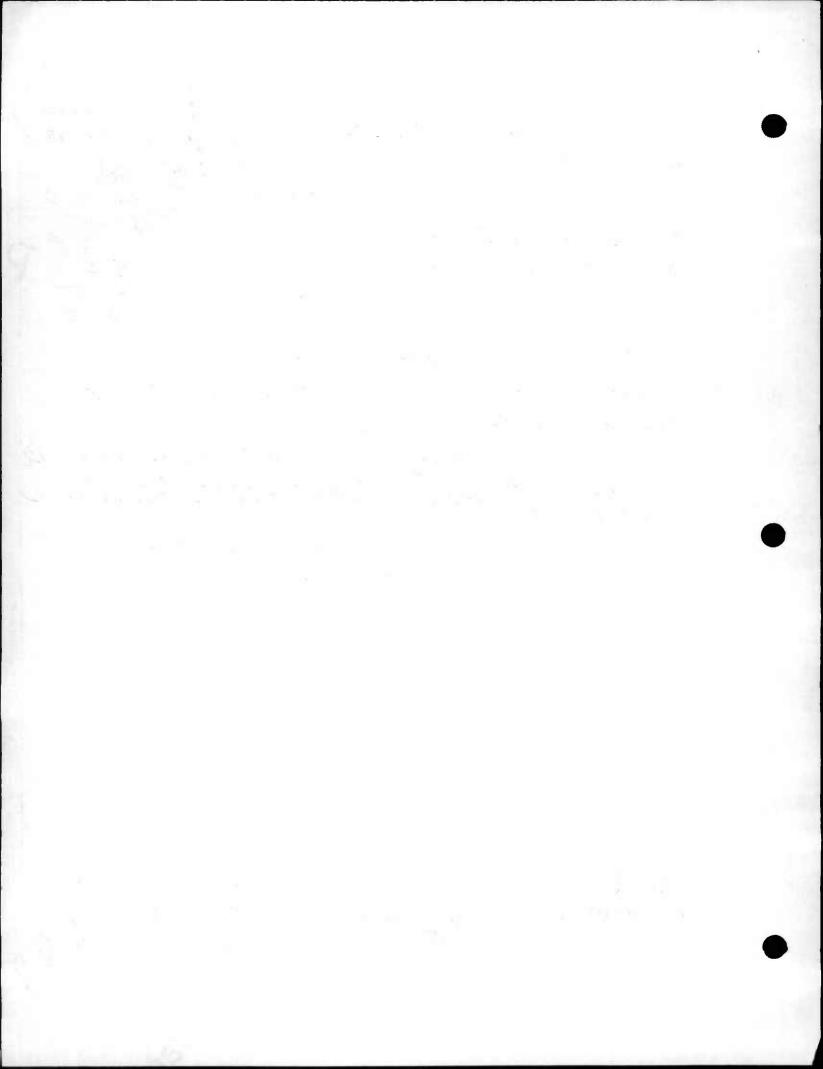
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OF VITAL F	
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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. funeral director. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Item 23 shows any item 28 is IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH CONNER : 15 PH 05 7. DATE OF BIRTH (Month, Day, Year 08-13-IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF FUNERAL DIRECTOR TOUSON BALTO. CO 20 IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY GLEN 1 YES 2 NO 10f. ZIP CODE ス 10 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 70 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cultin, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Married 2 Merries ВҮ 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ry (0-12) College (1-4 or 5+) 18. MOTHER'S NAME (First, 2 ETHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION DATE uriel 2 Cremation 3 | 5-14 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND Enter the diseases, or complicatione that ceused the chock, or beart feliure. List only one ceuse on each eases, or complications that caused the deeth. Approximate interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ BOWEL resulting in death) CERTIFICATION Sequentielly list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 - Rasidence 8 - Other (Specify) 4 🗌 Nu 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВҰ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of examination and/or in ed at the time, date and piece, end due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE

8 5 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ST JUSE 1405 Q 31. DATE FILED /M 1993 2

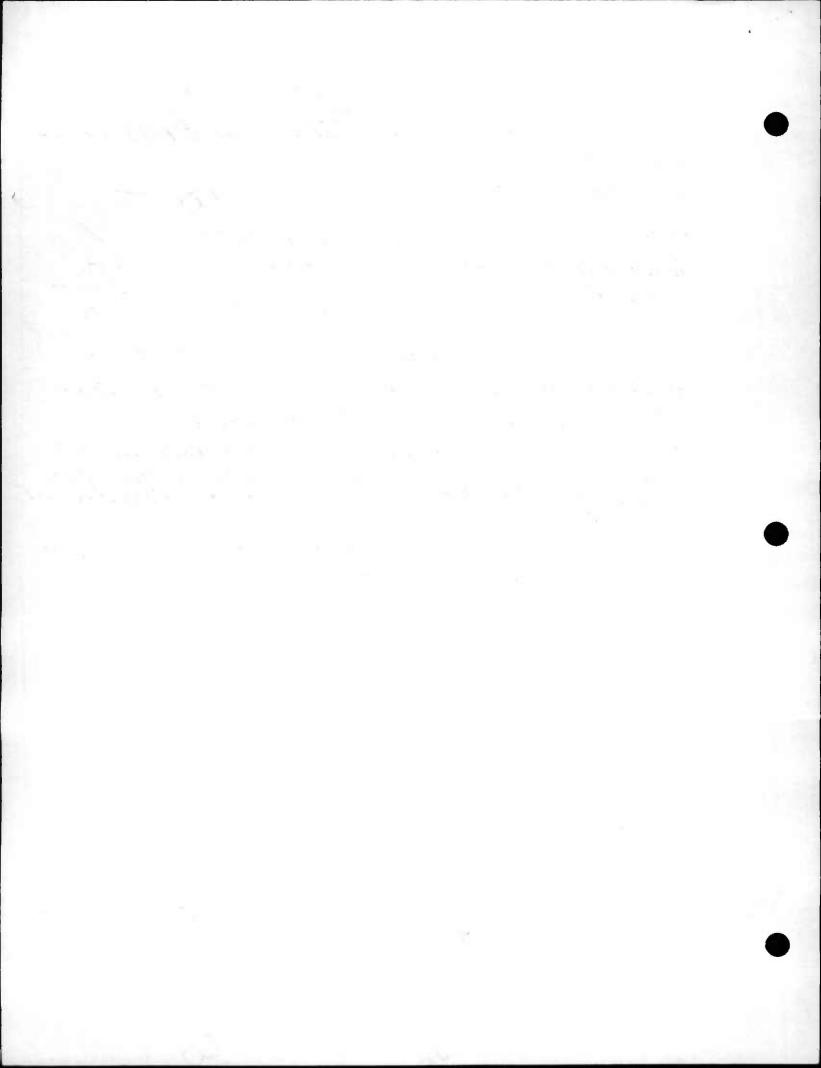


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	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
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OSTINAL OF STICKDING THISTORYY. HE INVESTIGATION OF UNITED THE CONTRIBUTION WITHING A HIGH CEALLY FAURE OF HEALTH DE THE HOST	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tithin 72 hours after death with the State Dept, of Health and Mental Myglene prior to burial, cremation, or removal.	NNT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CAN	TOR: A	SI 82
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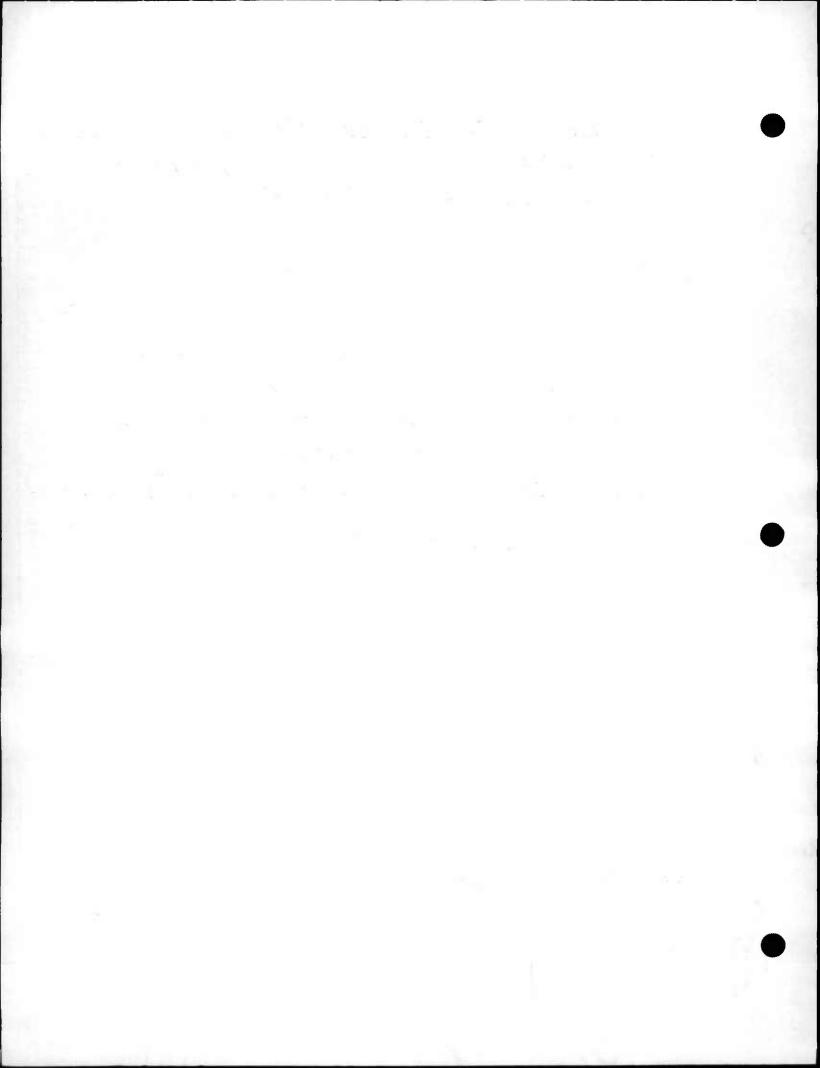
FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAR	CERTIFIC	AIE OF DE	ATH	REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM H.	CUDD	Y. JR	2.	DATE OF DEATH MONTH DAY	1993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6. AGE (In 2) 2 -28-2637	_	FUNDER 1 YEAR OF UNDONTHS DAYS HOUSE		DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)
TOR 1	99. FACILITY NAME (If not institution, give street and number) 6402 EVERALL AVE	9	BALTI	MORE	CITY	9c. CDUNTY OF	DEATH
[ច្ច	RESIDENCE OF DECEDENT						
DIRECTOR	MARYLAND -	10c. CITY,	TOWN DR LOCATION	LE C	2174		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6402 EVERALL AVE		101. ZIP C	120	6	10g. CITIZEN OF	WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	13. WAS DECENDEN If yes, specify C 1 TYES 2 D	uban, Mexican, Pi	PRIGIN? (Specify Yee Jerto Rican, etc.)	or No — 14. RAC Blec	E — American Indian, k, White, etc.
			-			W	HITE
画	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6a. DECEDENT'S US	WAL OCCUPATION Is done during most of wo	dina	16b. KIND OF BUSI	NESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	FORE/	PAN	a carring	CONST	RUCT	101
BE COI	WILLIAM H. CUDD	4. SR	18. M	OTHER'S NAME (First, Middle, Malden S	umame)	TARR
TO B	190. INFORMANT'S NAME (Type/Print) FAMILY DECORDS	196. MAILING AS	DORESS (Street and Num	ber or Rural Route	Number, City or Town	State, Zip Code)	
ļ	20a. METHOD OF DISPOSITION 1 IV Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ACE AND DATE OF	DISPOSITION (Name of	7.	DATE 20c. LOC	ATION — City or To	own State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	c.#	22. NAME AND ADD	RESS OF FACILITY	PEL OF	MER	nofles
_	They fave mo	0677	8800	1/19/	2 FORA	Rosa	FREUNILE
	22_First / Enter the dispuses, or combilications that coused to shock, or heart failure. List only one ceuse on each immediate CAUSE (Final disease or condition resulting in death)					atory arrest,	Approximata intervai Between Onset and Death
i	reculting in death) e DUE TO (DR AS A C		,,,		, ,		WEEK
_	- LUNG	CANC	d				i 1
CERTIFICATION	Sequentially list conditione,	ONSEQUENCE OF:	C. –				
¥	cause. Enter UNDERLYING	,					
E I	CAUSE (Disease or injury that initiated events DUE TO (DR AS A Co	ONSEQUENCE OF):					
E	resulting in death) LAST						
8	d						
	PART II. Other aignificant conditions contributing to death but	not resulting in t	he underlying caus	e given in Pari	i. 24a. WAS AN A	UTOPSY 24b	WERE AUTOPSY FINDINGS
EDICAL	(01)				PERFORM		AVAILABLE PRIOR TO COMPLETION DF CAUSE
					1 TYES 2	NO	OF DEATH?
Σ						`	1 YES 2 NO
ž I							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			DEATH (Check o	nly one)		
S	1 TES 2 NO 1 inpatient 2 ER/Outpatk		THER:	Residence 8 🗆	Other (Specify)		
ξH	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT		. DESCRIBE HOW IN.	JURY OCCURED	
7	Natural 5 Pending (Month, Day, Year)	INJUR		. □ NO			
B	2 Accident Investigation						
		At home form street	of fantame william				
ETEO	3 Suicide 8 Could not be determined 28e. PLACE DF INJURY — building, stc. (Specify)	At home, ferm, stre	et, fectory, office	28f	LOCATION (Street en City or Town, Stete)	d Number or Rural F	Poute Number,
PLETED	4 Homicide determined				City or Town, Stete)		Poute Number,
COMPLETED	29s. CERTIFIER (Check only One) 29 MEDICAL EXAMINER: On the beele of examination significance of the control o	ge, death occurred s	t the time, date end pis	ice, end due to th	e ceuse(s) and menn	er as atated.	
出	4 Homicide determined building, are. (Speciny) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination at the control of the control	ge, death occurred a nd/or investigation, i	nt the time, date end plan my opinion, death oc	ice, end due to th	city or lown, State) e ceuse(s) and menn date end plece, and	er as atated.) end manner so stated.
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出	4 Homicide determined building, are. (Speciny) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination at the control of the control	ge, death occurred a nd/or investigation, i	it the time, date end plan my opinion, dasth oc	ice, end due to the cured at the time.	City or Town, Stete) ee ceuse(s) and menn date end piece, and	er as stated. due to the ceuse(e) end manner so stated.



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BOX	
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RECORDS,	
OF VITAL F	
DIVISION	

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL	HYGIENE REG. NO.		10075
	1	1. DECEDENT'S NAME (First, Middle, Last) CAPLIS	JAC	JACOB	2503	CAPLIS	2. DATE O	DAY	9 YE	3. TIME OF DEATH
pir		216-05-720	M2 DF		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,		0	MRTNPLACE (State or Foreign Country) MARYLAND
er; 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s SINAL HOSP RESIDENCE OF DECEDENT	treet and number)		BAL	TIME	-		c. COUNTY	DF OEATN
()	DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	7		WN OR LOCAT	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
n. ansit perm	FUNERAL	3320-B CLARKS L	ANE		101	21215		10	USA	OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2X NO	If yes, spi	ENDENT OF NISPAN polity Cuban, Maxical 2 2NO Specify	n, Puerto Ric	(Specify Yea or (can, stc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
21215 al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)	completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use ref	done during mo:	ON st of working	16b. N	IND OF BUSINE	SS/INDUST	ŧY.
	COMPLET		College (1-4 or 5+)	PURCH	ASING A			.S. GOV		NT
MARYLAND retained by the hospit 5 should be detached outflied at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) BENJAMIN CAPLIS					IE PE	CKER		
	6	19a. INFORMANT'S NAME (Type/Print) MRS BLANCHE CAP!	APLIS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) APLIS 3320—B CLARKS LANE BALTIMORE, MD 21215					.5		
AORE, I te 6 may be rector, page : must be n		20a. METHOD OF DISPOSITION 1 IX Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b. I come	PLACE AND OATE OF O	SPOSITION (Na.	me of ITZ CHAIN	DATE 1 5-10	20c. LOCATI	ON — City of	ORE, MD
BALTIMORE, ter death, Page 6 may be the funeral director, page oval.		21. SIGNATURE OF FUNERAL SERVICE LIKE	Other (Specify) NERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215							
within 24 hours at pletely filled in by cremation, or rememt.		23. PART I. Enter the diseases or condition. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CAUSE (Final Condition PED TO A T C						Approximate interval Between Onset and Daath	
o.O. BOX 68 certificate be executed adding physician and chygiene prior to burian or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	ta							
Se e e	CAL CE	PART II. Other algnificant condition	s contributing to death but	t not resulting in th	a undarlying	cauae given in i	Part I. 2	4a. WAS AN AUT		24b. WERE AUTOPSY FINDINGS
RECO requires the sen signed of Health	MEDI						_ '	PERFORMED		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 ND
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)			
ICIAN:	PHYSI	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpat			5 🗆 Residence				
	BY Pł	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? ES 2 NO	286. DEŞCI	RIBE NOW INJUI	Y OCCURE)
ATTEN CTOR: after 28 i	ETED	3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJURY – building, atc. (Specif)	— At home, tarm, street γ)	, factory, office		26t, LOCAT City or	ION (Street and h Town, State)	lumber or Ru	ral Route Number,
로 국 전 도	COMPLET	2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basis of examination a							se(a) and manner as stated.
TO THE HOSPITO THE FUNER DE filed within	TO BE	286. SIGNATURE AND TITLE OF CERTIFIER OSha M. F.D.	nalowich	MX	9-	29c. LICENSE NUM	BEA	296	S. DATE SIGI	NED (Month, Day, Year)
20		ASHA M. KOI	ALO VICH	, SINA		PITAL	OF	BALT	IMO	ORE
- 人5		MAY 7 2 1003	32. REGISTRAR'S SIGNAT	TURE 20						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR. PENELOPE
31. DATE FILED (Month, Day, Year)

1 2 1993

SCOTT, 100 N.

32. REGISTRAR'S SIGNATURE

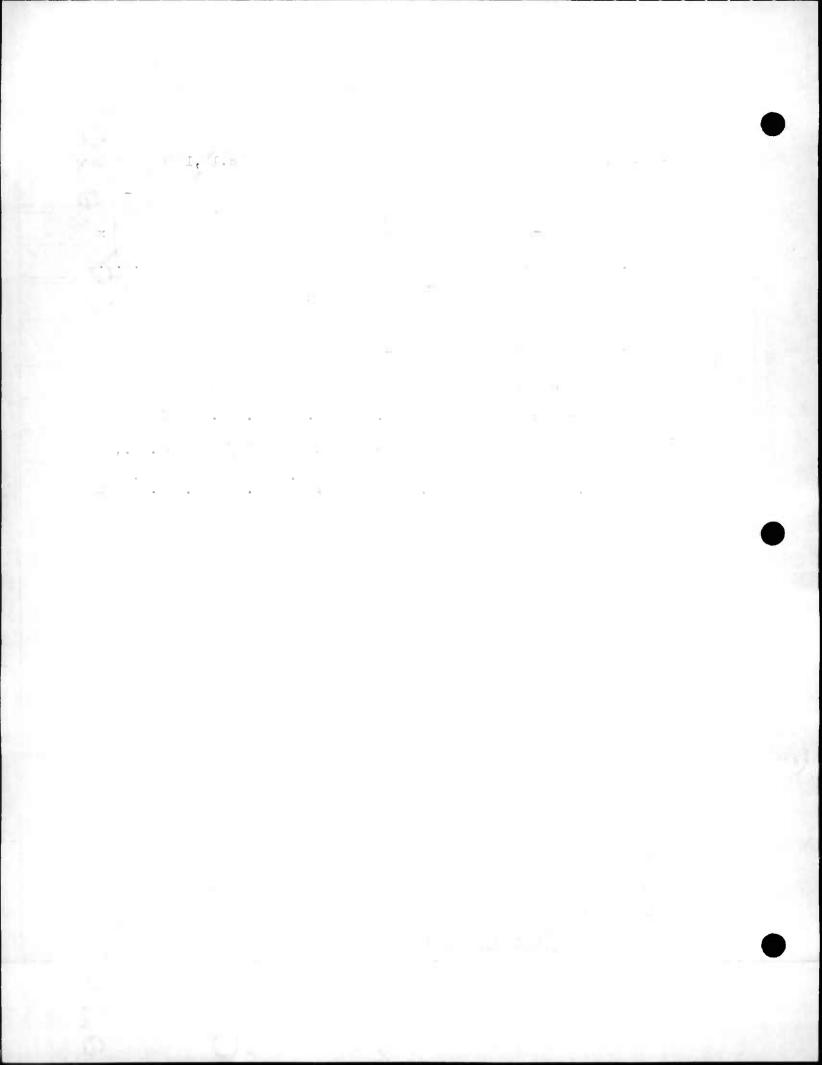
TO THE HOSPITAL OR ATTENDING PARTICLAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Heath and Mental Hyphere prior burial, cremation, or removal. IMPORTANT: If then 28 is marked, or item 23 shows any infury or other transmetter event, the medical axaminar must be notified as page.
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							93	3 13650
	1 - FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		MENTAL HYGIEN	łE	
	1. DECEDENT'S NAME (First, Middle, Last) PETER COVACEV	TCU				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	5 1	0 9	
9	215-12-7964		BE YAS.	MONTHS DAYS	HOURS MIN.	Dec. 10,1	920 N	Country) Aaryland
"	9e. FACILITY NAME (If not institution, give a				R LOCATION OF D	EATH	_	Y OF DEATH
TOF	CHURCH HOSPITA	AL		BALTI	MORE C	ITY		
DIRECTOR	10a. STATE 10b. COUNT	Υ		timore	ION			10d. INSIDE CITY LIMITS?
	MD 100. STREET AND NUMBER				ZIP CODE		T 10g. CITIZE	1 YES 2 NO
FUNERAL	729 S. Ann Str				21231			S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 - NO	If yes, spe	ENDENT OF HISPA ecify Cuben, Mexico 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) ly:	s or No- 14	Bleck, White, atc. Specify: While
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATIO work done during mos use retired.)	ON sl of working	16b. KIND OF BU	SINESS/INDUS	STRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		-Employe		Tave	rn Owr	ner
COM	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meiden		
BE (Anthony Covac	evich	200000000000000000000000000000000000000			y Szczepa:		
5	Anthony Covacev:	ich	729 S	S. Ann S	t. Balt	Route Number, City or You O. Md. 21	m, State, Zip Ci 231	ode)
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State 20	b. PLACE AND DATE			DATE 20c. LC	CATION - CH	y or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LK		OLY ROSS	-				
	George A. Wel	ber & Sons	Inc.	Georg 705 S	e A. We • Ann S	ber & Son t. Balto.	s Inc.	2123 1
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that cause List only one cause on o	ed the death, Do seach line.	not enter the mod	de of dying, suc	ch aa cardiac or resp	iratory arres	t, Approximate
	iMMEDIATE CAUSE (Final disease or condition	SEPSIS						Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	NF):				
NO	Sequentially list conditions,	PNEUM	ONJA					
CAT	If any, leading to immediate cause. Enter UNDERLYING	SOE TO (OH AS	A CONSEQUENCE O	*);				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
CER		d						
SAL	PART ii. Other significant condition	contributing to death	but not resulting	in the underlying	cause given in	Part i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
PHYSICIAN: MEDICAL	CAVOCAL OF	CC CG - /1	16 18311	1112		1 YES	NO	COMPLETION OF CAUSE OF DEATH?
ž						_		1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY	28b. TIW	4 Nursing Home	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M 1 N	RK? /ES 2 NO	. all des sextantio	1969	
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, ecify)	street, factory, office		28f. LOCATION (Street City or Town, Stelle,	and Number or	Rural Route Number,
1 55 1	4 Homicide datermined							
12	4 Homicide determined	CIAN: To the best of my know	wiedge, death occurr	ed at the time, date	end place, end due	to the cause(e) end me	nner as stated.	
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only	ICIAN: To the best of my know ER: On the beele of examination						suse(e) and menner as stated.

BROADWAY,

BALTIMORE MD.

21231



DIVISION OF VITAL RECORDS. P.O. BOX 68760.

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					NTAL HYGIEI REG. NO		0	
		1. DECEDENT'S NAME (First, Middle, Last)			7 T T T	C TD			DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		MAURICE 4. SOCIAL SECURITY NUMBER			AVIS						93	12:01 P
		216-92-1061	5. SEX 8. AGE	(In yrs. lest birthday) 24 YRS.	IF UNDER		HOUNS 24	MIN. 7.	Month, Day, Year) 3 - 25 - 69		6. BIRTHPL Country)	ACE (State or Foreign
pino		9a. FACILITY NAME (If not institution, give s		24	9b. CITY	TOWN OF	LOCATION				TY OF DEA	
3 should	۳	4600 SINCLAIR					RE C			Sc. COOK	IT OF DEA	in
1, 2	CTOR	RESIDENCE OF DECEDENT										
020 physician. burial-transit permit. Pages 1, 2,	DIRE	MD 106. STATE	•		r, rown o ltim		ON					INSIDE CITY
ermit.	AL D	10e. STREET AND NUMBER			10111		ZIP CODE	_		100 CITIZ	/	YES 2 NO
nsit pa	ER/	2526 E. Eager	S+					205		127	ISA	a cookinii
:0 Sician ial-tra	FUNER	11. MARITAL STATUS	12. WAS OECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. \	WAS DECE	NDENT OF	HISPANIC C	ORIGIN? (Specify Ye			American Indian, fhite, stc.
-002 ling phy the bur	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1	1 Tyes, spec	ND	Mexican, P	uerto Rican, atc.)		Specify:	
21215-0020 al or attending physician. for use as the burial-trar		15. DECEOENT'S EDU	CATION	16a. DECEDENT'S	USUAL OC	CCLIPATION			16b, KIND OF BL	ISINESS (INDI		ack
212	ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done o	during most	of working		TOU, KIND OF BU	2314E33/14D0	is int	
the hospital detached fo	COMPL	10th		Unemp1	oyed	d						
the horder	S	17. FATHER'S NAME (First, Middle, Last)	~						First, Middle, Maider			
RYLAND ed by the hospit uid be detached ed at once.	BE	Maurice Davis	SR.						yn Ber			
MA retain 5 sho	2	190. INFORMANT'S NAME (Type/Print) Mrs. Gwendolyn	Davic						Number, City or To			0.05
E page		20a. METHOD OF DISPOSITION		D. PLACE AND DATE				τ./Β	altimo	re, M		
ORE E may rector, pag		1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovat from State	Baltimo	ther place	eme:	terv	i		ltimo		
ALTIM death. Page funeral dire	8	21. SIGNATURE OF FUNERAL SERVICE LIC			7		AODRESS			1011110	10,	110
BALTIMORE, ter death. Page 6 may be the funeral director, page yeal.	9	1	1/4	R	WM	1 (MΔP	CH E	н /11	01 5	MOD	TH AVE.
E 3 & a		23. PART i. Enter the diseases, or g	omplications that cause	d the death. Do	not enter	the mod	e of dying	g, such as	cardiec or resp	oiratory arre	st,	Approximate
		shock, or heart fellure. IMMEDIATE CAUSE (Final	Liet only one ceuse on e	each line.	,					•		Interval Between Onset and Death
- 12		disease or condition resulting in death)	Whilt	Stan	in	21	165					
P 2 5 - 6			DUE TO (OR AS	CONSEQUENCE D	F):	1						
OX 687(be executed siclan and convior to burial, traumatic executed traumatic executed execu	ON	Sequentially list conditions,	DUE TO /OR AS	A CONSEQUENCE D	E.							
BOX cate be ex hysiclan a prior to	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			. ,.							İ
D.O. B(noting physical rygiene pri or other tu	Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):							
O = 5 = 0	띮	resulting in death) LAST	d									
0 5 5 5	LC	PART II. Other significant condition	s contributing to death b	out not resulting	in the un	derlying	ceuse giv	en in Par	t 1. 24a, WAS AI	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
Z a d a	ICAL								PERFO	RMED?	CC	MILABLE PRIOR TO MPLETION OF CAUSE
RECO requires that been signed of Health	MEDI								1,000	2 🗇 110		YES 2 NO
										*		
上 年 等 章 星	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEA					
VISION OF VI- ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the Str 1.28 is marked, or its	IYS	27. MANNER OF DEATH	1 Inpetient 2 ER/Out		4 🗆 Num	sing Home			Other (Specify)			EET
NG PHYS frer this ceath with marked,		1 Natural 5 Pending	(Month, Day, Year)		JURY	28c, INJUI WOR	K?	D	d. describe how ASSENGI UTO IMI			0
NOING I S. After r death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	05/07/9 28a, PLACE OF INJURY	/ — At home, ferm,	J -3- A		* XX		LOCATION (Street			
OR ATTENDING FOR STREET OF	ш	4 Homicide determined	building, etc. (Spe	city) CAL ST1					4600 S)		
OR A DINE	2.	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know			lme, date a	nd place, er	_				MILL
日本を配出	COMPLET		R: On the besis of examination									nd menner as stated.
MPORTANT		290. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENS			29d. DATE	SIGNED (M	onth, Day, Year)
A S	O BE		- No			_ [O.C.	.M.E	•	▶ 0	5/08	/93
	2	36. NAME AND ADDRESS OF PERSON WIN										010:
		IMMIXO		11 Peni	n St	reet	, Ba	alti	more, N	Maryl	and	21201
		31. DATE FILED (Month, Dey, Year)	REGISTRAR'S SIGN	IATURE								100
		101 4 ~ 1000										

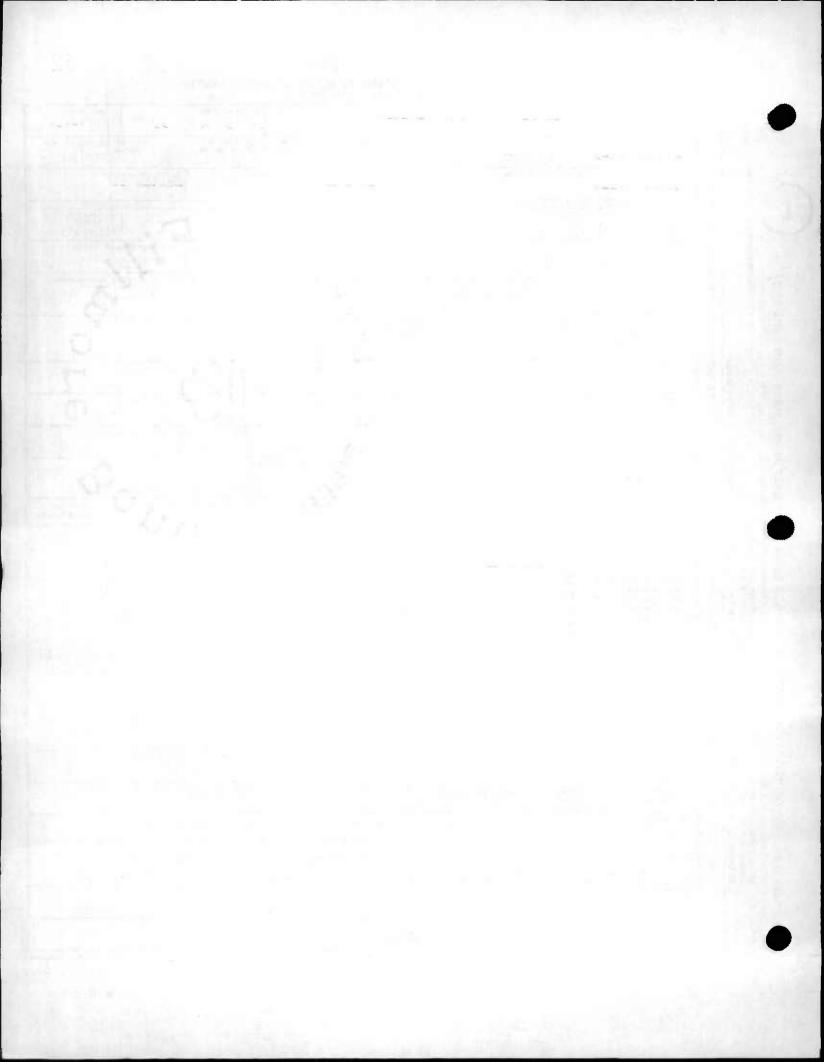
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	AL O	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if He
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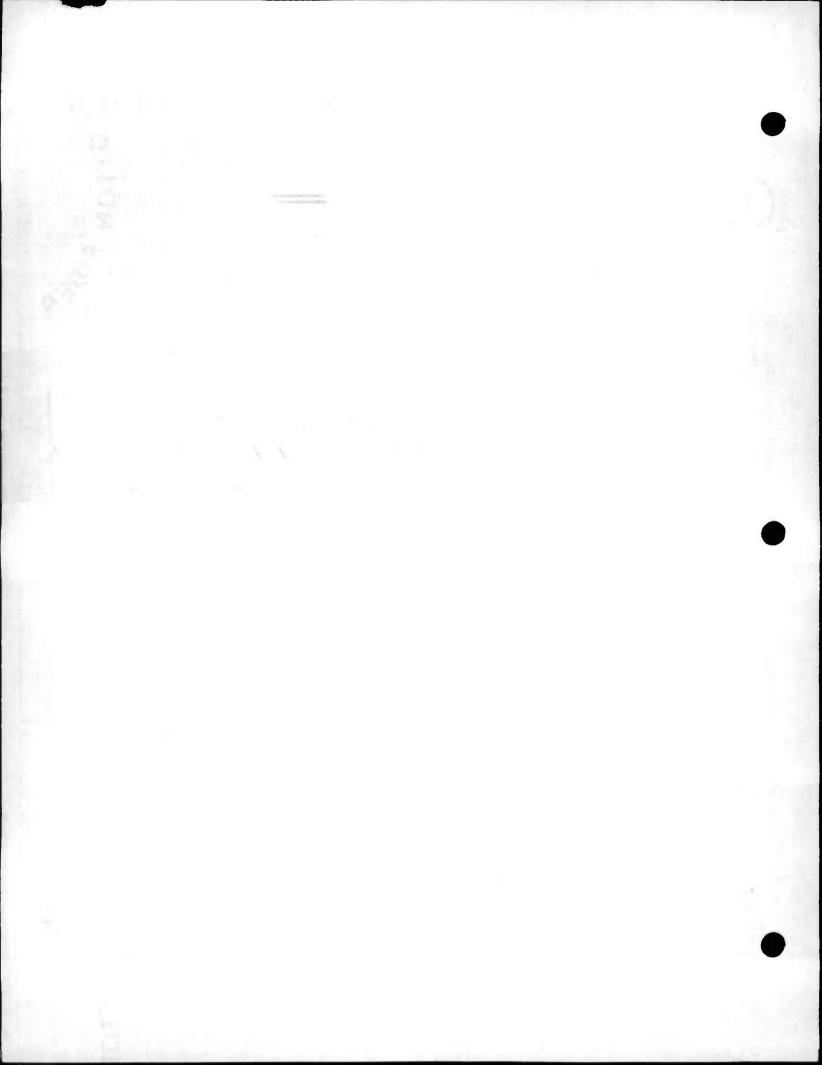
	1. DECEDENT'S NAME (First, Middle, Lest)	Clerinda R	. DeDo	minic	is			2. DAT	REG. NO		YEAR 3.	TIME OF DEATH	
TOR	4. SOCIAL SECURITY NUMBER 214-40-5423	5. SEX 6	. AGE (In yrs. la	GE (In yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.	44 4 6 14			Country)	NCE (State or Foreign	
	9a. FACILITY NAME (If not institution, give : Stella Maria	street and number)			96. CIT	Y, TOWN OR	LOCATION OF E			ec COUNT		н	
DIMECTOR	10a. STATE 10b. COUNT	imore Coun	ity		Y, TOWN	OR LOCATIO	ON					d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 2300 Dulaney Va	lley Road				101. 2	ZIP CODE 21212			10g. CITIZI		T COUNTRY?	
5	11. MARITAL STATUS 1 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2	RMED (NO	13	If yes, spec	NDENT OF HISPA city Cuban, Maxic	an, Puerto	N? (Specify Ye. Rican, atc.)	or No- 1	A BACE -	American Indian, hita, atc.	
100	15. OECEDENT'S EDU (Specify only highest grade	completed)	16a. D	ECEOENT'S Give kind of the Do NOT us	USUAL (OCCUPATION during most	of working	16	b. KIND OF BU	SINESS/INDU	STRY		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5 +)				acher				ntary	Educ	ation	
	17. FATHER'S NAME (First, Middle, Last) Anthony D. DeDor	ninicis					16. MOTHER'S N	AME (First,	Middle, Maiden		10110		
IO DE	19a. INFORMANT'S NAME (Type/Print) Matilda Berndt						d Number or Rura			n, State, Zip C			
	1 MS Burial 2 Cremation 3 L Removal from Stata cametery crematory or other place)								7E 20c. LO	20c. LOCATION — City or Town, Stata Woodlawn, Maryland			
21. SIGNATURE OF FUNERAL SERVICE UCESMEE Author Lemmon-Mitchell-Wie 10 W. Padonia Road,													
		The second second				10 W.	Padoni	a Ro	wieder ad, Ti	era Monium	,MD	21093	
	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	ASC	On each lin	e.	not ente	TO M.	Padoni	a Ro	ad, Ti	monium		Approximeta Interval Batween Onset and Daath	
	iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	ASC DUE TO (O) Dementia	ND R AS A CONSE	e.	not ente	TO M.	Padoni	a Ro	ad, Ti	monium		Approximeta Interval Batween	
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Carla S. Alexandra M.D. 2300 Dulaney Valley Rd. Towson, Maryland 21204 31. DATE FILED (Month, Day, Year) 32. PAGISTRAR'S SIGNATURE MAY 2 199

DHMH-18 Rev 1/89



	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF D	DAY	,	YEAR 3. TIME OF DEATH											
	STEVEN 4. SOCIAL SECURITY NUMBI	aco.	J s. SEX	a AOF (In	yrs. last birthday)	DOBRE I YEAR	CK IF UNDER 24 HRS.	0.5	0.8	199												
	163-52-8408		1 M 2 F	8. AGE (III)		MONTHS DAYS	HOURS MIN.	7. DATE OF BI (Month, Day,	(, Ybar)		BIRTHPLACE (State or For Country)											
	9e. FACILITY NAME (If not ins				1000	9b. CITY, TOWN	OR LOCATION OF DE	Oct. 8			Illinois Y OF DEATH											
S S	NORTH ARU	JNDEL		'ΑΤ			BERNIE				ARUNDEL											
DIRECTOR	RESIDENCE OF DEC	10b. COUNT			10c. CITY	TOWN OR LOCA		2011172		71717	10d, INSIDE CITY											
E E	Maryland		' ne Arunde	1		en Burni					10d. INSIDE CITY LIMITS? 1 YES 2 1 1											
	10e. STREET AND NUMBER	- Alli	e ALUITAC	T	910		J.E. Dr. ZIP CODE		16	0g. CITIZE	IN OF WHAT COUNTRY?											
FUNERAL	8135 Harôl	ld Co	ourt Apt	- 2 A			21061				S.A.											
S	11. MARITAL STATUS		12. WAS DECEDEN	NT EVER IN U	J.S. ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Sp	ecify Yes or		4. RACE — American Indies Black, White, etc.											
BY F	1 Never Married 2 🔀 I 3 Wildowed 4 Divor		IF YES, GIVE V	WAR OR DATE	ES		pecify Cuben, Mexica S 2 🔀 NO Specify		etc.)		Specify:											
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		y highest grade	e completed)		(Give kind of wo life. Do NOT use	ork done during me	.ON ost of working	100, Kins	OF BUSINE	ESS/INDU	STRY											
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SOM SE	17. FATHER'S NAME (First, Mic	iddle, Last)				.10-	18. MOTHER'S NA															
ē ш	David J.	. Dob	beck				Linda	R.		erkle	ay											
10 B	19a. INFORMANT'S NAME (7)	,					end Number or Rural I		ity or Town, Si	State, Zip Co	code)											
	Etzweiler F		1 Home		1111 E	. Marke	et Street	York	, Pa.	1740	03											
1821	20a. METHOD OF DISPOSITION 1 X Buriel 2 Crematter	n 3 🗆 Rem	noval from State	20b. Pi	LACE AND DATE OF	F DISPOSITION (N	ame of				ty or Town, Stata											
	4 Donation 5 Other	(Specify)	7.	MC	unt Zio		ery 5/13		Sprin	ngett	sbury, Pa.											
<u>₽</u>	21. SIGNATURE OF FUNERAL	L SERVICE	CENSEE//	/		22. NAME	IND ADDRESS OF FA	CILITY			1											
		//	4/	/																		
מוווי, נוופ נוופתוכשו פאשנוווופג	23. PART I. Enter the dis shock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)	esrt fellure.	a. Ov	et daysed to	an ins.	Ruck					1050 York c. Towson, Md Approxima Interval Be Onset and											
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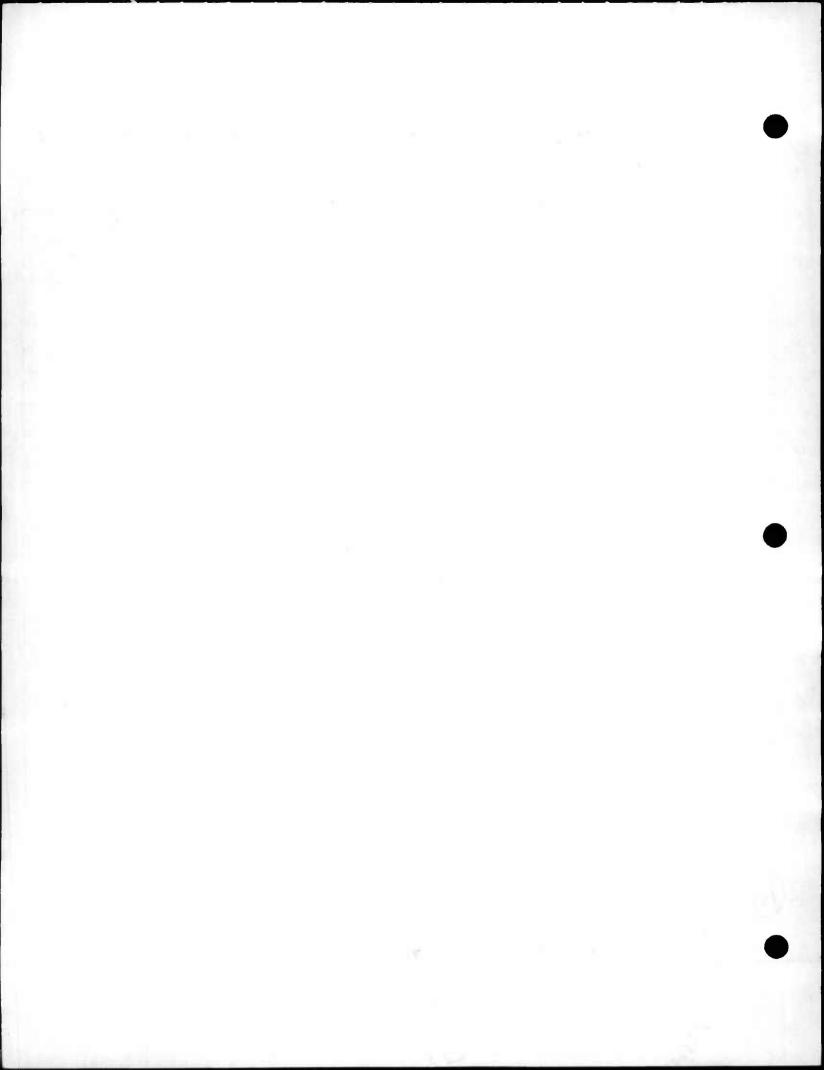


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USPITAL OR ALTENDING PHYSICIAL	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 thin 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremanal, or removal.	MY. If item 28 is marked or item 22 shows one interest or either transmitted as another transmitted as another transmitted as a constitution of the second or item.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (First,	ONY	1	ELB	Roc	,0				2. DATE OF DEATH MONTH 5	DAY 5	ÝS 93	3. TIME OF DEATH 2.18 PM
	4. SOCIAL SECURITY NUMB 215-18-	5513	5. SEX 1 ½ M 2 □ F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-8-21		8. BIRTH Countr	PLACE (State or Foreign Y) ITALY
_	9a. FACILITY NAME (If not in		,			1		OR LOCATI			9c. CO	UNTY OF D	EATH
DIRECTOR	CHURCH HO		L			BA	LTI	MORI	E CI	TY			
12	10a. STATE	10b. COUNTY	1		10c. CI1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
	MD 10a. STREET AND NUMBER				E	BALT		RE 1. ZIP COD	-				LIMITS?
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5	11. MARITAL STATUS 1 Never Married 2 X	Married		YES 2 X	RMED	13.	WAS DEC	ENDENT (OF HISPAN	IC ORIOIN? (Specify)	en or No-	14. RACE Black	— American Indian, , White, atc.
р Вү	3 Widowed 4 Divo	rced	IF YES, OIVE W					2 ()(10	Specify	<i>:</i>		Specia	YITE
E	(Specify only	EDENT'S EDU	completed)		ECEDENT'S Give kind of le. Do NOT u	work done	CCUPATION TO COURT OF THE COURT	ON ost of workli	ng	16b. KIND OF E	USINESS/IN	DUSTRY	
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	21. SIGNATURE OIL PUNERAL	NAMA	Y X	e/m/	1	K.	ACZI		SKI	FUNERAL			
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Sic	EXAMINER?		HOSPITAL:	ER/Outpatlant	3 🗆 DOA	OTHER		e 5 □ Re	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	26a. DATE OF (Month, De		26b. TIM		26c. INJ WO	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED	
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EE	4 Homicide	letarmined	building,	atc. (Specify)						City or Town, Stal	e)		
COMPLETED										to the cause(s) and m			and manner as stated,
w	296. SIONATURE AND MITLE	OF CERTIFIER	,	0	P			29c. LICE	NSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF	PERSON WAR		L. BIJ			•		182			5.5.	
	DR. BIJPU	RIA,					BAL	TIMO	ORE	MD, 212	31		
	31. DATE FILED (Month, Day,)			R'S SIGNATURE					-		-		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH LEROY DURHAM P 4 6:18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR a, BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 X M 2 | F YRS 219-30-7043 58 Oct 28 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Columbia 1 TY YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 5309 Lightning View Road 21045 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, Whita, etc. 1 Never Married 2 K Married BY 1 YES 2 NO Specify Specify 3 Widowed 4 Divorced **Black** ETED 18a. OECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) National Association of COMPL Director of Education College Community Action Agency once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname notified at James Durham BE Louise Armstrong 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Majorie Durham 5309 Lightning View Rd Columbia, MD 21045 pe 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, 2501 Gwynns Falls Parkway an Baltimore, Maryland medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrast, shock, or heart failure. List only one cause on each line. Approximete intarvai Between **IMMEDIATE CAUSE (Fine) Onset and Death** the disease or condition_ Cardiac Armst event. 1 resulting in death) the attending physician and con I Mental Hygiene prior to burial, 2070 prolo ogculopath traumatic CERTIFICATION Sequentially list conditions, CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST er £1500 6 Injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? been signed by th pt. of Health and N 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate h 28. PLACE OF OEATH (Check only one) tem EXAMINER? OTHER tient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH . DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 5 Pending investigation 1 Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide DIRECTOR: A hours after d .00 8 🖔 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 4 Homicide 200 determined ET Item COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h (Check only one) IMPORTANT: IL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 29¢ LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 5 2 30. NAME AND ADDRESS OF PERSON W DEATH (ITEM 27) (Type, Print) Dhas 31. DATE FILEO (Month, Day, 32. REGISTRAR'S SIGNATURE 199

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HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

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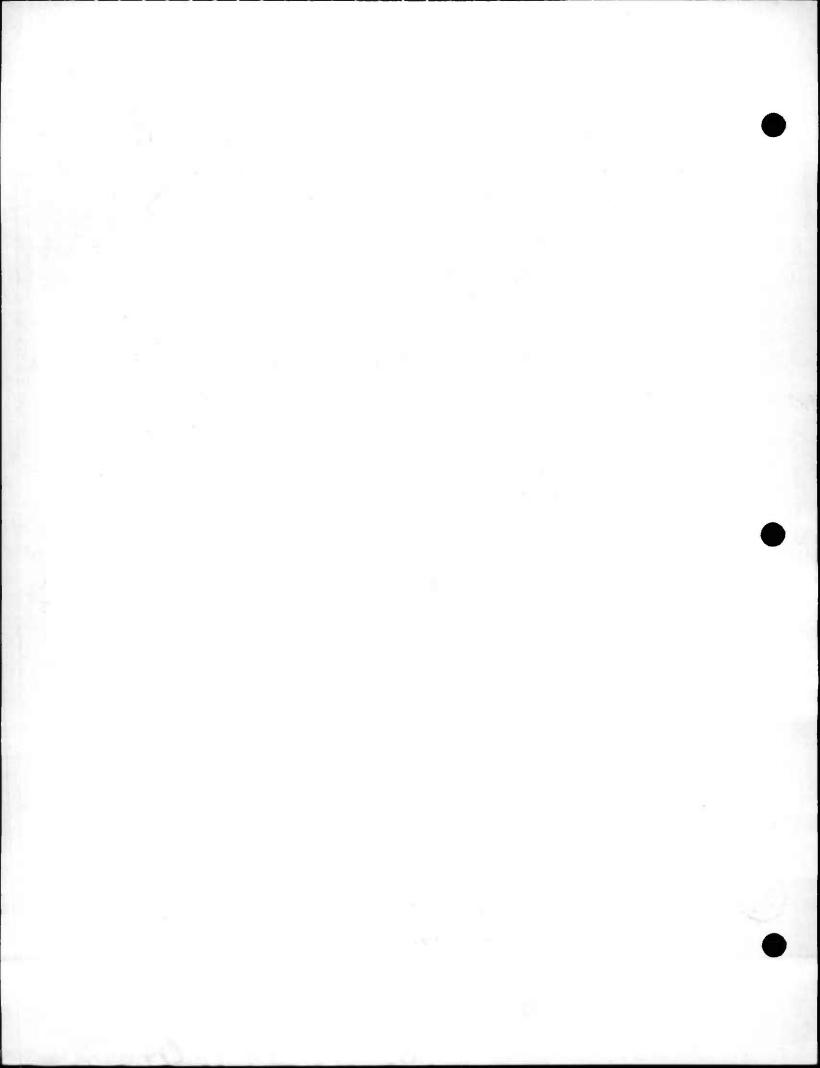
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

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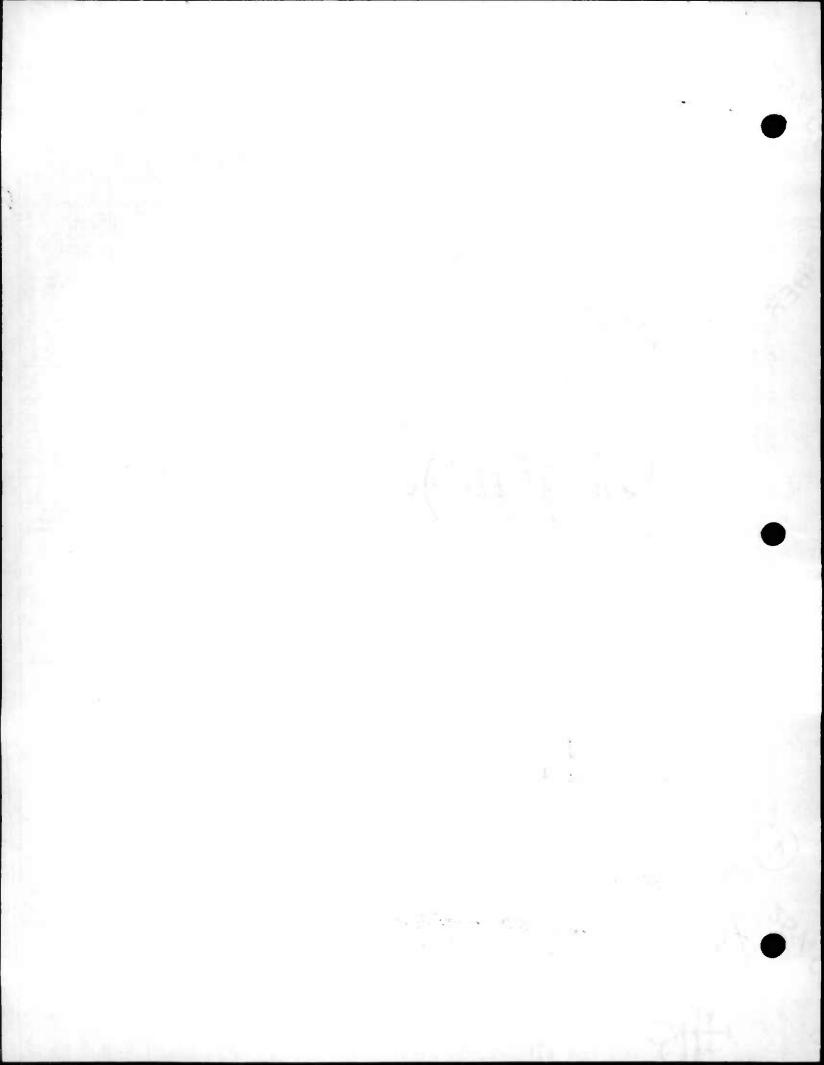
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 05 ROBERT DEROSA JR. 2:00 A۱ 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) ## UNDER 1 YEAR ## UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 01721/1966 MONTHS DAYS HOURS Ballimore MD 215-68-3017 27 1 👿 M 2 🗌 F VBS retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1695 AT PERRING PARKWAY BALTIMORE COUNTY RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? V 1 YES 2 NO IRE. E'TY TOWN OF LOCATION 1.12 BALTIMORE BALTIMORE MD. 100. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 21236 U.S.A 6½ HENRY AVENUE 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 4 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Nover Married 2 Married BY Specify:WHITE 3 Widowed 4 Divorced ETED | 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working MAD NOT USE PRICED IN 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/INDUSTRY CHAMPION INVESTMENT CORP. Elementary Spacestary (0-12) 4 COMEARS 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THELMA MAY SALISBURY T ROBERT ANTHONY DEROSA BE page 5 should notified 190. INFORMANT'S NAME (TWO Print), ROBERT A 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DEROSA 6½ HENRY AVENUE BALTIMORE MARYLAND 21236 hours after death. Page 6 may be 9 METHOD OF DISPOSITION

MAN until 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must director, p MORELAND MEMORIAL CEMETER 5/13/93BALTIMORE MARYLAND

22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME examiner OF FUNEFIAL SERVICE PICEN funeral (7110 BELAIR ROAD BALTIMORE MD 21206 completely filled in by the rial, cremation, or removal. 23. PART . Enter the diseases, or shock, or heart failure medicel deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate interval Between iMMEDIATE CAUSE (Final disease or condition Onset and Death the Weltiple enjuries requires that the death certificate be executed within event. resulting in death) **DIVISION OF VITAL RECORDS, P.O. BOX 68760,** OUE TO (OR AS A CONSEQUENCE OF) Mysician and comi traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING attending physician CAUSE (Disesse or injury signed by the attending phy Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24h. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows eny 1 YES 2 | NO 1 YES 2 | NO t. of P certificate has been the State Dept. o PHYSICIAN: OR ATTENDING PHYSICIAN; The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: TYPES 2 NO 1 Department 2 ER/Outpatient 3 DOA 4 | Nursing Home 5 | Residence (X) ther (Specify) I 695 & PERRING PKV 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c merked. 5 Pending Investigation 1 Natural 1 TYES 2 NO BY 5-11-1993 38A. 2 Accident
3 Suicide After death DRIVER IN AUTO/TRUCK IMPACT 28e. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) L DIRECTOR: Af hours after de: Item 28 Is n 281. LOCATION (Street and Number or Rural Route Number 6 Could not be determined ED 1695 MATTO PERRING PARKWAY 4 🔲 Homicide ON ROAD COMPLET IMPORTANT: If Item 29e. CERTIFIER

(Charte only 1] CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. THE FUNERAL 2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER
Worald H. Wright MO 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. **▶** 5-11-1993 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland DONALD G. WRIGHT, M.D. 21201



Pages 1, 2, 3 should

permit.

detached for use as the

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I FINDING PHISICIAN. THE IAW REQUIRES THAT THE GEATH CERTIFICATE DE EXECUTED WITHIN 24 THOURS After DEATH. PAGE D MAY DE RETAINED BY E	TIME: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be of		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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D. ELSBERRY STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ELTBERRY RITA YEAR DARLEEN 14 1993 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign HOURS P8 1672 YRS. 213 SIPT 16 MARYLAND 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANK! DIRECTOR ROSEDAL HOSPITA Baltimore County 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAI ARYLAND TIMORS ARKI 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? HILLARVS 3008 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yee, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: В 3 Widowed 4 Divorced Specify TIKW COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 127RS AT Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Horar KATI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FAMIL 20e. METHOD OF DISPOSITION

158. Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE S. 7 20c. LOCATION - City or Town, State 50 natory or other placal 4 Donation 5 Other (Specify) FAIT H **JARYLAND** 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY

EVAN CHROLOGY JORILS WS1804 8300 HARFORD 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onast and Death** disesse or condition DUE TO OR AS A CONSEQUENCE OF : resulting in death) Depression CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MED? 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

YES 2 | NO OTHER: ER/Outpatient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 3 Suicide
4 Homicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 8 Could not be 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

Handin Gelanon BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. D01084 4/1923 2

Chas

Felsonhera W

32 REGISTRAR'S SIGNATURE Durids

SMALEY 31. DATE FILED (Month, Day,

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93

3. TIME OF DEATH $7^{55} A_{M}$

DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

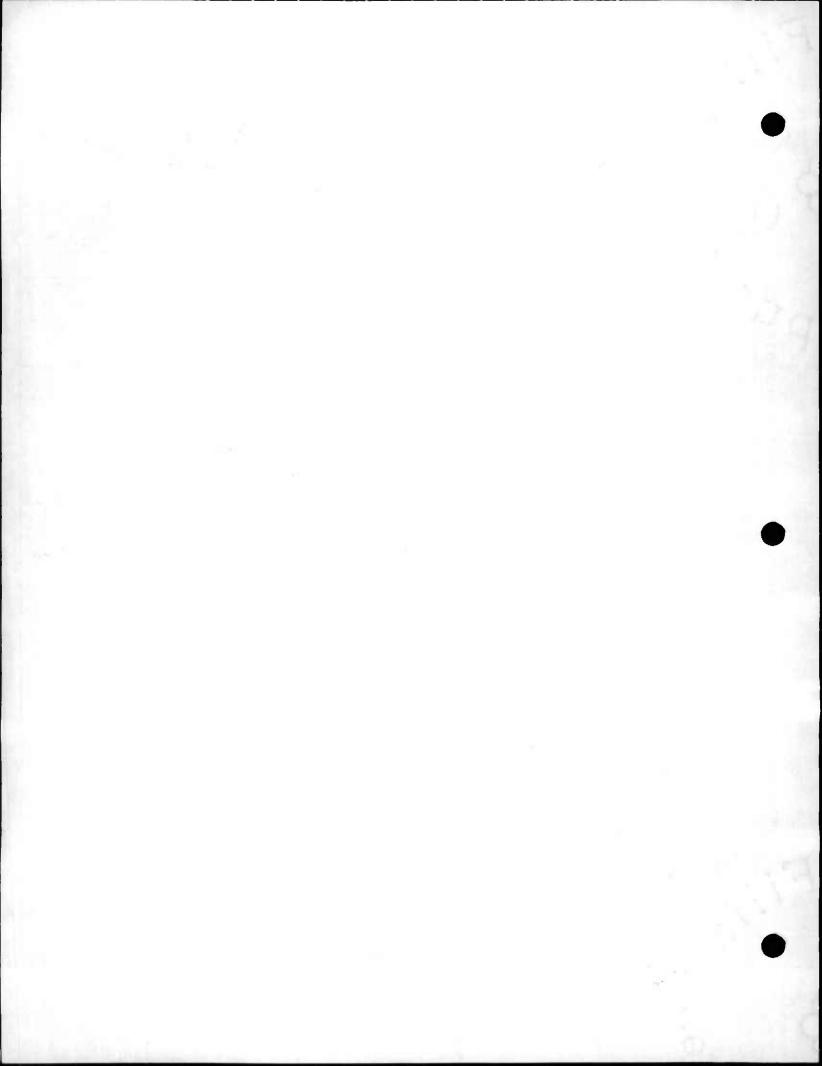
DO ROTHY

2. DATE OF DEATH MONTH

Dorothy Elizabeth Franke

	_	ھ
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit 💌

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. i	last birthdev)	IF UNDER 1 YEAR	IF UNDER 24	4 HRS	7. DATE O	E BIRTH		a BIDTHOI	ACE (State or Foreign
1	212097424	1 M 2 K F	7.	YRS.	MONTHS DAYS		MIN.	(Month,	Day Year)	17	Country)	
	Sa. FACILITY NAME (# not institution	, give street and number)			9b. CITY, TOW	N OR LOCATION	N OF DEA				Mary]	
e e	Good Samaritar	_			Baltim	ore						
5	RESIDENCE OF DECEDER	OUNTY		10.00								
DIRECTOR		ltimore		10c, CIT	r, town on Loc Bal	timore					- 1	Dd. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER					10f, ZIP CODE				10. 017		YES 2 XND
NERAL	2023 Crestview					21239				U.S.		AT COUNTRY?
FUN	11. MARITAL STATUS 1 🔀 Never Married 2 🗌 Married	FORCES?	NT EVER IN U.S. A	NO NO	13. WAS D If yes,	ECENDENT OF specify Cuben,	HISPANI Mexican	IC ORIGIN?	(Specify Yes	or No-	14. RACE Black, V	- American Indian, Vhits, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	-	1 🗆 Y	ES 2 NO	Specify:				Specify:	White
8	15. DECEDENT (Specify only highes		16a. t	DECEDENT'S	USUAL OCCUPA	TION		16b. F	UND OF BUS	SINESS/IND		
E I	Elementary/Secondary (0-12)	College (1-4 or 5	(+)	We. Do NOT us		most of working						
P P	N/A	N/A	H	omemal	ker			Ow	n hom	е		
COMPLETED	17. FATHER'S NAME (First, Middle, Li	191)				18. MOTHE	R'S NAM	AE (First, Mic	ddle, Maiden	Sumame)		
BE	Louis W. Frank					Anto	onia	a Sch	ultz			
2	19a. INFORMANT'S NAME (Type/Prin	,			ADDRESS (Street							
	Virginia A. Po	well (Sist			Cresty	-	ad_	Ba	_		1D. 21	
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □		20b. PLAC	rematory or of Redec	of DISPOSITION (ther place)	Name of		DATE			City or Town	
- 4	4 Donation 5 Other (Specify 21. BiGNATURE OF FUNERAL SERV		Holy	Redee		AND ADDRESS		5/1	l Ba	ltim	ore, M	Maryland_
	0000					imunek			Home	s. Ir	nc.	
	Muel John	occor f			333	1 Breh	ms I	ane	Balt	imore	Md.	21213
	23. PART I. Enter the disease shock, or heart to	s, or complications the	at coused the d	leath. Do n	ot enter the n	node of dyln	g, such	as cardia	c or respi	ratory arr	est,	Approximate
1	IMMEDIATE CAUSE (Final											Interval Between Onset and Death
	resulting in death)	a. PN	EUNDI	AIN								7-dass
		DUE TO	O (OR AS A CONS	EQUENCE OF	7):							13
8	Sequentially list conditions,	b										
Ě	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CONS	EDUENCE OF	7):							
윤	CAUSE (Disease or injury that initiated events	c. DUE TO	O (DR AS A CONS	EDUENCE OF	n:							-
CERTIFICATION	resulting in death) LAST		,		,							
빙		d										1
MEDICAL	PART II. Other significent con				n the underly	ing cause giv	ven in P	Port I.	MAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
DK	SMALL BOY	MEL OBS	TRUCTI	DN.				_	1 🗌 YES 2	□ NO	C	OMPLETION OF CAUSE F DEATH?
¥	CROHN'S	DISCAST	2 ,					_			1	YES 2 ND
SIAN:												
호	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEA	ATH (Chec	ck only one)				
PHYSIC	1 TYES 2 NO	1 (Inpatient 2		_	4 - Nursing Ho							
	1 Natural 5 Pending	28e. DATE Of (Month, i	Day, Year)	28b. TIMI INJ	URY	NJURY AT WORK?		28d. DE\$C	RIBE HOW II	UURY OCC	CURED	
<u>a</u>	2 Accident Investig	ntion	OF INJURY — ALI	nome form		YES 2	-					
	3 Suicide 8 Could n 4 Homicide determine	or pa building	, etc. (Specify)	iome, rarm, s	treet, ractory, or	TICE			ION (Street a Town, State)	nd Number	or Rural Rout	te Number,
COMPLET	29a. CERTIFIER											
₹ I	(Check only	PHYSICIAN: To the best of										
8		AMINER: On the basis of	examination and/o	r investigatio	n, in my opinion	, death occured	at the ti	ime, dats a	nd place, an	d due to th	e cause(a) ar	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CEI	TIFIED LOI	7. 4	M.	N	29c. LICEN	SE NUME	BER		29d. DATE	SIGNED (M	onth, Day, Year)
5	30 NAME ON ADDRESS OF STREET	5 lmay (J. 13									
	30. NAME AND ADDRESS OF PERSON					I LANTI	CE?	-	1-11-	(11 5-		
	31. DATE FILED (Month, Day, Mar)		AB'S SIGNATURE		HAIDAK	IIHN H	٣	, 3	01 70	CH EX	AFM B	LVD BOLTIMO
		A I Ar Children of Lit.	Genden 1									4 1:12



3. TIME OF DEATH

10d. IHSIDE CITY

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OF DEATH?

1 YES 2 HO

21215

Approximete interval Between

Onset and Death

1 YES 2 HO

01/01

REG. NO.

2. DATE OF OEATH

1 - STATE REGISTRAR

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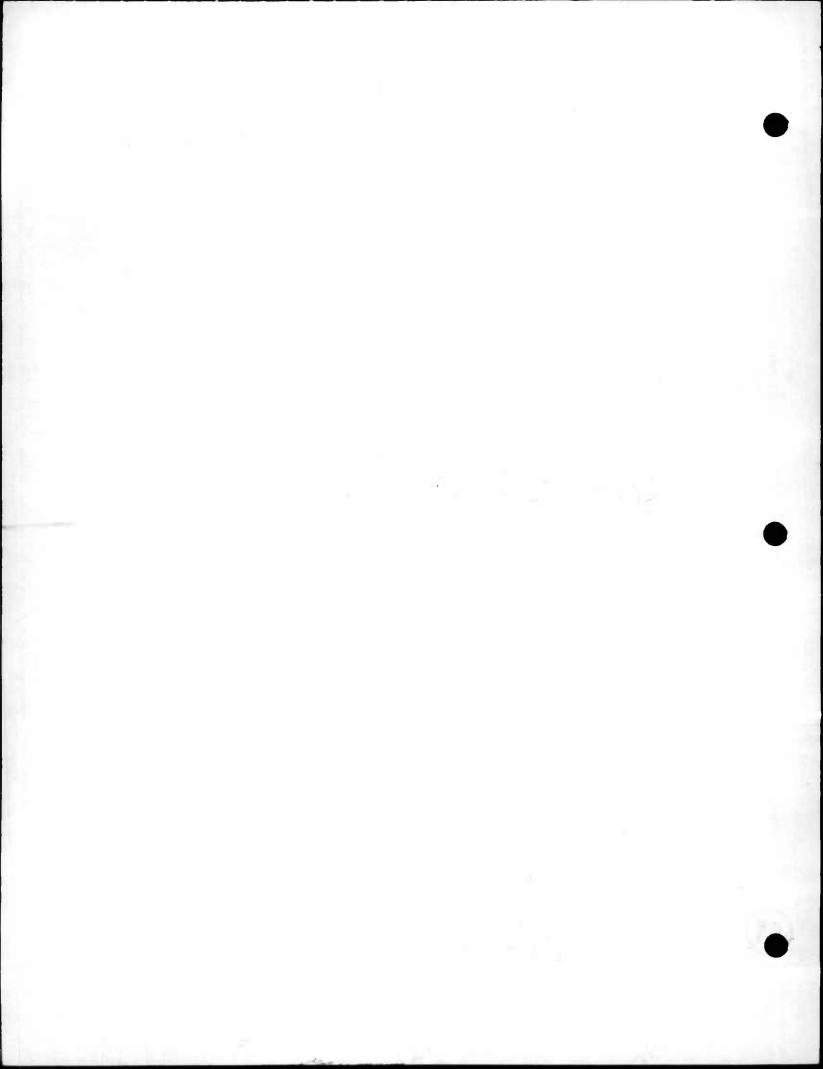
1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) MD 1 1 - 25 - 1 9 2 5 1 | M 2)(|)(F 67 217-22-0909 YRS. Pages 1, 2, 3 should 9e. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE MD use as the burial-transit permit. 10e. STREET AHD HUMBER FUNERAL 101. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 2549 W. FAYETTE STREET 21223 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 X Merried If yes, specify Cuban, Mexican, Puerlo Rid 1 YES 2 X HO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/IHDUSTRY (Specify only highe mentary/Secondary (0-12) 11th page 5 should be detached for College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last)
FREDERICK W. HARRISON 18. MOTHER'S NAME (Eirst, Middle, Maiden Surname)
MARY HARDY notified at 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 BOBBY WALL 2549 W. FAYETTE ST. BALTO., MD within 24 hours after death. Page 6 may be eg 20e. METHOD OF DISPOSITION
1 A Burlel 2 Cremation 3 Ram 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must filled in by the funeral director, DULANE'Y" MEMORIAL PARK 5-14-93 Towson 4 Donation 5 Other (Specify) examine SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MARCH FUNERAL HOME - WEST 23. PARTI. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart felliure. List only one ceuse on each line. medical b IMMEDIATE CAUSE (Final this certificate has been signed by the attending physician and completely filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) eunemen event, DUE TO (OR AS A CONSEQUENCE OF): executed traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 2 cause. Enter UNDERLYING death certificate CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY that shows any 1 TYES 2 THO requires 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem OTHER: OR ATTENDING PHYSICIAN: 1 - YES 2 -NO lent 2 - ER/Outpatiant 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 6 27. MAHHER OF DEATH 28e. DATE OF IHJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. IHJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending BY 1 YES 2 HO 2 Accident L DIRECTOR: Af hours after de item 28 is r 3 Sulcide 28e. PLACE OF IHJURY — Al home, larm, street, lactory, office building, etc. (Specify) 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 🗌 Homicide determined 1 DEERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMIHER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year) Uherl 9 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AHE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 2 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, La	ist)					DATE OF DEATH			3. TIME OF DEATH
FRANCES ANNE FRATTINI						May 9,	3	M	
4. SOCIAL SECURITY NUMBER 220-05-3060	5. SEX 6. A	GE (In yrs. last birthday) 71 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	0	DATE OF BIRTH Month, Day, Year)	4.0'4'	Count	··
9a. FACILITY NAME (If not institution, gi	43	/1	9b CITY 1	TOWN OR LOCATION OF D		uly 5, 1	- T	MA JNTY OF D	ryland
Greater Baltin	more Medical	Center		wson	ZEATH				imore
10a. STATE 10b. COU		10c. CIT	Y, TOWN OR	LOCATION	_				10d. INSIDE CITY
Maryland Ba	altimore	Pe	erry	Hall					LIMITS?
10e. STREET AND NUMBER			J==1 .	101. ZIP CODE			100 CI	IZEN OF V	WHAT COUNTRY?
4219 Chapel F	oad Apt. 20	14		21236				U.S.	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN II S ARMED	13. W	AS DECENDENT OF HISPA	ANIC OF	RIGIN? (Specify Ve			— American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES	111	yes, specify Cuban, Maxic YES 2 NO Spec	en, Pu	arto Rican, etc.)		Speci	, White, alc.
15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEDENT'S	USUAL OCC	CUPATION		16b. KIND OF BU	SINESS/IN	DUSTRY	WILLCE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	ring most of working	I				
12 yrs.		Apartme	ent Ma	anager	- 1	A & G	Mana	geme	nt
17. FATHER'S NAME (First, Middle, Last)					AME (F	irst, Middle, Maiden			
William	Hoffman			Cora	10-21	The second second	kett	S	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural	Route i				
Mrs Melody Hughe	s-Pitts			Drive, Be					4635
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE O						City or To	
1 ☐ Burlal 2 ☐ Cremation 3 ☐ R 4 ☐ Donation 5 🂢 Other (Specify) _	amoval from Stata	cemetery, crematory or of	her plecel	Mausoleum 5					
H. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Z Z Z Z Z Z		AME AND ADDRESS OF F			Outa		
· Earl	L. Janos	or L.	Rud	ck Towson E	une	eral Hom	e, I		050 York Roomson, Md. 21
23. PART I. Enter the diseases, or heart falls	or complications that day	sed the deeth. Do n	ot anter th	ne mode of dying, su	ch ae	cerdlec or resp	ratory ar	rest,	Approximate
iMMEDIATE CAUSE (Fine)	re. List ophy one cause of	n each line.		0 0					interval Between Onset end Death
disease or condition	Necum	Lad.	/	and Cara	,				Onset end Death
resulting in death)	DUE TO (OR A	AS A CONSEQUENCE OF	Meti	na lyc	-115	ma			
	- Cardon	con sixco	20 - 1	Locast					
Sequentially list conditions,	DUE TO (OR A	AS A CONSEQUENCE OF		A 142 A .				_	
if any, leading to immediate ceuse. Enter UNDEALYING			()						į
CAUSE (Disease or injury that initiated events	C. DUE TO (OR #	S A CONSEQUENCE OF							
resulting in death) LAST									j
	a								
PART II. Other significent condit	iona contributing to deat	h but not resulting le	n the unde	erlying ceuse given in	Part I			24b.	WERE AUTOPSY FINDINGS
						PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
						1 753 2	_ 40		DF DEATH?
									1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C/	hack on	Av one)			
EXAMINER?	HOSPITAL:	hutnetlent 2 7 204	OTHER:			,			
7. MANNER OF DEATH	28a. DATE OF INJUR	RY 28b. TIME		g Home 5 - Realderica	_		M III IPPC O C	Ounes.	
1 Natural 5 Pending	(Month, Day, Yea	(r) INJU	JRY	WORK?	280.	DEŞCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigatio		ADV. A. A.		1 YES 2 NO	<u> </u>				
3 Suicide 6 Could not I 4 Homicide determined	TO DUNGHING, MC. 13	JRY — At home, farm, st Specify)	treet, factory	y, office	281.	LOCATION (Street I City or Town, State)	and Number	or Rural A	oute Number,
9a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the heat of my ba	nowledge death seem	d at the te-	dete and steel 1	A			· ·	
(Check only one) 2 MEDICAL EXAM	YSICIAN: To the beat of my kn	numeuge, califfi occurre	u at ina lime	e, cets and place, and due	to the	cause(a) and mar	mer as ata	ted.	
	INER: On the beats of examine	more answer investigation	i, in my opir	nion, death occured at the	time,	data and placa, an	d due to th	ne cause(a)	and mannar as stated.
296. SIGNATURE AND TITLE OF CERTIF	10 /1 .			29c. LICENSE NU			29d, DAT	E SIGNED	(Month, Day, Year)
Siller (".)	Thelless			0-20	63	7	>	5-11	93
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)						. /
Francis Grumb	ine, M.D. (S.B.M.C. D	hveiå	dang Darril	14-	n N 01	7	_ ~	
01 010.		Jewerte C. P.	TIAPTC	Tans Lahl	TTO	II N. CI	iarle	s St	reet

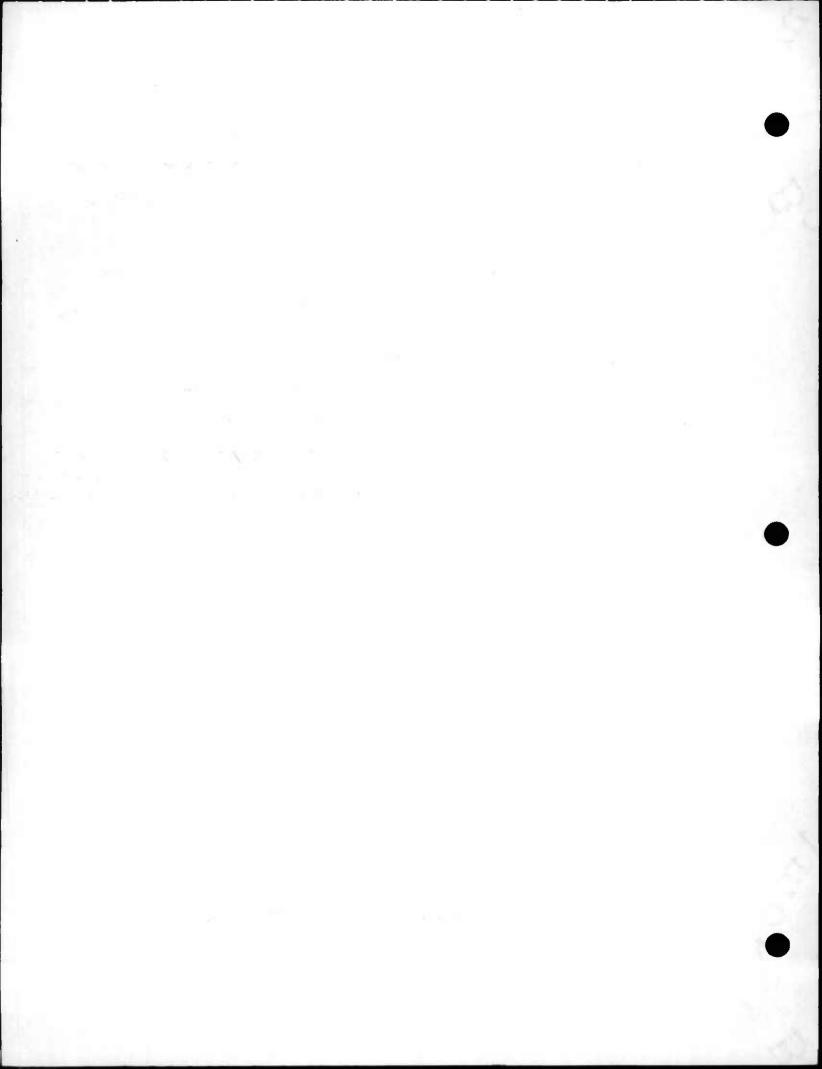
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

31. DATE FILED (MORITI, Day, Year)
MAY 1 2 1993



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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		1 - FOR REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIFI	TMENT	OF H	EALTH	I AND I	MENTAL	. HYGIENI		0	10001
1		1. OECEDENT'S NAME (First, Middle, Last)									OF OEATH			3. TIME OF DEATH
		Walter J.				Finnev					05 03 1993			2103 M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER			R 24 HRS.	7. DATE C	DE BIRTH		a. BIRTI	IPLACE (State or Foreign
		213-01-6052	1 M 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	9 -	22-19	11	Count	" VA
	~	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY,	TOWN C	R LOCAT	ION OF DE	EATH		9c. COU	NTY OF D	EATH
	Ď.	1102 Druid Hill Avenue-Apt. 1415 Baltimore												
j	DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	OCATION 104 INSH					10d. INSIDE CITY	
8	ERAL DIF	MD			BAL	TIM.	TIMORE						LIMITS?	
		10e. STREET AND NUMBER			1		101. ZIP CODE 10g. CITIZEN OF WHAT C							
	ᇤ	1102 DRUID HIL	L AVE.	APT. 1	415			212	17			Į	J.S.	Α.
	FUN	11. MARITAL STATUS	12. WAS DECEDEN' FORCES? 1	EVER IN U.S. AP	MED						(Specify Yea	or No-	14. RACE	— American Indian, c, White, atc.
	Β¥	1 Never Married 2 Married Services 1 1 Yes 2 Mo 1 1 Never Married 2 Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Married 1 Never Married 1 Never Married 1 Never Married 2 Married 1 Never Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married				If yes, specify Cuban, Maxican 1 YES 2 NO Specify:					Specific Spe			
	8	15. DECEOENT'S EDUC	ATION		CEOENT'S	IISHAL O	CUBATIO	M.		401	KIND OF BUS			DLACK
	ETE	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	(G	ive kind of w Do NOT us	mole done o	during mo:	st of work	ing	100.	KIND OF BUSI	INESS/IND	USTRY	
_	립	4th	conege (1-4 of 5 f	MAC	HINE	OP	ERA	TOR						
at once	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	iddle, Maiden S	iumame)		
	BE (RICHARD FINNEY					1	MΑ	RYM	100RE				
be notified		19a. INFORMANT'S NAME (Type/Print)									er, City or Town			
96		ELTON REGGIE FI	NNEY		335	DIA	ISI	ON	SI B	BALIC	O. MD	21	217	
Ten Ten		20a, METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Remo	val from State	20b. PLACE A						OATE			,	
E		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICEALCE	ENORE!	Garr	ıson					513	93 ()win	g s al	Mills, Md
examiner must		L. C. L. D. D. D. D. D. D. D. D. D. D. D. D. D.						22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME - WEST						
dical ex		23. PART 1. Enter title diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cerdisc or reapiratory arrest, Appro								D 21215				
event, the me	CERTIFICATION	shock, of heart feliure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate Interval Batween Onset and Death Due to (or as a consequence of): Due to (or as a consequence of): OUE TO (or as a consequence of): OUE TO (or as a consequence of):												
njury, o	2	PART ii. Other eignificant conditions	contributing to	dooth but not a			arati I sa							
shows any in	EDICAL	<u> </u>				- the un		Cause	given in	- 1	PERFORM	ED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5	Σ.							_		-				1 YES 2 NO
m 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Che	eck only one)			
r item	Sic		HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence											
d, 0r		27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIME	OF	28c. INJU	JRY AT			RIBE HOW IN	JURY OCC	URED	
is marked,	BY	1 Natural 5 Pending 2 Accident Investigation	(Monny Du	y, rowny	INSC	''' м	1 🗌 Y	ES 2 [□ NO					
		3 Suicide 8 Could not be	26e. PLACE Of building.	INJURY — At ho	me, farm, si	reet, facto	ory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
n 28	ETE	4 Homicide detarmined								Oily Oi	iomi, otato)			
IMPORTANT: If Item	COMPL						at the time, deta and place, and due to the cause(a) and menner as stated. In my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.						and manner as stated.	
MIA	BE C	296. SIGNATURE AND TITLE OF GURZIEER	~			_	29c, LICENSE NUMBER			IBER	29d. DATE SIGNED (Month, Day, Year)			(Month, Day, Year)
N N		AND)	NX						0.0					
	2	30. HAME AND ADDRESS OF REISON WHO	COMPLETED CAUS	E OF OEATH (ITE	M 27) (Туре,	Print)				Al'la l'i		- 0	1 11	+ 177.3
		The state of the s	MO	11	1 Pe	nn S	Stre	et	Ra	ltim	ore	Mar	vla	nd 21201
		31. DATE FILE MAY 1 2 1993	32. RECISTRAF	S SIGNATURE	Bridge	٤							2	

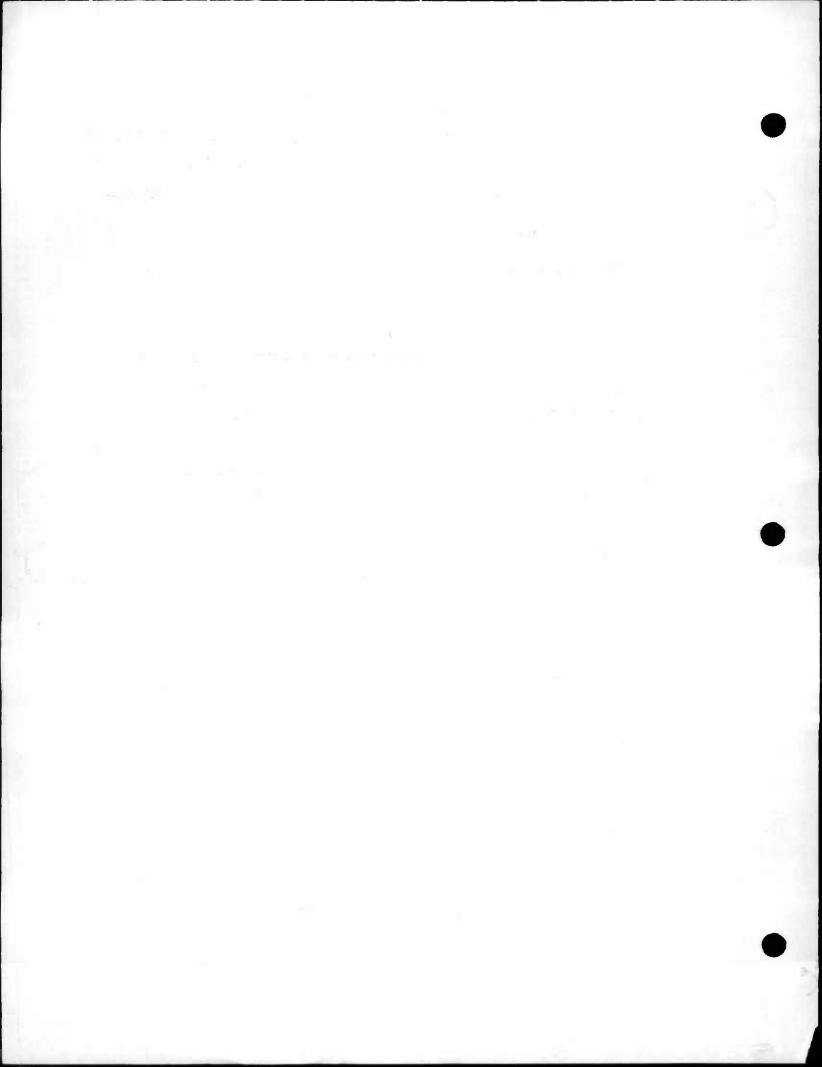
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BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)		RRIS H.		2. DATE OF DEATH MONTH 2. DATE OF DEATH DAY YEAR 1520						
4_		SEX 6. AGE (in yrz.	¥ 2 □ F 75 YRS. MONTHS DAYS HOURS MIN.					8. BIRTHPLACE (State or Foreign MARYLAND)			
OR	9a. FACILITY NAME (If not Institution, give street THE JOHNS HOPKINS			BALTIMORE CIT			ATH .				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALTI	MORE		OWN OR LOCATION ALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 3 A NO				
FUNERAL	100. STREET AND NUMBER 4001 OLD COURT RE		101. ZIP CODE 21208					10g. CITIZEN OF WHAT COUNTRY? USA			
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	ARMED NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 YMO Sc	PRIGIN? (Specify Yea Jerto Rican, etc.)	se or No.— 14. RACE — American Indian, Black, White, atc. Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	life. Do NOT usa re	done during most of working	o FD	16b. KIND OF BUS	TOTO					
BE COM	17. FATHER'S NAME (First, Middle, Last) AARON FINK		<u> </u>	18. MOTHER'S	NAME (First, Middle, Meiden NKELSTEI	Surname)	FURNITURE			
10	190. INFORMANT'S NAME (Typo/Print) MRS. LUCILLE FINK		4001 O	LD CT.RD APT	50°	2 BALTIM	ORE, N	110 2	1208		
	20e. METHOD OF DISPOSITION XXX Burlel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of campatery of other place) SHAARET ZION 20c. LOCATION — City or Town, State 5-11-93 ROSEDALE, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 5010 REISTERSTOWN RD. BALTIMORE, MD 21215										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease) of condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PULMOWARY HYPORTONS, OW 1 YES 2 THE							0	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	ER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)				28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, stree	me, ferm, street, factory, office 28f. LOCATION (Street City or Town, State)					and Number or Rural Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			1.5					Month, Day, Year)		
	ANDREW WAY	UG DW	0811	O JOHN	75	HOPK	WS	AC	750		
	31. DATE FILED (MONTH), Day, Hear) 32. REGISTRAR'S SIGNATURE Janidson-Randelle										

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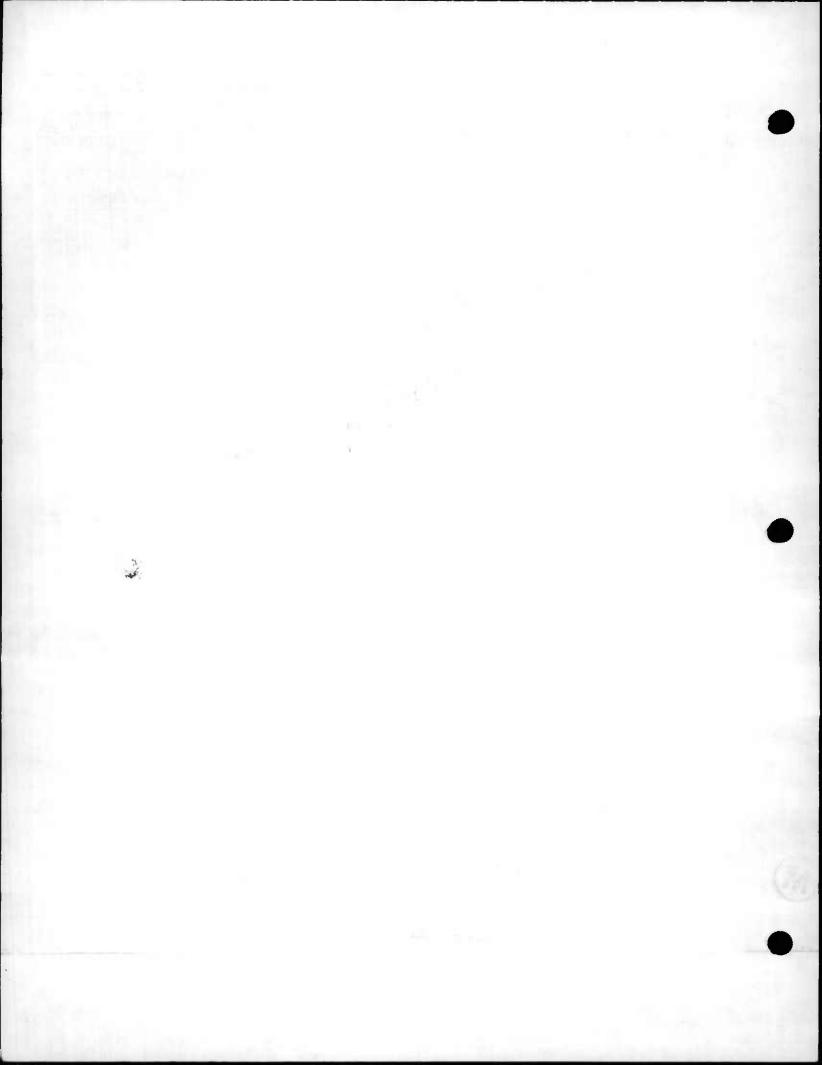
	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH		MENTAL HYGIEN REG. NO.	E 9	3 13663	
	1. DECEMENT'S NAME (First, Middle, Last)	Gall	ett				2. DATE OF OEATH MONTH DE	93	3. TIME OF DEATH 3. 24 PM	
	4. SOCIAL SECURITY NUMBER 704-07-9806	1000	(In yrs. last birthday)	MONTHS DA	EAR IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 8 - 0 - 1913	8. BIF Cou	ITHPLACE (State or Foreign intry) AL.	
OR	9a. FACILITY NAME (If not institution, give street Howard Cou	nty bear	Hosp		LTIMOF		ATH	9c. COUNTY OF		
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR L	OCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 8126 WASHINGTO	ON BLVD.			10f. ZIP COD			10g. CITIZEN OF W		
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 2 Midowed 4 Divorced 12. Was deceoent ever in u.s. Armeo If yes, aper 1 Yes 2 No If yes, aper 1 Yes, give war or dates						ın, Mexicer	IC ORIGIN? (Specify Year, Puarto Rican, etc.)		ACE — American Indian, ack, Whita, atc.	
16a. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5 +) CHEF 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CHEF 17. FATHER'S NAME (First, Middle, Last) THOMAS GARRETT 18. MOTHER'S NAME (First, Middle, Maiden Surname) FLORENCE COLLER										
THOMAS GARRETT 17. FATHER'S NAME (First, Middle, Lest) THOMAS GARRETT 18. MOTHER'S NAME (First, Middle, Meiden Surname) FLORENCE COLLIER								T.		
ELIZABETH GARRETT 8126 WASHINGTON BLVD. JESSUP, MD 20794								20794		
20c. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FURIFICAL SURVICE LICE	Mari	h	MAR 430	CH FU	NER/ ASH	AL HOME - V AVE. BAL	VEST TO., N	MD 21215	
	23 PAPT I. Enfar the disesses, or control of the co	let only one couse on	ic E	. M.	e mode of dy	ring, such	n ss cerdisc or reep	ratory srrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):								uR,	
MEDICAL									24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetlent 3 DOA	OTHER:	26. PLACE OF I		8 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		LJURY	C. INJURY AT WORK?	□ NO	28d. DEŞCRIBE HOW	NJURY OCCURED		
8	3 Suicide S Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, pecify)	street, factory	, office		28f. LOCATION (Street City or Town, State)	and Number or Rui	ral Route Number,	
COMPLET	onel	EIAN: To the best of my line 3: On the basis of examinal							se(s) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1 Crus	10	11.		ENSE NUM		29d. DATE SIGN	Opp (Moren, Day, Year)	

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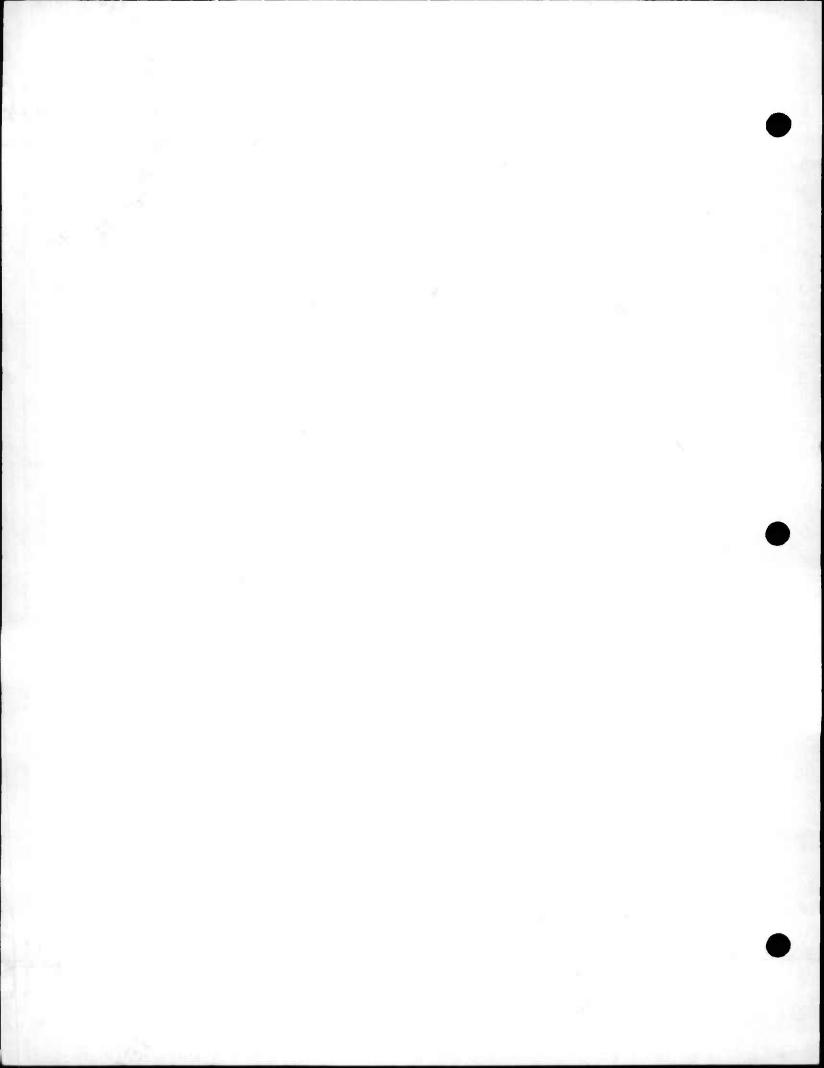
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Julia Deviden

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



	1 - STATE REGISTRAR	STATE OF M			TMENT OF		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) KATHRYN				ILLIGAN		2. DATE OF DEATH		3. TIME OF DEATH 04:23 PM M	
	4. SOCIAL SECURITY NUMBER 216-12-8454 90. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F	6. AGE (In yrs. lest b	AST DATE OF FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF (Month, D. 7 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /				2 Maryland		
CTOR	NORTH ARUNDEL HO	SPITAL AS			GLEN	BURNIE	DEATH	9c. COUNTY	A. COUNTY	
FUNERAL DIRECTOR		nne Arundel Glen Burnie							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
NERA		Crain Hwy. Apt. 890				21061		U.S.A.		
3 ☐ Wildowed 4 Notivorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify:							RACE — American Indian, Black, White, atc. Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 yrs. 17. FATHER'S NAME (First, Middle, Last) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Salesclerk 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Hoschilds-Kohn 18. MOTHER'S NAME (First, Middle, Meiden Surname)							RY			
BE CO	17. FATHER'S NAME (First, Middle, Last) Joshua G. Tavm	an					H. Hohmen	Surname)		
70	190. INFORMANT'S NAME (Type/Print) C. Michael Gilli	gan					sadena, Md.		(4)	
	20a, METHOD OF DISPOSITION 1 Buriel 2 Comments 3 Rem. 4 Donation 5 Other (Specify)		20b. PLACE AND COMPACT OF THE PLACE AND COMPAC	tory or oth	FDISPOSITION (A	eme of Park 5/		en Burn	or Town, State ie, Maryland	
	21. SIGNATURE ON FUNE HALL SERVICE LIC	2/2	الا		421 Cr	ain Hwv	ick Funeral	Burni	e, Md. 21061	
	23. PART I. Enter the diseases, or cache, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only and cour	on each line.		Fau	lung, au	ch as cerdlec or reap	iratory arrest,	Approximeta interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Thetie	
PHYSICIAN: MEDICAL	PART 19: Other significant condition ONNEX Organize	registributing to a	gream		the underlyin	g cause given ir	1 Part I. 24s. WAS AN PERFOR 1 ☐ YES 2	MED?	24b. WE'RE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ACE OF DEATH (C	hack only one) 8 [3 Other (Specify)			
B≼	27. MANNER OF DEATH 1 Natúral 5 Pending 2 Accident Investigation	28s. DATE OF I	(Mnerr)	Bb. TIME INJU	M 1 🗆	URY AT RICT YES 2 NO	284. DESCRIBE HOW II	2000	6	
ETED	3 Suicide 6 Could not be determined	building, e	(NJURY — At home, fic. (Specify)		900-000		28f, LOCATION (Street a City or Revn, State)		nei Route Numbec	
COMPLETED	(Check only 1 DESTIFYING PHYSIC	CIAN: To the best of a	ny knowledge, deeth mination and/or inve	occurred	of the time, date in my opinion, o	and place, and du eath occured at the	e to the ceuse(s) and man e time, dete and place, an	ther as stated. If due to the cau	use(x) and manner so stated.	
TO BE	299. PRINATURE AND TITLE OF CERTIFIER UN NOW WITH THE AND ADDRESS OF PERSON WHO	Alle	uding	DE	cter	D 2 (1684	₽ S	2/93	
	DR.C.V. CYRIAC/1 31. DATE FILED (Month, Day, Year)	600 CRAIN	HIGHWAY		A COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T	IE, MD 2	1061		,	
	MAY 1 2 1993	32. BEGISTRAR	vidson-Pan	lette						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

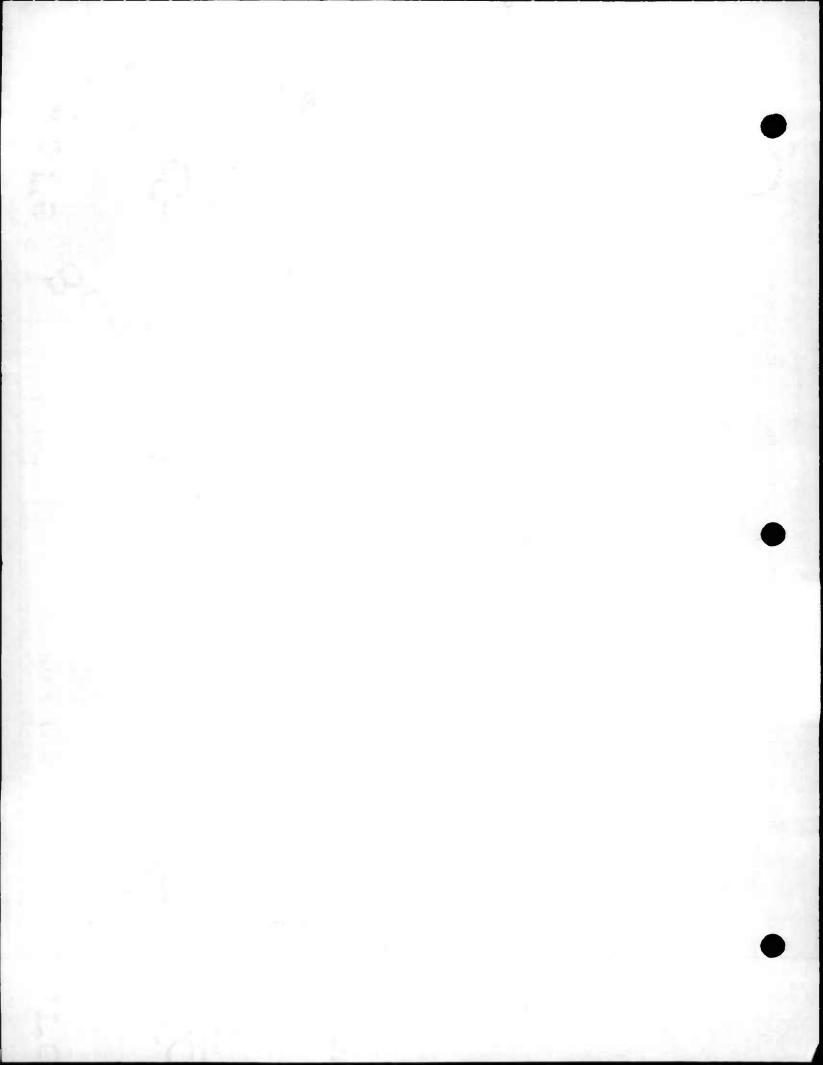
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, a be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR		C	ERIIF	ICATE C	P DEATH		REG. NO				
- 13	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH	
	Thomas	G.		I	lock.	Sr.	O E		YAY	1 9 9 7	2354 M	
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE		7. DATE	OF BIRTH			IPLACE (State or Foreign	
	213-07-9246	XXM2□F	83	YRS.	MONTHS DA	HOURS MIN.	Jan	24,	1910		ryland	
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOV	VN OR LOCATION OF	DEATH		9c. COU	INTY OF D	EATH	
2	Francis Scott	Key Med	dical	Cnti	Bal	timore					-	
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR LO						10d. INSIDE CITY	
E	Maryland -				ltimor						LIMITS?	
	10e. STREET AND NUMBER			Da	TCHINDLY	10f. ZIP CODE			10o. CIT	IZEN OF W	VHAT COUNTRY?	
FUNERAL	3445 Cliftmont Av	e.				21213				S. Z		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS	DECENDENT OF HISP	ANIC ORIGI	N? (Specify Ye		14. RACE	- American Indian.	
								t, White, etc.				
) BY	3 Widowed 4 Divorced									G, G	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	1	Give kind of a	USUAL OCCUP	ATION most of working	16	b. KIND OF BU	SINESS/IN	DUSTRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	H	fe. Do NOT us								
N N	n/a. 17. FATHER'S NAME (First, Middle, Last)	n/a		Patte	ern Mal				el C	ompar	ny	
8	Sebastian Hock					18. MOTHER'S I			Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)						resa					
2	Thomas G. Hock J.	r (Son)	- 1			et and Number or Run						
	20g, METHOD OF DISPOSITION	L. (DOII)	001 01 101		DCLLLY C	gar Rd.,			MCL.			
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	cametery, c	rematory or o	ther place)	Jesus Ce	DA E	77 20 E				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Ducte	34 116		E AND ADDRESS OF		12 E	alti	more,	Ma.	
- 1	DO TA	1. DAIA	0 /		Sch	munek Fu	neral					
	bonn 11	JULIOU TOUR	IN A			Brehms L					21213	
	23. PART I. Enter the diseases, or shock, or heert failure.	complications that of List only one cause	caused the c e on bach lir	leath. Do r ne.	not enter the	mode of dying, so	uch aa cai	diec or reap	iratory sr	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final		. 1	1							Onset and Death	
	disease or condition a. Multiple injuries Due TO (of AS A CONSEQUENCE OF):											
		DUE TO (O	OR AS A CONS	EOUENCE O	F):							
O	Sequentially list conditions,	b	OR AS A CONSI	EQUENCE OF	D.							
長世	if any, leading to immediate cause. Enter UNDERLYING	552.10(6	717 AO A GONS	EGOENOE O	,							
4	CAUSE (Disease or Injury											
FICA		C DUE TO (O	R AS A CONS	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
RTIFICA	CAUSE (Disease or injury that initiated events	DUE TO (O	OR AS A CONSI									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d					-					
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d	eeth but not	resulting		ying couse given i	In Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
DICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition Altaniams 's	d	eeth but not	resulting	ise		in Part I.		RMED?	24b.		
DICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	d	eeth but not	resulting	ise		In Part I.	PERFO	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
DICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition Altanemen's Altane scleue	d	eeth but not	resulting	ise		In Part I.	PERFO	RMED?	246.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition Altabelimes's Altabelimes's Altabelimes Scleus 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Tasking to de la Pasking Lie care	eeth but not	diae	las d			PERFOI	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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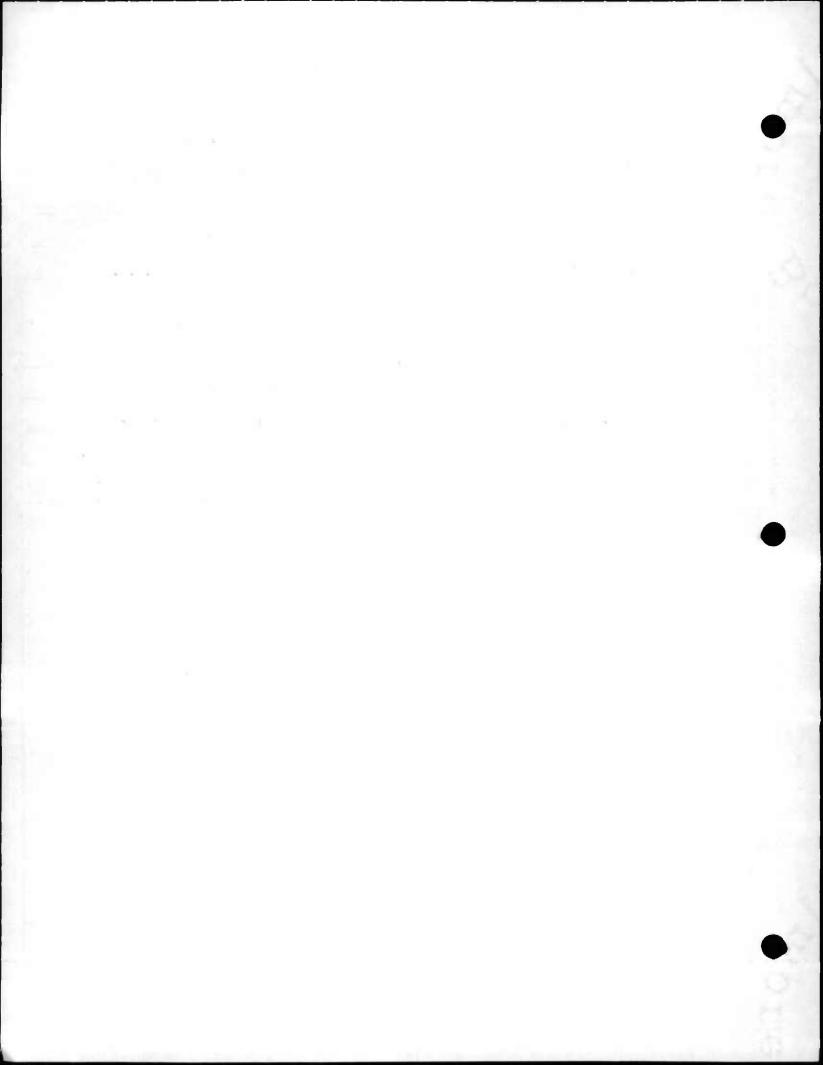


Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

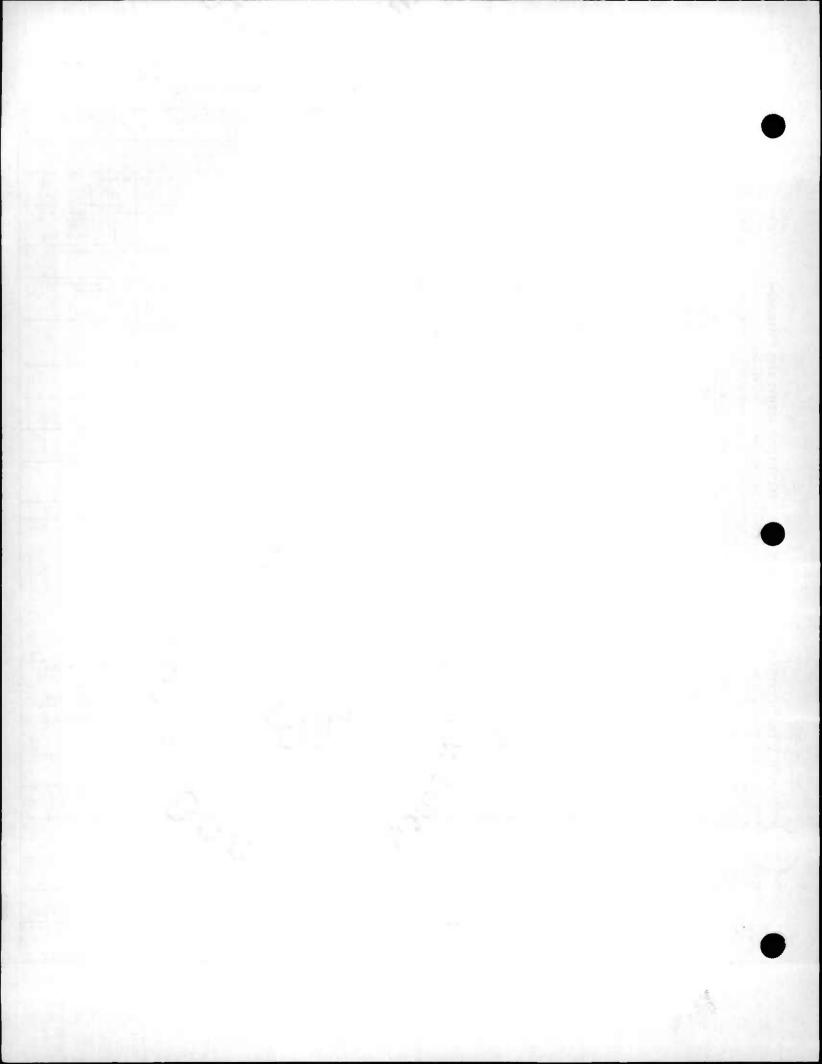
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN					
0.000	1. DECEDENT'S NAME (First, Middle, Lest) MARY FRAI	NCES HUNT			2. DATE OF DEATH MONTH	DAY YEAR				
	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF UN 63 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	May 7, 19 7. DATE OF BIRTH (Morth, Day, Year)	S. BIRT Cour	11:30 a M THPLACE (State or Foreign Intry) Maryland			
nc l	9a. FACILITY NAME (If not institution, give stre		9b. C	ITY, TOWN DR LOCATION OF D	11-12-192 €ATH	9c. COUNTY OF				
DIRECTOR	Howard County Ger	neral Hospita		Columbia nor Location	Howa					
	Maryland Balt	timore		tonsville		10d. INSIDE CITY LIMITS? 1 YES 2 X ND				
FUNERAL	38 Old Dominion (HAT ALL AS	101. ZIP CODE 2122		U.S.A	WHAT COUNTRY?			
<u>a</u>	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 XNO							
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+) 2 yrs		ne during most of working d.)	SINESS/INDUSTRY	White				
COMPLET	Sumame)	Own Home								
IO BE	II 196 MAII INC ADDRESS (Street and Atumber on Dural Octob Atumber o									
	20s. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, commetory or other place) New Cathedral Cemetery 5/10/93 Baltimore, Md.									
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE MOOSS 22. NAME AND ADDRESS OF FACILITY STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVENUE, CATONSVILLE, MD 2122									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR										
								200	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:
DI PUL	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED				
9 03 1	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY - building, etc. (Specif	- At home, farm, street,	factory, office	281. LOCATION (Street City or Town, State		Route Number,			
COMPLETED				ne time, date and place, and du- ny opinion, death occured at the			(e) and manner ea stated.			
0 00	29h. SIGNATURE AND TITLE OF CERTIFIER	tope	e MP	29c. LICENSE NU	MBER 5/90	29d. DATE SIGNE	(Month, Day, Year)			
	9650 Smul			mbin Mp	210	4-5				
	MAY 1 2 1993 Ju	STATE OF TRANSPORMA	A2							



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR		CF		ICATE O		REG. NO		
	- 3	1. DECEDENT'S NAMF (First, Middle, Last)						2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
		GERTRUDE MA 4. SOCIAL SECURITY NUMBER					1	5 1	0 95	3 1921 "
2		220-20-0703	1 🗆 M 2 🔀 F	6. AGE (In yrs. last	YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) MAY 25, 19	a	HRTHPLACE (State or Foreign country) MARYLAND
2, 3 should	OR	9a. FACILITY NAME (If not institution, give st CARROLL COUNTY GE		SPITAL		96. CITY, TOWN WESTMI	NSTER		9c. COUNTY C	
permit. Pages 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND CA	RROLL			TY, TOWN OR LOC DLEBURG				10d. INSIDE CITY LIMITS?
Sit		100. STREET AND NUMBER 6025 MIDDLEBURG R	OAD				101. ZIP CODE 21	.768	10g. CITIZEN (1 □ YES 2 NO OF WHAT COUNTRY? A.
-0020 ing physician. the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2- IF YES, CIVE WAR OR DATES					NIC ORIGIN? (Specify Ye	14. F	RACE — American Indian, Black, White, etc. Specify: WHITE
or attend	ETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(GA	CEDENT'S ive kind of a	S USUAL OCCUPAT work done during r use retired.)	FION most of working	166. KIND OF BU	USINESS/INDUSTR	
O ig s	COMPL	12th GRADE	311		CRET	'ARY			ERS COM	PANY
YLA by the be del	ш	17. FATHER'S NAME (First, Middle, Last) CHARLES MAGERKUR	•					ME (First, Middle, Meider CTH WARNIC)		
be retained ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) WILLIAM T. HALE	& GLADYS					PARKTON, I		120
HORE e 6 may ector, pa		20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	cemetery crer	matory or o	of disposition (other place) CK CEMET			OCATION — City of	
ALTIM death. Page funeral direct. L. examiner n		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Tinha		2	22. NAME HUBBA	AND ADDRESS OF FA	AL HOME IN	С.	
		23. PART i. Enter the diseases, or c	complications that	it coused the de	eth. Do					MD. 21229
in 24 hours by filled in ration, or re the med		ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	TCSH	OCX			11 60 00.5100	musery erross,	interval Between Onset and Death
	N	Sequentially list conditions,	· Porce	W dom &	2mg	on con ac	no colit	7'~)		
BOX 68 ate be execut hysician and c prior to burit wr traumatic	ICATIC	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	. Contib	OION AS A CONSEQ	OIZ	oster oster	myelil	a Ripo		
P.O. th certific ending pl Hygiene or othe	CERTIFICATION	that initiated events resulting in death) LAST	d. Jeuc	OR AS A CONSEQ	riply	7 ELC-Q	wewl	a Rope	c) e	
ORDS, is that the death ned by the atte the and Mental any Injury, or		PART II. Other significant condition				in the underly	ing cause given in	Part I. 24a. WAS AF	N AUTOPSY PRINCID?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S e sig e	: MEDICAL	2 CHEOMIC	REVAL F					1 _ YES	Y	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL has	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 danimal				PLACE OF DEATH (Ch	eck only one)		
F VITA SICIAN: The certificate the State i, or Item	YSIC	1 TYES 2 NO		ER/Outpatient 3			ome 5 🗆 Residence	8 Other (Specify)		
O F is is is	ВУ РН	27. MAJINER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I	INJURY By, Your)	28b. TIM	JURY V	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
TISIC NTTENDI CTOR: A after da		3 Suicide 8 Could not be determined	28e. PLACE OF building, r	of INJURY — At hor otc. (Specify)	me, farm,	atreet, factory, of	fica	28f. LOCATION (Street City or Yown, State		ral Route Number,
DIV OSPITA OR A JNERAL DIREC ITHIN 72 HOURS INT: If Item	COMPLETED							to the cause(s) and mi		use(s) and manner as stated.
TO THE CEPTIF TO THE FUNERAL De filed within 72 h	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Mo				D316	4		INED (Month, Day, Year)
Nor	-	30. NAME AND ADDRESS OF PERSON WHI		E OF DEATH (ITEM	4 27) (Type	MAS HIN	GIDN RO	WESTM	WETER	mo 21157
6		MAY 1 2 1993	SZ. REGISTRAL	Bus - J Ago Al	.5					

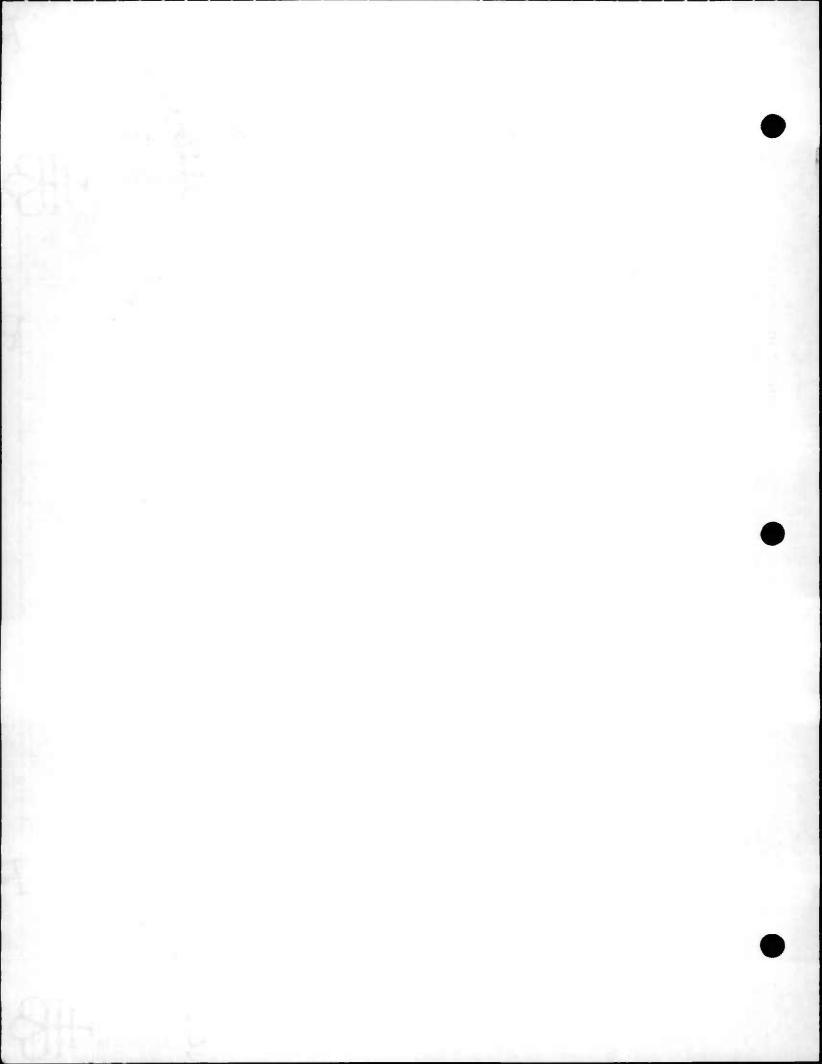


OHMH-16 Rev 1/89

/ be retained by the hospital or attending physician. age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020**

BALTIMORE, MARYLAND	4 hours after death. Page 6 may be retained by the hos	illed in by the funeral director, page 5 should be detachen, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE PRICE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

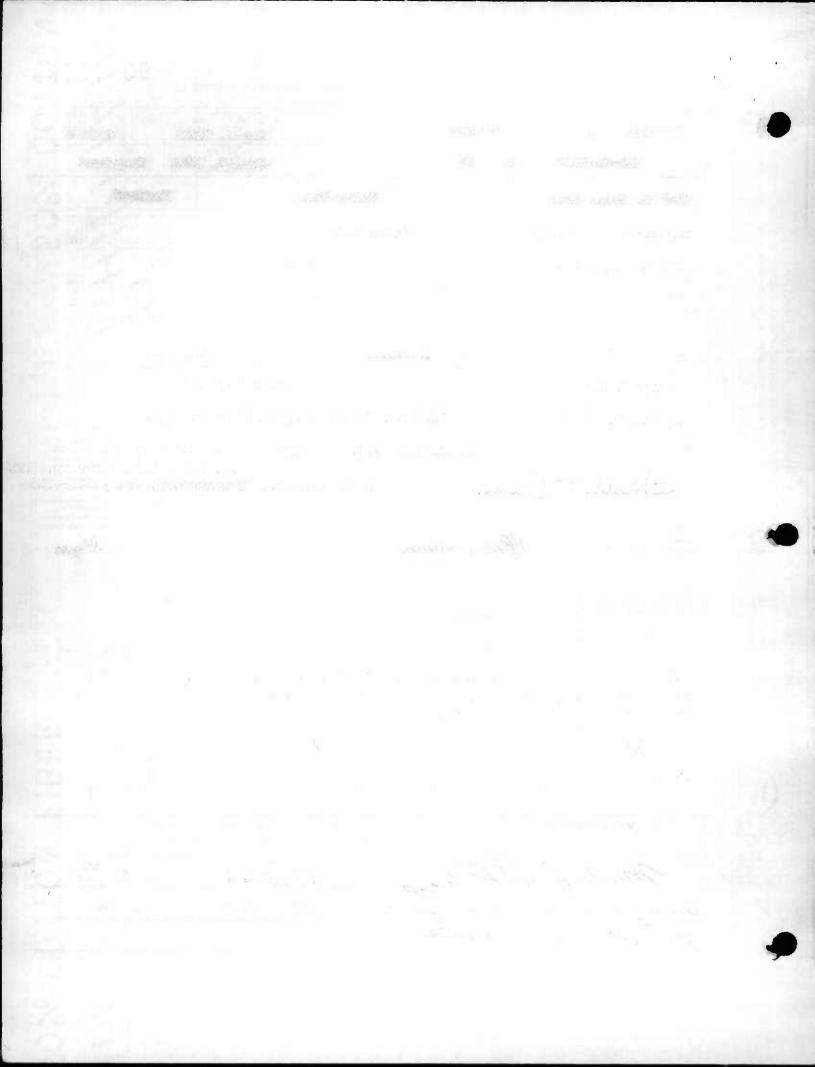
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR ERTIF						YGIENE EG. NO.		1	3000
	1. DECEDENT'S NAME (First, Middle, Last)	9	HII	VE	<				2. DATE OF C	DEATH		YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER	1 YEAR	IF UNDE	1 24 HRS.	7. DATE OF B	URTH C		793	LACE (State or Foreign
	213-92-0200	1 X M 2 D F	2"	7 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y. Year)		Country)	
	9a. FACILITY NAME (If not institution, give :		41	11/91	ah CYTY	70404	PR LOCATI	011.05.01		0 19	965		ryland
DIRECTOR													
l m	10s. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					1	Od. INSIDE CITY
	Maryland				Ba1t	_						1	LIMITS? YES 2 NO
A A		101. ZIP CODE 109, CITIZEN OF WHAT COUNTRY								AT COUNTRY?			
FUNERAL		13 Belle Forte Road 21208 USA											
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 \(\bigcit{\text{N}}\) Never Married 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Bleck, White, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Bleck, White, etc.)							- American Indian, White, etc.					
BY	3 Widowed 4 Divorced		WAR OR DATES				2 NO			,,		Specify:	
ED E	15. OECEDENT'S EDU	I CATION	Tue o						100000				Black
H	(Specify only highest grade		(0	ECEDENT'S Sive kind of a. Do NOT us	work done o	during mo	DN at of world	ng	16b. KIN	D OF BUSI	NESS/INDU	STRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)										
COMPLET				S	ecur	ity						Cor	npany
8	17. FATHER'S NAME (First, Middle, Last)						16, MOT	HER'S NA	ME (First, Middle	, Maiden S	iumame)		
BE	Lawrence Hines								Haskins				
2	19a. INFORMANT'S NAME (Type/Print)		19	H. MAILING	ADDRESS	(Street a	nd Numbe	r or Ruml i	Route Number, C	ity or Town,	State, Zip C	(ebool	
	Agnes Evans			4713	Bel	le l	Forte	e Roa	ad Ba	altin	ore,	MD	21208
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Ren	normal from State	20b. PLACE	ANODATE	OF DISPOS				DATE		ATION - C		
	4 Donation 5 Other (Specify)	IOVAL HOM State	- Metro	o Cre	mato	rv			5/11	Cate	onsvi	110.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc.												
	2501 Gwynns Falls Parkway Baltimore, Maryland 21216												
\vdash	22 DADT Enter the Manage of	100			Ba	ltir	nore	, Ma:	ryland	_ 212	16		
	23. PART I. Enter the diseases, or shock, or heert fellure.	Complications the	it coused the de use on each line	eath. Do i e.	not enter	the mo	de of dy	ing, suc	h aa cardlec	or respin	atory arrea	nt,	Approximata interval Between
	IMMEDIATE CAUSE (Final					_			_ /			(1	Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) SEIZURE DISORDERS (GIAND MAL) Onset and Death								!				
Z	Sequentially list conditions,	b	OR AS A PONSE	PRT	らんじ	5101	U						
Ĕ	if any, leading to immediate	OUE TO	OR AS A CONSE	QUENCE O	F):		-	1.		,			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c	EXUC	ZEN	OUS	>	Di	oti	174				
쁜	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
0	PART II. Other algnificant condition	as contributing to	death but not	resulting	in the un	derivir	201100	alves le	Dart I ar	. WAS AN A	LIMORAL	A 11 11	ERE AUTOPSY FINDINGS
18				. seaming	are un	-acriding	y cause	Stagit III	· art 1. 248	PERFORM		A	MILABLE PRIOR TO
MEDIC									10	YES 2	NO		OMPLETION OF CAUSE OF DEATH?
ıΞ										,		1	YES 2 NO
PHYSICIAN:													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	DOA	OTHER		5 K R	sidence	6 Other (Spi	ncify)			
표	27. MANNER OF BEATH	26a. DATE Of (Month, E	INJURY Ny, Yoar)	28b. TIM	E OF JURY	28c. INJ	URY AT		28d. OEŞCRIE	E HOW IN	JURY OCCU	RED	
B	1 Natural 5 Pending Investigation			92	М		YES 2] NO					
	3 Suicide 6 Could not be	26a. PLACE C	FINJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, office	•		261. LOCATION	N (Street an	nd Number or	Rural Rou	ite Number,
	4 Homicide determined	out on 19,	with (opposity)						City or Tox	wn, Stare)			
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge d	eath occur	ad at the at	me det	and elec	and 4	to the course	and -			
Σ													nd manner as stated.
8			J. Sir endror	vuotryatik	, my o	printri, O				piece, and	uue to the	cause(a) a	no manner as stated.
BE	396. SIGNATURE AND TITLE OF CERTIFIE		1.0 "	117			29c. LIC	ENSE NUM					fonth, Day, Year)
2	Δ	my V	us,"	1				4.1	151		_ 4	>-/0	0-93
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAD	SE OF DEATH (ITE					,	L		0.,		
	KAYNOLD)	DEVEST	RE	310	07	IM.	ANL	154	4 STE	110	BALT	MUK	0-93 E 2/244
1 1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE								1/		
	IMAY L Z 1993 🛭 💤	ha Davidson	-Andella	,									



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, P.O. BOX 13146	VCICIAN. The law requires that the death certificate he executed within
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	1 - FOR STATE REGISTRAR	STATE OF N		DEPAR					MEN	TAL HYGIENI REG. NO.	E		. 1000.
	1. DECEDENT'S NAME (First, Middle, Lest)									ATE OF DEATH	ν	YEAR	3. TIME OF DEATH
	Evelyn E.	H	eaps							y 5, 199			1:14 A M
	4. SOCIAL SECURITY NUMBER 5. 181-01-9270	SEX ☐ M 2 🔀 F	6. AGE (In yrs. les	ot birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA (M OC	t. 20, 19	906		HPLACE (State or Foreign ry) ryland
	9a. FACILITY NAME (If not institution, give street			-	96. CITY	, TOWN O	R LOCATI	ON OF DI				NTY OF E	
8	2900 W. Heaps Road	_ Chur	ch Lane		Wh	nite	Hall	L			Ha	arfo	rd
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Count	tv			hite								LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	Charac	ch Lane	_		101	ZIP CODI	E			10g. CIT	IZEN OF 1	WHAT COUNTRY?
ER/	2900 W. Heaps Road	Churc	in Lane				21	161			US	SA	
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2 X R OR DATES	RMED NO	- 1	If yes, spi	ENDENT Code	n, Mexico	n, Pua	IGIN? (Specify Year to Rican, atc.)	or No-	14. RACI Blac Spec	E — American Indian, k, White, etc. "": White
8	15. DECEDENT'S EDUCATION (Specify only highest grade com	DN cletect)	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	N et of workle	200		18b. KIND OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5	·) ##e	. Do NOT u	ise retired.)		St Or WORD	79		0 -			
ΔM	8			Home	make:	r					n Hor	ne	
	17. FATHER'S NAME (First, Middle, Last)									st, Middle, Maiden : Channe			
BE	Harry V. Seitz 190. INFORMANT'S NAME (Type/Print)		I										
입	Royston W. Heaps									kton, Md		1120	
	20a, METHOD OF DISPOSITION		20b. PLACE						- 0.1				own, State
	1 Donation 5 Other (Specify)	from State	Norri	fecal									Md. 21161
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY	J.J.Ha	rten	stei	n Mortuary,
	Charles	Scruce	n .										a. 17363-032
	ahock, or heart failure. List only one cause on each line.											Approximate interval Between Oneet and Death Ooyy).	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		(OR AS A CONSE										
CAL	PART II. Other eignificant conditions co	ontributing to	death but not	reaulting	In the u	ndarlyln	g cause	given in	Part i	. 24a. WAS AN PERFOR		241	WERE AUTOPSY FINDINGS
	Diabetes Mell	itus	, 600	onas	4/	grife	14	dise	956	1 TES 2			COMPLETION OF CAUSE OF DEATH?
MED	Hypertension,	Den	nentra		D	en	100	dos	1-	1	•		1 TES 2 NO
	Ahemia of Chra	nie di	sease	. ,									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	•		OTHE		ACE OF E	EATH (C	heck on	ly one)			
PHYSICIAN:		Inpatient 2	ER/Outpetient	-	4 🗆 Nu	rsing Hom	_	ealdence	-	Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF (Month, D	lay, Ybar)	28b. Til	WE OF JURY M	28c. INJ W0	PIK?	NO	28d.	DESCRIBE HOW I	NJURY O	CURED	
ВУ	Z Accident Investigation 3 Suicide & Could not be	28s. PLACE (F INJURY — At h	ome, farm,	street, fac				28f.	LOCATION (Street a	and Numbe	er or Rural	Route Number.
TED	4 Homicide 6 Could not be	building,	etc. (Specify)			-				City or Town, State)			
LE	29e, CERTIFIER 1 CERTIFYING PHYSICIAN	V: To the best of	my knowledge, d	eath occur	red at the	time, date	and place	e, and du	e to the	cause(a) and mer	ner aa at	nted.	
COMPLET	one) 2 MEDICAL EXAMINER: 0												(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1/1	0	1			29c. LIC	ENSE NU	MBER	2.3	29d. DA	TE SIGNEI	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON ANNO COMPLETED CAUSE OF DEATH (ITEM TOTYPO, Print)												
	Drs. Lynch, Hasare		oild (20	Bou	1100	, 5	6.	E	seldin,	rd.	2	1014
	MAY 1 2 1993 4	lie Devid	R'S SIGNATURE	Me									

Inc.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

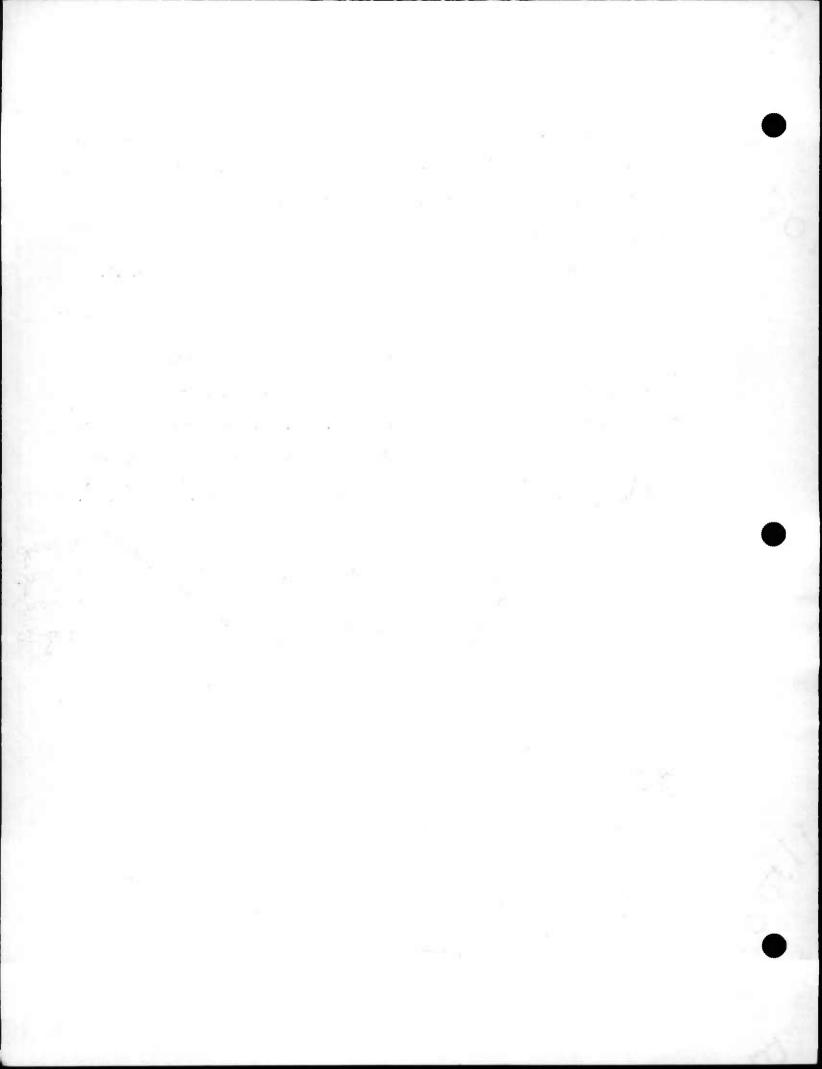
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ID THE WESTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THATERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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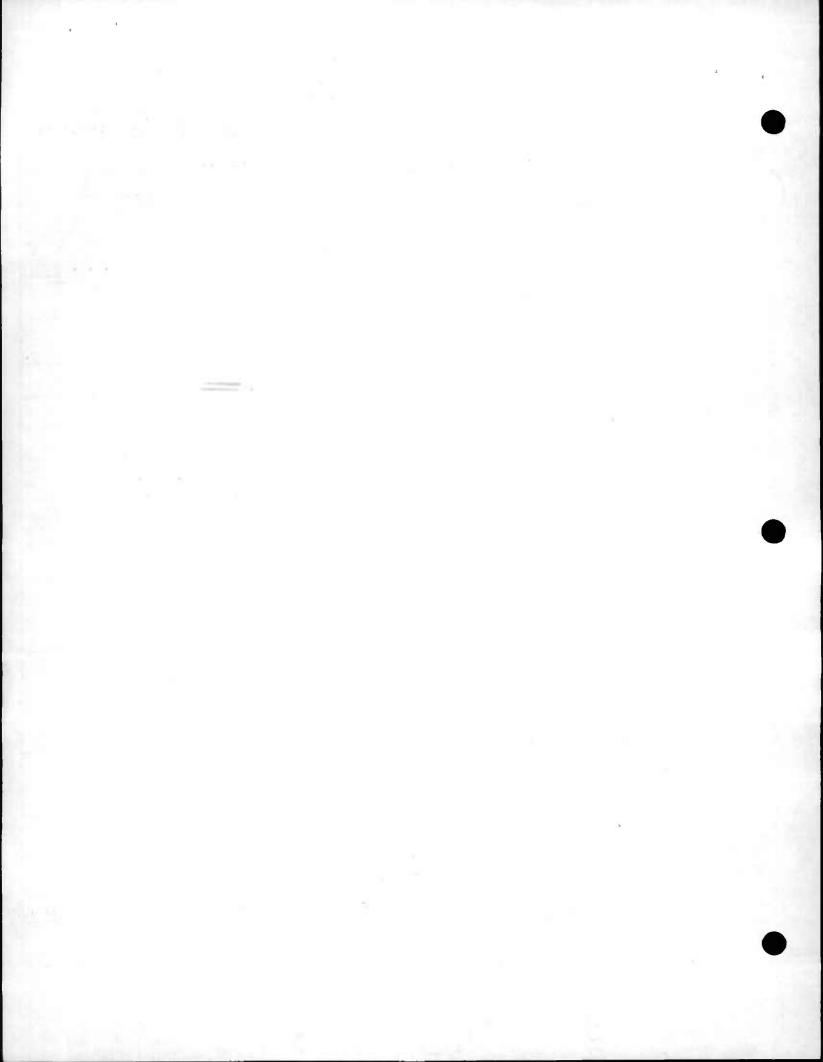
13670 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATN YEAR MARY M. **JACKALL** a M May 1993 9:48 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 M 2 V 213-30-1803 YRS. 82 9-28-1910 Pennsylvania Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? 3101 Ardee Way 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marrie BY Specify. 3 € Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4 + Teacher Education 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John Joseph BE Mock McGovern Anna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Jackall 545 W 111 St. Apt. 6J. New York, New York 10025 BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

20a. METHOD OF DISPOSITION 1∑ Buriaf 2 ☐ Cremation 3 ☐ Ramoval from State	20b. PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LO	CATION - City or Town,	State
4 Donation 5 Other (Specify)	Gardens of F	aith Cemetery	5-15 Bal	timore, Mar	evland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE					
Edisor	M. Perkins	Bradley - Ash	ton Funera	1 Home, Inc	2.
6 deson M. Ewkens	Dooo83	2134 Willow S	pring Rd	Dundalk, N	1d. 21222
23. PART I. Enter the diseases, or complications that of	eused the death. Do not en	ter the mode of dying, su	ch as cardiac or resp	Iratory arrest,	Approximate
snock, or neart feiture. List only one ceuse	on each line.			/ /	Interval Between
IMMEDIATE CAUSE (Finel disease or condition	-00	P		- Salakes	Onset and Death
resulting in death)	Cononos	1 women	an	To all the	2005X
00 10 10	R AS A CONSEQUENCE OF):	-	(h	Medica	100
Sequentially list conditions,	tral con	dusion	4/	0 64	10000A
if any, leading to immediate	AS A CONSEQUENCE OF):		10000		1,00
CAUSE (Disease or Injury	l on book		X Com		11000
thet initiated events	AS A CONSEQUENCE OF	10 00	and the same		0
resulting in death) LAST	shermess	DISTOR	St. W.		1 4
PART II OAL - I - III - A - III	0.		/		7
PART II Other significent conditions contributing to de	eth but not resulting in the	underlying ceuse given in	Part I. 24e. WAS AN		E AUTOPSY FINDINGS
11316 MESS 1	Spase	1	1 1 YES 2	COL	APLETION OF CAUSE
		Muss			DEATH?
		1	_	''	YES 2 K NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	hack anti-part		
EXAMINER? HOSPITAL:	OTH	ER:			
		lursing Nome 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATN 28a. DATE OF IN (Month, Day,	JURY 28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE NOW	NJURY OCCURED	
2 Accident frive stigation 4-27-1	993 10:30	1 TYES 2 NO	SUBJECT	FELL AT	HOME
building, etc	NJURY — At home, farm, street,	actory, office	281. LOCATION (Street :	and Number or Rural Route	
4 Nomicide determined	AT HOM	T T	3101 ARE	DEE WAY	
29a. CERTIFIER					
(Check only one)					
2 MEDICAL EXAMINER: On the beals of exen	insten and/or investigation, in m	y opinion, death occured at the	time, data and place, an	nd due to the cause(s) and	manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	. 11. M	29c. LICENSE NU	MBER	29d. DATE SIGNED (Mor	nth, Day, Year)
(musinger 1)	andes 111	1 1140	587	1 5-8	.93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATN (ITEM 27) (Type, Print)	0,0	, - ,	0 0	/3
FSK Med CHR	Bullinge	MO 212	224		
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE				
MAY 12 1993 July Seviden	Randall				



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Les WILLIAM	E KE	LLER	2		2. DATE OF DEATH MONTH	-	9933. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2/305015 2	180 M 2 □ F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland			
TOR	90. FACILITY NAME (If not institution, give Good Samaritan			96. CITY, TOWN OR LOCATION OF DEATH Baltimore							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland	Baltimore	10c. CIT	Y, TOWN OR LOC	ation imore			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1530 Ralworth				01. ZIP CODE 21218		10g. CITIZE	EN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 ☐ YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u		TION nost of working	16b, KIND OF BU		STRY			
1.00	N/A 17. FATHER'S NAME (First, Middle, Lest) William	N/A Keller	Serge	eant		Baltimo ME (First, Middle, Maiden S. Deen DE	Surname)	y Police Dep			
TO BE	190. INFORMANT'S NAME (Type/Print) Evelyn P. Keller		19b. MAILING		and Number or Rural	Aoute Number, City or Tow Baltimore	n, State, Zip C				
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State con	presentant or corrections or correct	OF DISPOSITION (/	Name of	DATE 20c. LO	CATION — CI	ry or Town, State			
	21. SIGNATURE OF FUNCTION. SERVICE OF	ICENSEE		Schin		eral Homes oad, Balti	, Inc.				
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) SEPSIS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
MEDICAL	PART II. Other significant condition METASTATI	contributing to death b		ng ceuse given in	PERFOR	MAS AN AUTOPSY PERFORMED? YES 2 NO 24b. WERE AUT AMAILABLE COMPLETI OF DEATH 1 VES					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 □ DOA	OTHER:	PLACE OF DEATH (Ch						
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. IN	IJURY AT PORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCU	RED			
ETED B	3 Sulcide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ice	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
COMPLE		SICIAN: To the best of my know IER: On the best of examination									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Englin O.B	M.7	٥٠	29c. LICENSE NUI	MBER	29d. DATE 5	IGNED (Month, Day, Year)			
		IARA FEDE	INE		LOCH R	LAKEN BIMI) (600)	SAMARITAN HO			
	MAY 1 2 1993	32. REGISTRAR'S SIGN									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE OF MARYLAI	ND / DEPAR	TMEN	T OF I	IEALTH AND	MENTAL H	YGIEN		3 1	3672	
	REGISTRAR		CERTIF	ICAT	E OF	DEATH		EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D		AY Y	EAR 3.	TIME OF DEATN	
	RALPH THOMAS KIR						05	10	2 9	3 1	1=19 PM	
	218-07-8344	X M 2 □ F 74	yrs. last birthday) YRS.	IF UNDE MONTHS	DAYS	HOURS MIN.	7. DATE OF BE (Month, Day MARCH	. Year)	191957	BIRTHPLA Country)	CE (State or Foreign MD Y COUNTY,	
DIRECTOR	9a. FACILITY NAME (If not institution, give stree ST. AGNES HOSPITAI			9b. CIT		BALTIMOR	EATN		9c. COUNTY			
یا	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
E		AI ETMODE	10c. CIT	Y, TOWN	OR LOCA					10d	I. INSIDE CITY LIMITS?	
	MARYLAND E	BALTIMORE			_	TIMORE					YES 2X NO	
A A					10	I. ZIP COOE					COUNTRY?	
y	5207 LARLIN ROAD					21227				S.A.		
BY FUNERAL	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U FORCES? 1 X-YES IF YES, GIVE WAR OR DATE	ES	13.	If yes, sp	ENDENT OF HISPAI ecify Cuban, Mexica 2 X NO Specifi	n, Puarto Rican,	ecify Yes atc.)	or No-	Specify:	American Indian, lita, atc. HITE	
	15. DECEOENT'S EDUCAT (Specify only highest grade cor	ION 1	6a. OECEDENT'S	USUAL C	CCUPATI	ON	16b. KIND	OF BU	SINESS/INOUS	TRY		
<u> </u>	The Control of the Co	Coflege (1-4 or 5+)	life. Do NOT us	e retired.)	auning ma	ost or working						
릴	12TH GRADE		MACHI	VIST			PROC	CTOR	& GAM	BLE		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA						
BE	WILLIAM ELLSWORTH					MARY E	DNA SMI	TH				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORES	S (Street	and Number or Rural			n, State, Zip Co	de)		
۱۲	EVELYN KIRBY		5207	LAR	LIN	ROAD - B	ALTIMOR	RE,	MD. 21	227		
	20a. METHOD OF DISPOSITION 1 \$\overline{\text{M Burlel 2}} \text{ Cremetion 3} \text{ Removal from State} \\ 4 \overline{\text{D Donation 5}} \overline{\text{Other (Specify)}} \\ \end{array} 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) \\ LAKEVIEW MEMORIAL PARK 05/14 SYKESVILLE											
	21. SIGNATURE OF FUNERAL SERVICE LICEN		11111									
	He Kines (2)	Mina				RD FUNER						
-	22 PART I Enter the diseases or com	AVENUE-	-BAL	TIMORE	, MD	21229						
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory strest, shock, or heart feliure. Liet only one cause on each line.											
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due TO (OR AS A CONSCOUENCE OF):										Onset and Death	
- 1	resulting in death) a	MILRE	57									
2		RUPTURED	A-Q	No.		Δ Λ =	0 716	Δ.	10.1	404	284	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	CLNI	AC NO	1111	A	Osur	7314	Sonys.	
S	cause. Enter UNDERLYING									I		
Ĕ	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A C	ONSEQUENCE OF	7:								
E	resulting in death) LAST											
Ö	PART II. Other eignificent conditions of	contributing to death but	not resulting	n the u	nderlyin	a cettee alven in	Book I ode	1400 000	ALTTORAL			
PHYSICIAN: MEDICAL						g cooos given in	7 011 1. 240.	PERFOR	AUTOPSY MED?	AVAI	LABLE PRIOR TO	
							— ¹º	YES 2	NO		IPLETION OF CAUSE DEATH?	
Σ							_			1 [YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL											
⁻	EXAMINER?	OSPITAL:		OTHE		ACE OF DEATH (Ch	eck only one)					
¥	27. MANNER OF DEATN	Inpetiant 2 - ER/Outpeti				e 5 🗆 Residenca		_				
	1 Netural 5 Pending	(Month, Day, Year)	26b. TIM INJ	URY		RK?	26d. DESCRIB	E NOW I	NJURY OCCUR	EO		
B	2 Accident Investigation	28a. PLACE OF INJURY —	At home form			YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Nomicide detarmined	building, etc. (Specify))	diest, isc	iory, orne		28f. LOCATION City or Tow	n, State)	nd Number or I	Hural Floute	Number,	
	290. CERTIFIER	N. Y. M. L.										
₹ I	(Check only Tel CERTIFYING PHYSICIAL	N: To the best of my knowled										
8	2 MEOICAL EXAMINER: (on the passa of examination e	INVOT IIIVESTIGATIO	n, in my	opinion, d	earth occured at the	time, date and p	olaca, an	d due to the c	euse(a) and	manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUM	MBER		29d. DATE SI			
00									05	men.		

AS NOT

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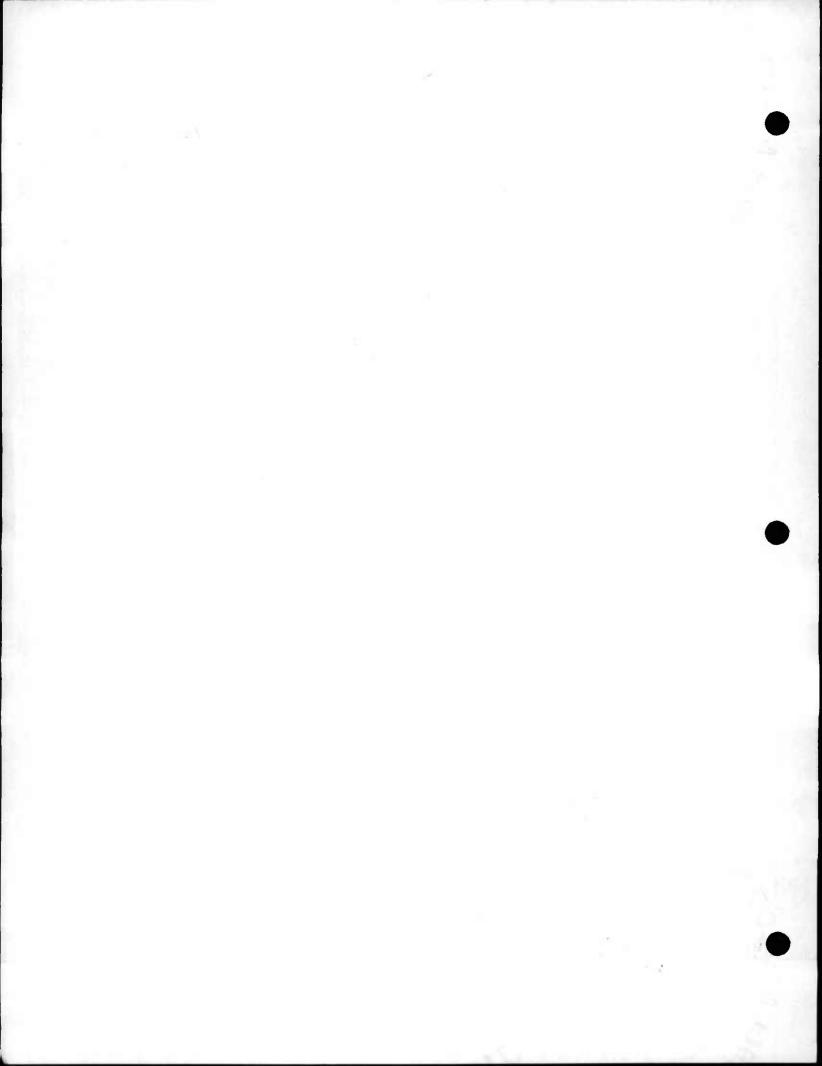


FRESCA SW 34. DATE FILED (MONTH; Day; Year)

NHW 102-1002

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE



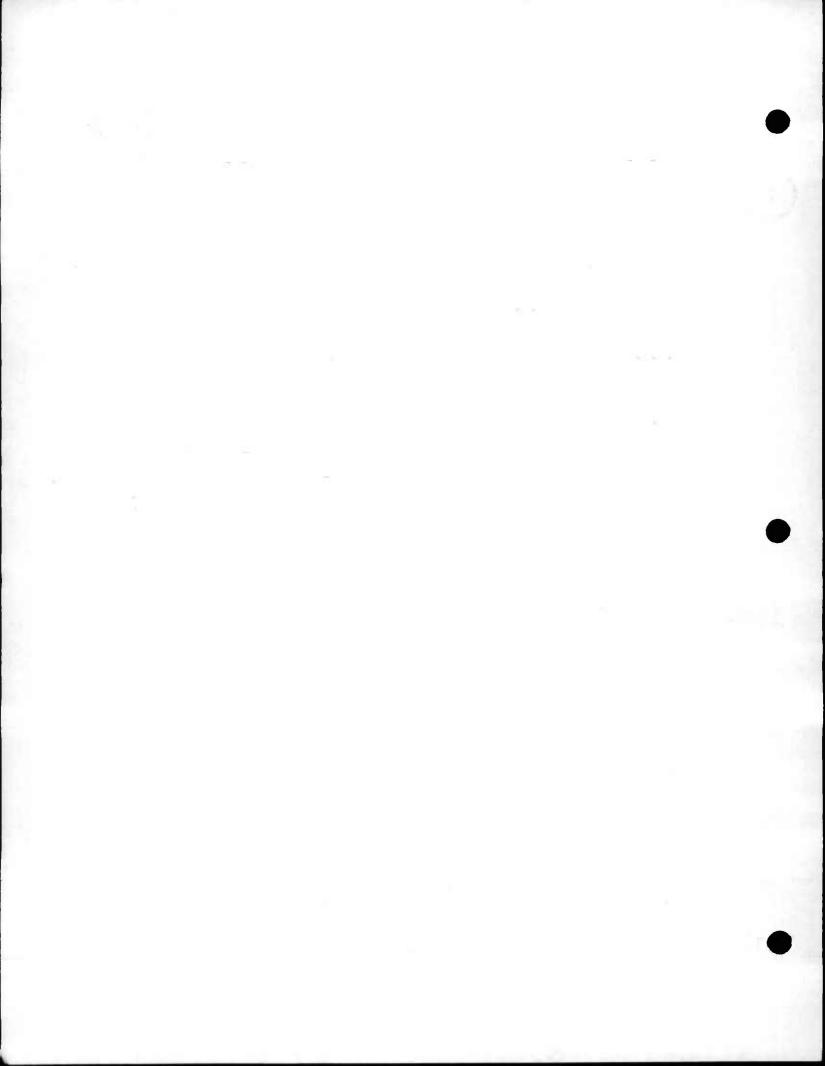
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24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. of Health and Mental Hygiene prior to burial, cremation, or removal. 20s. METHOD OF DISPOSITION
1 💢 Burlel 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNETRAL SERVICE LICENSES the medical ahock, or heart feilure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Finei** CARCINOMA disease or condition METASTATIC HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremati WIMNT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, it resulting in death) DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNED-OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural 5 Pending В 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, alc. (Specify) 3 Sulcide COMPLETED 8 Could not be 4 Homicide determined TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: II

2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1993 May 7, WILLIAM GEORGE KENNEDY 10:15 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
5-4-1925 IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 216-20-1626 1 X M 2 - F Maryland 68 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR 758 Fulbrook Road Dundalk Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maruland Baltimore Dundalk 1 YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 758 Fulbrook Road 21222 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. FORCES? XXYES 2 NAVY WWII 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 - YES 2 X NO 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) G.E.D. Office Supervisor Baltimore Gas & Electric 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William John Kennedy Edna Roettger 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 758 Fulbrook Road Baltimore, Maryland 21222 Mrs. Gertrude Kennedy OATE 20c. LOCATION — City or Town, State Gardens on Faith Cemetery 5/11/93 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk. Md. 21222 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER
HOME 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) 1115022 5 110 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ORATH (ITEM 27) (Type, Print) MD 21237 PHILAPELPHIA BALTE. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ina Davidson





	FOR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND 1	MENTAL H	YGIFNF	9	3 1	3674	
	1 - STATE REGISTRAR Laura Jean	ı Kostyk	С	ERTIF	ICAT	E OF	DEA	ТН		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) LAURA	7	Kos-	туА	<				2. DATE OF I	DAN	5/10/	75	DE TIME OF DEATH	w
i i	CV	SEX F	AGE (In yrs. In:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8 (Month, Day	HRTH y, Your) 8,	/3/21	8. BIRTHPLA	CE (State or Foreign	-
-	9e. FACILITY NAME (If not institution, give etreel	t end number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE			9c. COUN	TY OF DEAT	н	-
5	Anne Arundel Medic	cal Cent	er			Α	nnap	olis	<u> </u>		Anr	ne Aru	ındel	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION			-		100	I. INSIDE CITY	_
PIO	Maryland Anne Ar	rundel		An	napo	lis						1 [LIMITS?	
IAL	10e. STREET AND NUMBER					101	ZIP COD				10g. CITIZ	EN OF WHAT	COUNTRY?	_
FUNERAL DIRECTOR	7 Cathedral Stree						2140)1			U.S.	Α.		
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 FYES, GIVE WAI	YES 2 X	RMED NO			elfy Cube	in, Mexica	NC ORIGIN? (S; in, Puerto Rican y:		r No-	Specify:	American Indian, hite, etc. Uhite	
	15. DECEDENT'S EDUCATI (Specify only highest grade con	TON		ECEDENT'S					16b. KIN	D OF BUSH	NESS/INDU		mirco.	-
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	ive kind of a Do NOT us	se retired.)			ng						
MPI		2 yrs.	So	chool	Tea	cher			E	duca	tion			
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle	, Maiden So	ırname)			
B	Samuel Eugene Help 190. INFORMANT'S NAME (Type/Print)	pingstei		S MAH INC	ADDREC	P (Daniel o			Rose		O	0.11		_
2	Joseph P. Kostyk					iral			Annapo					
	20e. METHOD OF DISPOSITION	20200000000000000000000000000000000000	20b. PLACE	AND DATE	OF DISPOS	SITION (Na			DATE			ity or Town,		-
	Competery, crematory 5/11/93 Catonsville, Maryland													
	22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home											14 21061		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Approximate interval Between													
	iMMEDIATE CAUSE (Final disease or condition	P	`-		^	- 1	0						Onset and Death	,
	resulting in death)	DUE TO (C	IR AS A CONSE	QUENCE O	2	all	ur	e						_
z	DUE TO LOR AS A CONSEQUENCE OF:													
임	Sequentially list conditions, if any, leading to immediate	DUE TO JE	MAG A grande	OUIENGE O	1		7							-
2	cause. Enter UNDERLYING CAUSE (Disease or injury	2	1/1	1	12									
CERTIFICATION	that initiated events resulting in death) LAST	OVITY	fan?	Titl	4									
	PART II. Other significent conditions of	ontributing to d	eeth but not	rekultina	in the u	nderlying	Cause	given in	Part I 24a	. WAS AN AI	ITOPEV	24h WEI	RE AUTOPSY FINDINGS	_
PHYSICIAN: MEDICAL	Recent	un F	111	tura	0					PERFORM	ED?	MA	ILABLE PRIOR TO WPLETION OF CAUSE	
9		1							— ''	YES 2	NO		DEATH?	
2									_			1 "	1129 2 110	
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)					_
YSI		IOSPITAL:	R/Outpetient 3	□ DOA	OTHE		• 5 □ Re	sidence	6 Other (Spi	ecify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF IN (Month, Day,		28b. TIM IN.	E OF JURY M	28c. INJI WO 1 Y] NO	26d. DEŞCRIE	BE HOW INJ	URY OCC	JRED		
G	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, at	INJURY — A1 ho c. (Specify)	ome, farm,	street, fac	tory, office	7	7	26f. LOCATION City or Tox	N (Street end wn, State)	d Number o	or Rural Route	Number,	-
<u>-</u>	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilms, date end place, and due to the cause(e) and manner as stated.													
COMPLET	(Check only one) 2 MEDICAL EXAMINER: (d manner ee stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	/						ENSE NUM		1	29d. DATE	SIGNED (Mo	rith, Day, Year)	-
0 8	a Stephen Ha	wans	N	10			PZ	73	88		15	/10/	193	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ISMAN MD, 200 HARRY S
ANNAPOLI

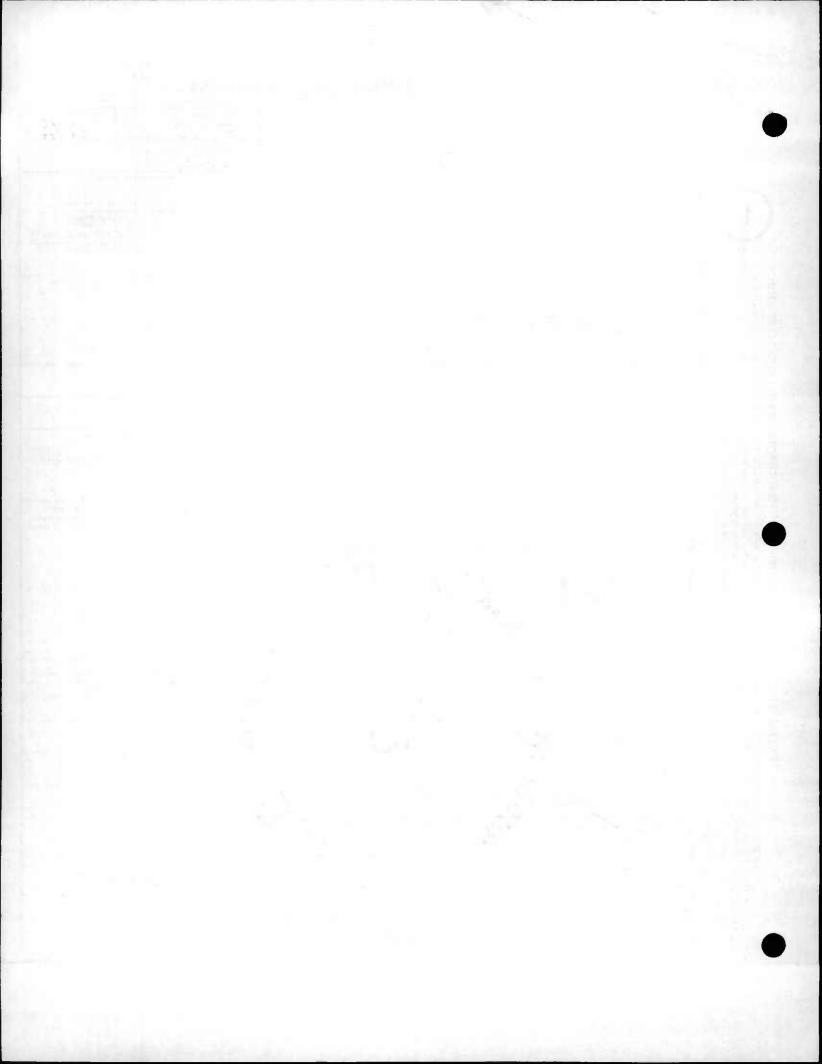
32. REGISTRAR'S SIGNATURE

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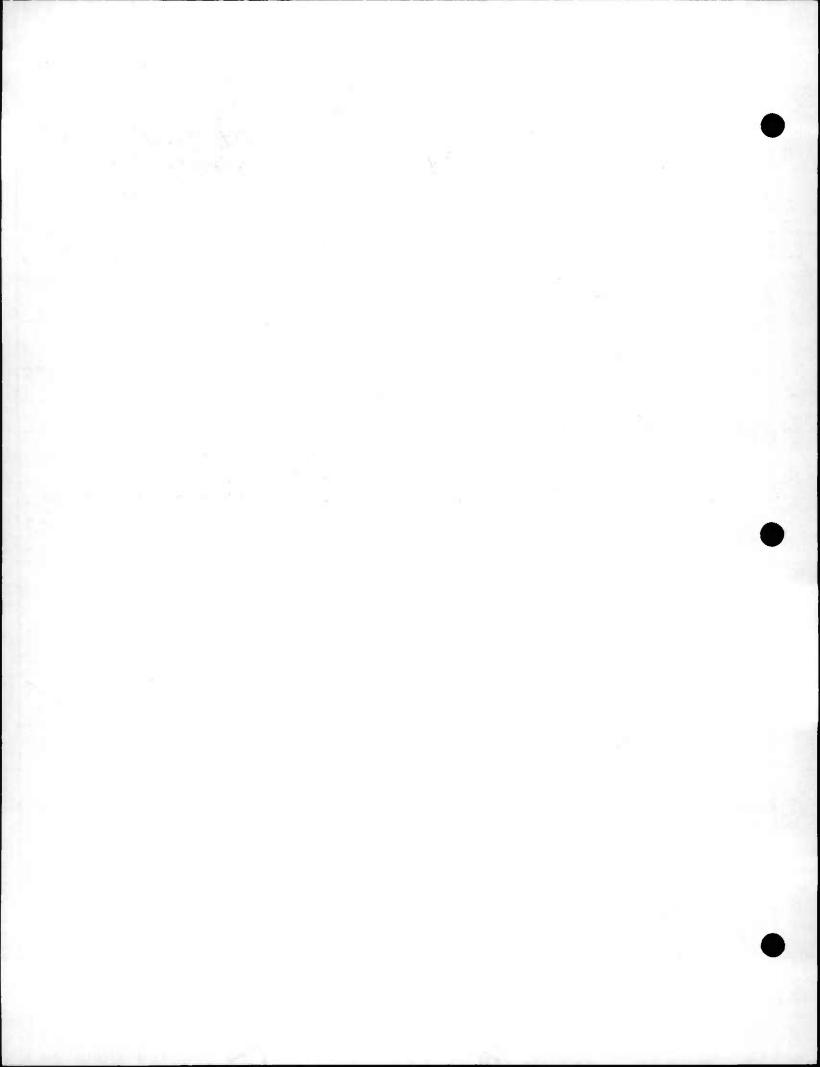
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1PKWY, #380 21401



		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH REGISTRAR OUIS John Kalen CERTIFICATE OF DEA	H AND MENTA	AL HYGIENE REG. NO.	10070
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATI	E OF DEATH TH. 0AY 0 1/9 1993	YEAR 3. TIME OF DEATH
79		2/3-05-2820 1 MAZ = F 78 YRS. MONTHS DAYS HOURS		E OF/BIRTY Why Day, Young	BIRTHPLACE (State or Foreign Country) Maryland
	OR	9a. FACILITY NAME (If not institution, give street and number) Harbor Hospital Baltimore			NTY OF OEATH
V	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Brooklyn Park	k		10d. INSIDE CITY LIMITS?
isit permit.	FUNERAL (10s. STREET AND NUMBER 101. ZIP COD		10g. CITI	1 TYES 2 XT NO IZEN OF WHAT COUNTRY? . S.A.
21215-0020 all or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECENOENT	ban, Maxican, Puerto	IN? (Specify Yea or No-	14. RACE — American Indian, Black, White, alc. Specity: White
D 21215-0020 pital or attending physic ed for use as the bunial	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3 yrs. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of works) life. Do NOT use retired.) Mechanis	king	ashington A	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	ш	Marie and the second se	THER'S NAME (First, Melia Gol	Middle, Meiden Sumame)	
	TO B	19a. INFORMANT'S NAME (Type/Print) 1 Sabel G. Kaler 1 Salo Wasena Ave.			
TRE THE ST. Pa		20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Glen Haven Memorial F	OAT Park 51/11		city or Town, Slata urnie, Maryland
		Core di Coarge 421 Crain	Ruddick F	Funeral Hom	nie Md. 21061
IOX 68760, te be executed within 24 hours sician and completely filled in b prior to burial, cremation, or rer traumatic event, the medi	CATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dy shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (on as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING			est, Approximate Interval Between Onset and Death
P.O. Ith certific tending pt Hygiene or othe	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST			
AL RECORDS, Re law requires that the death has been signed by the atte Dept. of Health and Mental 123 shows any injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause	given in Part I,	244. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO	24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
= # # = = = = = = = = = = = = = = = = =	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 VES VENO 1 Medicate 2 EN/Outpetient 3 DOA 4 Moreing Home 5 R	DEATH (Check only or Residence 6 [] Other		
ON OF DING PHYSIC After this cer death with th	ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Natural 5 Pending 27a. Manual 5 Pending 27a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2		SCRIBE HOW INJURY OCC	WRED
TTEND TTOR: A after d		3 Suicide 6 Could not be department department Suicide Suicide Could not be department Suicide	28f. LOC City	CATION (Street and Number or Town, State)	or Plurel House Number,
작 그 건 등	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place one) 2 MEDICAL EXAMINER: On the best of aximination and/or investigation, in my opinion, death occurred.			
TO THE HOSPITAL TO THE FUNERAL DE fled within 72 I	H	Mr Maila Hedron	CENSE NUMBER	29d. OATE	E SIGNEO (Month, Day, Year)
	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 3601 5. Handre & B. Morre M.	10212	175	14/1/3
5	-	31. DATE FILEO (Month, Coy, Year) 12. 1993			



1 - FOR STATE REGISTRAR		STATE OF	MARYL					DEA		MENT	TAL HYGIEN	E		
1. DECEDENT'S NAME (First, I											TE OF DEATH	X 2	YEAR 3	. TIME OF DEATH
4. SOCIAL SECURITY NUMBE	THEL	KAI 5. SEX	INE	In yrs. last	histoday	IF UNDE	1 4 VEAD	T = 1mmer		_	Y™6, 19	93		12.50 M
		1 🗆 M 2 💢 F	82	in yrs. Allst	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mi	TE OF BIRTH orth, Day, Year) 2/25/19:	ا ۱	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not inst					$\neg \neg$			DR LOCATI	ON OF DE		2/23/19.	9c. COUN	TY OF DEA	тн
7 SLADE AVE		. 307				BA	LTIM	ORE				BALT	'IMORE	3
	10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY
MARYLAND	BALTI	MORE			BAI	LTIM	ORE							LIMITS?
100. STREET AND NUMBER 7 SLADE AVE	מוכו ע	207					101	2120				10g. CITIZ	ZEN OF WHA	AT COUNTRY?
11. MARITAL STATUS			T 51/50 /h	1110 101	-	1							USA	
1 Never Married 2 N 3 Widowed 4 Divorc	Farried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2- NO			If yes, sp	ecify Cubs	n, Mexice	n, Puarl	GIN? (Specify Yea to Rican, etc.)	or No—	14. RACE — Black, V Specify: WHIT	Americen Indian, thite, atc.
15. DECEI (Specify only i	DENT'S EDUCA	TION ompleted)		16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON ist of working	200	1	16b. KIND OF BUS	INESS/INDI	USTRY	
Elementary/Secondary (0-1		College (1-4 or 5	•)	IIIo. I	JSEW.	e retired.)	during inc	St Or WORLD	•	1	AT HOM	Ξ		
17. FATHER'S NAME (First, Mich MORRIS	KNABL	Е							HER'S NAI ANNA	ME (Firs	st, Middle, Malden S	Sumame) KRONG	OLD	
190. INFORMANT'S NAME (Typ) MICHAEL KALI	1										ESDA, MD			
29a. METHOD OF DISPOSITIO 4 Donation 5 Other (S	N 3 - Remov Specify)	al from State		PLACE AP	ND DATE O	of DISPOS	SITION (Na	ime of	/9/9:	D	ATE 20c. LOC	ATION - C	STOWN,	
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE D	<i>m</i>			22.	NAME A	ND ADDRE	SS OF FAC	CILITY	ROS., II		201111	
2007	Sicce	Stev	1100	w	<u></u>						RD. B			21215
23. PART I. Enter the dis- shock, pr her IMMEDIATE CAUSE (Fine disease or condition resulting in death)	art fellure. Li	st Dnly Dna cau	se on ea	consecu	م الم	·o	the mo	Las	ing, sucr	n es ci	ardiac or reepir	atory erre	est,	Approximate intervel Between Onset and Deeth
Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST	ete G			CONSEQU										
PART II. Other eignificent	t conditions	contributing to	death be	ut not re	suiting i	n the ur	nderiying	g cause (given in i	Part i.	24a. WAS AN A PERFORM	AED?	AN CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO							26. PL	ACE OF D	EATH (Che	ck only	one)			
EXAMINER?		HOSPITAL:	ER/Outp	atlent 3	DOA	OTHER	3 :				her (Specify)			
27, MANNER OF DEATH	Ouer.	28a. DATE OF (Month, D.			26b. TIMI	E OF	28c. INJ	-			ESCRIBE HOW IN	JURY OCC	URED	
the state of the s	ending vestigation					М	1 🗆 1	/ES 2 [NO					
	ould not be starmined	28e. PLACE O building,	etc. (Speci	— At hom	e, ferm, s	treet, fect	ory, office	•		28f. LC	OCATION (Street ar ity or Town, State)	d Number o	or Rural Rout	a Number,
29e. CERTIFIER (Check only one) 1 CERTIF	YING PHYSICI	AN: To the best of On the basis of e	my knowle	edge, deat	th occurre	d at the t	lme, data	and place	and dua	to the d	cause(a) and man	ner se state	d.	d manner as stated.
29b. SIGNATURE AND TITLE O		9 9.	. 4	2	L	n.7			NSE NUM					onth, Day, Year)
30. NAME AND ADDRESS OF F	PERSON WHO	COMPLETED CAUS	E OF DEA	ATH (ITEM	27) (Type,	Print)	70.	-01	0	6	n L	1	5-	1-75
31. DATE FILED (Mod AA) Ye.	7 2 19	932. REGISTRA	R's side		-Ranc	LEE	- 7.	-	- Carlo		70.	W	ay!	-(() o (0)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law reduing physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

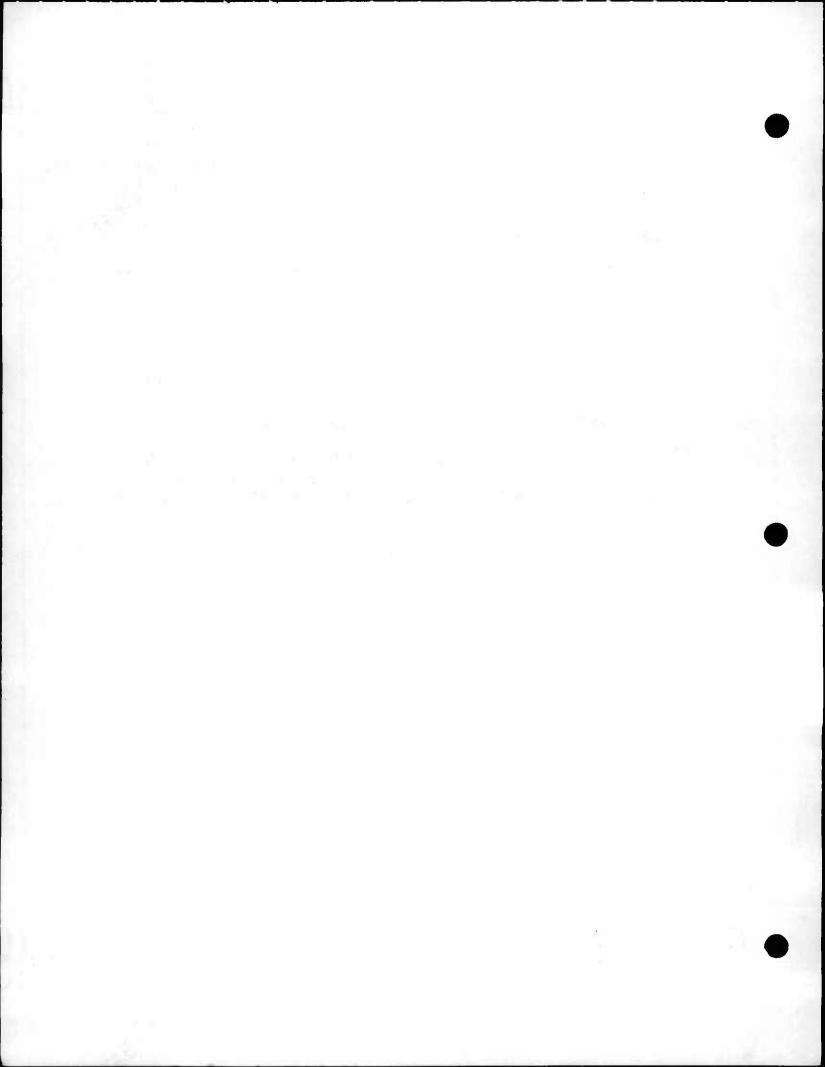
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

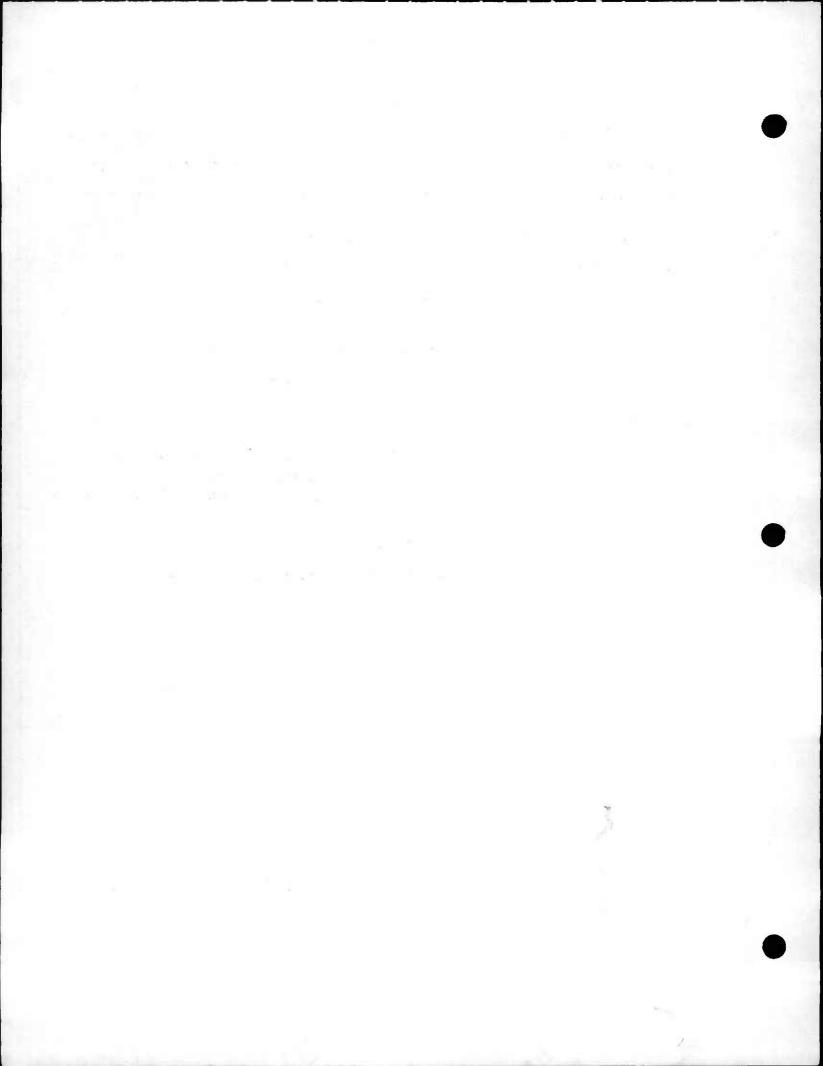
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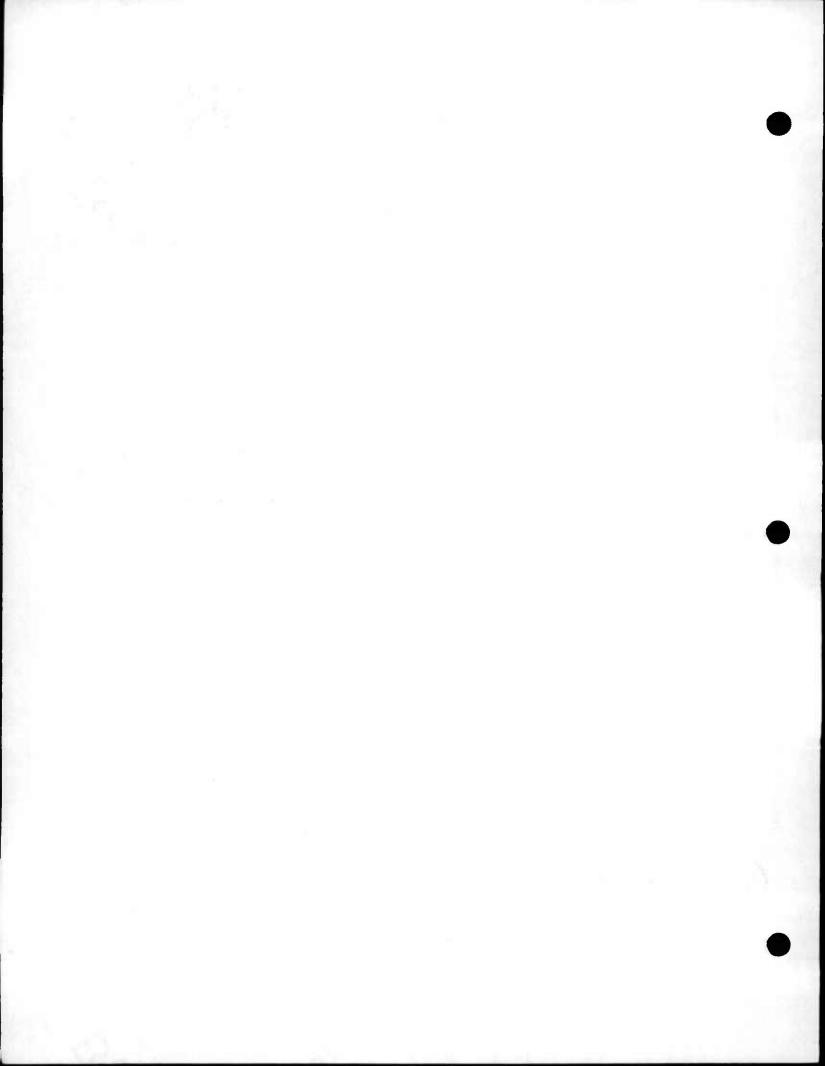
1. DECEDENT'S NAME (First, Middle, Last) 05 DAY 2. DATE OF DEATH 3. TIME OF DEATH YEAR 0 5 ANNE MILLER KATZ 1993 6:25 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Year) 09/29/55 1 🗆 M 2 🗗 F HOURS YRS. 220-62-0061 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR G.B.M.C. 6701 N. CHARLES ST TOWSON BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6804 WESTBROOK ROAD 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: hours after death. Page 6 may be retained by the hospital or attending physicii 14. RACE — American Indian, Black, White, atc. funeral director, page 5 should be detached for use as the burial-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 XMarried BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) INTERIOR DECORATOR DESIGN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden REEBLER LOUIS MILLER 퓲 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. ALVIN D. KATZ 6804 WESTBROOK RD. BALTIMORE, MD 21215 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Burlai 2 Cremation 3 Removal from State DATE must BEL AIR MEMORIAL GARDENS -7-93BEL AIR, MD ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. 21215 BALTO., MD in by the removal. medical filled in by 23. PART i. Enter the diseeses, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heart feiture. List only one ceuee on eech line. intervai Between 0 **IMMEDIATE CAUSE (Final Onset and Death** cremation, the certificate be executed within 24 disease or condition HEPATIC FAILURE completely resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): hysician and com prior to burial, METASTATIC INFLAMMARORY CA OF BREAST CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 signed by the atter Health and Mental Injury, PART ii. Other algnificant conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO THROMBOCYTOPENIA AND ANEMIA shows any **COMPLETION OF CAUSE** 1 YES 2 NO OF DEATH? 1 TYES 2 ND t, of I PHYSICIAN: THE HOSPITAL DR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has b filed within 72 hours after death with the State Dept. PORTANT: If Item 28 is marked, or Item 23: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specily) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Netural 2 26c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 YES 2 NO ВY Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29s. CERTIFIER (Check only (Ch COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Morgin, Day, Year) 16/93 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N. CHAS. IT. GAM COVER 11. 6701 32. REGISTRAR'S SIGNATURE ina Daydson



BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	THE LIVERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I	INFORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	J.	Lan	ton		2. DATE OF DEATH	Y dear	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 214–26–2378	1 € M 2 □ F 61	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/25/31	s. surt Coun Mary				
TOR	9a. FACILITY NAME (If not institution, give str 2433 Lauretta Avenue RESIDENCE OF DECEDENT	eet and number)		Baltin	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH			
L DIRECTOR	10a, STATE 10b, COUNTY Mary and 10a, STREET AND NUMBER		Baltimore Box Superior Baltimore								
FUNERAL	2433 Lauretta Avenue			101	21223			WHAT COUNTRY? SA			
B	11. MARITAL STATUS 1 Never Married 2 Verried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	II yes, sp	ENDENT OF HISPAI Holfy Cuban, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Spec	E — American Indian, k, White, atc. #/y: aCK			
COMPLETED	15. DECEOENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a, DECEDENT'S (Give kind of w life, Do NOT use	ork done during mo.	PN st of working	16b. KIND OF BU	SINESS/INOUSTRY	ack			
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
BE	Alfred Layton 19a. INFORMANT'S NAME (Type/Print)		TOP MAIL DIO	ADDD500 (0)		thy Layton Ta	•				
유	Bertha M. Lavton			auretta Av		Route Number, City or Tow to., Md. 21223					
	20e, METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remove	vat from State 20b	. PLACEAND DATEO	F DISPOSITION (Ne		OATE 20c. LO	CATION — City or To	own, State			
	4 Donation 5 Other (Specify)		rest Lawn (D ADDRESS OF FA		loward Co.				
	Sala March 4300 Wabash Ave., Balto, Md. 21215										
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween										
	iMMEDIATE CAUSE (Final disease or condition resulting in death) S. Down Circ Conces with Mitabus to Live (Due to (or as a consequence of):										
TION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.										
ÄL	PART II. Other significant conditions	contributing to death b	rut not resulting in	tha underlying	causa given in	PERFOR	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
N: MEDIC						1 YES 2	_ NO	OF DEATH?			
PHYSICIAN:		HOSPITAL:		28. PL	ACE OF OEATH (Ch	ack only one)					
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28s. DATE OF INJURY		4 - Nursing Home		8 Other (Specify) 28d. DESCRIBE HOW II	AND OCCUBED				
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK?	and beganne now i	WONT OCCURED				
8	3 Sulcide S Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	ind Number or Rural i	Route Number,							
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICI MEDICAL EXAMINER:	IAN: To the best of my knowl : On the basis of examination	ledge, death occurred and/or investigation	at the time, data , in my opinion, de	and place, and dua ath occured at the	to the cause(s) and mer time, data and place, an	oner as stated. d dus to the cause(i	i) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 5 10 93										
	30. NAME AND ADDRESS OF PERSON WHO NEXT N TRR	EDLANOER,			AND PLA	E, SUITE 9	40 80	Jo, MO 2202			
	"MAY" 1993 &	32 PEGIS PAR'S SA						•			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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		STATE OF MARYLAND /				MENTAL HYGIEN		10015		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICA	IE OF	DEATH	REG. NO		3. TIME OF DEATH		
	DOROTHY LAVE	ELI.				MONTH D	993	VEAR 3. TIME OF BEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEA				IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Poreign		
	218-09-5054	1 □ M 2 XF 80	YRS. MONTH	6 DAYS	HOURS MIN.	9-29 19	12	Maryland		
	9e. FACILITY NAME (If not institution, give street			ITY, TOWN	OR LOCATION OF D	13 03		TY OF DEATH		
FUNERAL DIRECTOR	Francis Scott Key Med. Ctr. Baltimore CIty									
EC	AL COURT							10d. INSIDE CITY		
PHO	Md.				ore City			LIMITS? 1 TYPES 2 NO		
AL	10e. STREET AND NUMBER					EN OF WHAT COUNTRY?				
IER	6313 Elliott Street				21224			U.S.A.		
F					CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		14. RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 Married 3 Wholowed 4 Divorced FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 ND Specify:			Specify:		
						16b. KIND OF BUS		White		
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY									
₹ F	12 4 Homemaker Own Home									
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)									
BE	CHarles F. Berndt Anna									
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harry Calvin Hilether (Nonbour) 13805 Symmon Hill Dry Div.									
	Harry Calvin Huether (Nephew) 13805 Summer Hill Dr., Phoenix, Md. 21131									
- 1	1 N Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	1 M Burlel 2 Cremation 3 Removal from State cametery, crematory or other place								
	21. SIGNATURE OF FACILITY 21. 22. NAME AND ADDRESS OF FACILITY 21. 22. NAME AND ADDRESS OF FACILITY									
	1400 x170	R.PHIIIIp	Silack		adley-A	Ashton Fu	nera	1 Home Inc		
	23. PART I. Enter the diseases, or con	mplications that caused the de	eth Do not en	ZIJ4	MTTTO	V Spring	Ra.D	undalk, Md		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine)							Interval Between Onset and Death		
	disease or condition	st Ca	MEM.		Oliset and Death					
1.3	Metastatic Breast Canen a. Metastatic Breast Canen DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. Sequentially list conditions									
Z	Samurable list conditions (b.	Conquesti	re	tea	At t	arlen	U			
TIFICATION	If any, leeding to immediate									
5	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
Ē	that initiated events resulting in death) LAST	DOL TO JON AS A CONSEC	SOENCE OF):							
S	d									
¥	PART II. Other eignificent conditions of	contributing to death but not r	reauiting in the	underlyin	g cause given in	Part i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
음	1 TYES 2 5 NO							COMPLETION OF CAUSE OF DEATH?		
Σ										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH (Check code)									
[[25. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 YES 3 YES 4 YES 4 YES 5 YES 5 YES 6									
¥	27. MANNER OF DEATH	28c. INJ		6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
ВУ Р	1 Netural 5 Pending	(Month, Day, Year)	INJURY		YES 2 NO					
0	3 Suicide 6 Could not be	factory, offic		28f. LOCATION (Street	OCATION (Street and Number or Rural Route Number,					
	4 Homicide determined building, atc. (Specify)									
COMPLETE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
8	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year						SIGNED (Month, Day, Year)			
0 8	Susan Donman MD				D23584 >5		-7-97			
	20 NAME AND ADDRESS OF DEDGON HIMO S	201101 7700 011107 07 07 171						100		

PRC. INJURY AT WORK?

1 YES 2 NO (Month, Day, Year) 1 Natural
2 Accident
3 Suicide 5 Pending 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number City or Town, State) 4 Ho 29a. CERTIFIER (Check only one) 29c. LICENSE NUMBER S USAN

31. DATE FILED (Month, MAY 1 2 DEATH (ITEM 27) (Type, Print) 21224 Susan Denman Francis Scott Key Med.

1993



Ctr.

Competer theret Farlesse Lover Down and 483884 Susan Turningn M.D.

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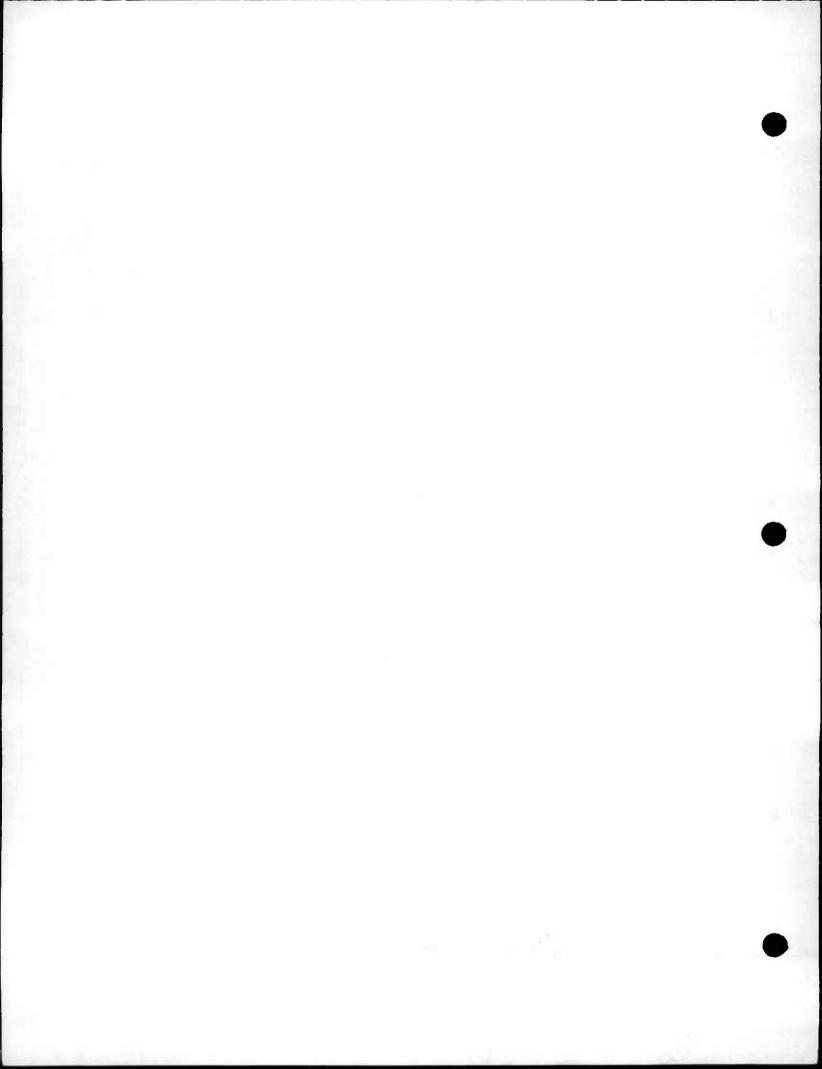
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TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR be filed within 72 hours after	
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93 13680 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle_Lest) 2. DATE OF DEATH DAY 3. TIME OF DEATH MONTH 05 Monroe Brenda R :30 an M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lagt bipthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 9457 214 58 1 | M 2 | F 2/25/5 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Canci 9c. COUNTY OF DEATH Baltmore DIRECTOR) niversity Baltimore 0 Center (0 RESIDENCE OF DECEDENT 104. STATE MD 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? Baltimere Baltmore Baltmore (0 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? INC ern ircl 21207 U.5 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMSE FORCES? 1 YES 2 PHO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Blac 3 Widowed 4 Divorced ETED | 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL examiner must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James H mc 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route 2 Hou ston Monroe 25 120 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City 5-14 4 Donation 5 Other (Specify) FACILITY 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE. 22. NAME AND ADDRESS OF iman 1300 a the medical 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory errest, Approximata ahock, or haart fallure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, Kemion PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MAML in relapse (Waterine a/o 1 YES 2 NO OF DEATH? (2) Thrombocytopenia 3 Diabetes 20 chronic 1 YES 2 NO Probabl Premoria steroid 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY М 1 YES 2 NO 2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and pisca, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND JULE OF CERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) GOVE 19/93 5 mo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sona Univ. one mo Ma Cent Medical 01

31. DATE FILED (Month, Day, Year)

1993 2

32. REGISTRAR'S SIGNATURE



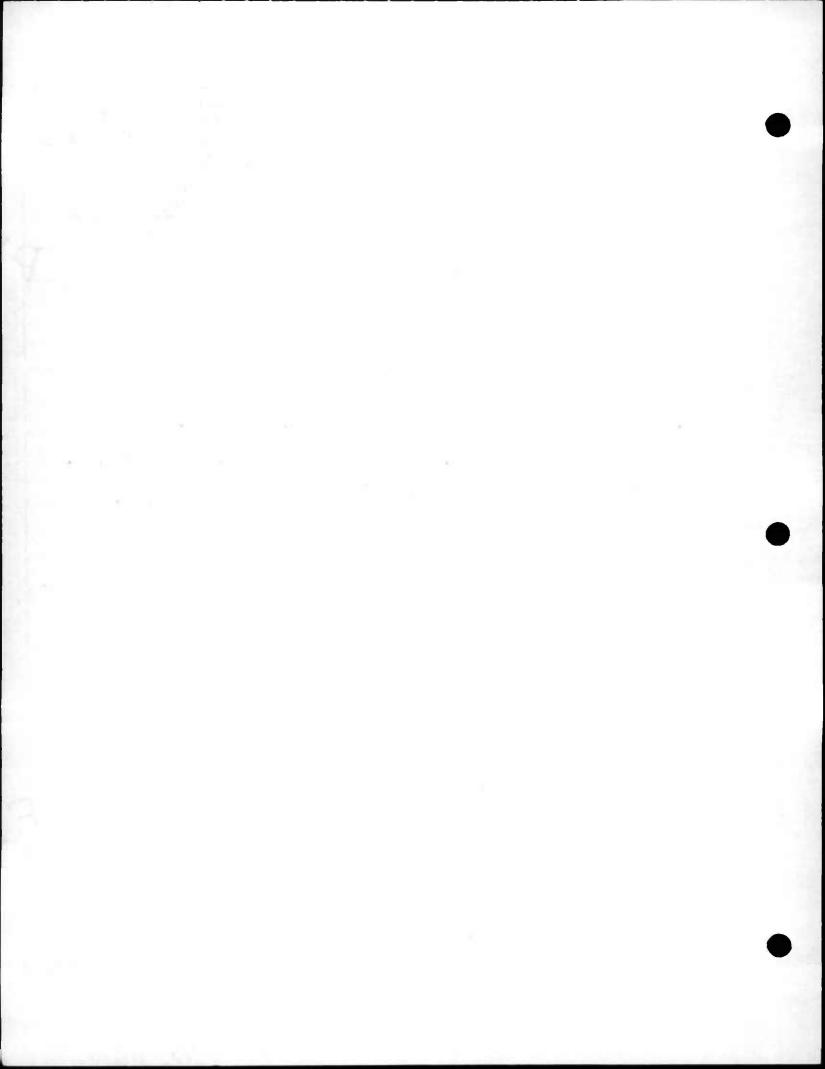
760, BALTIMORE, MARYLAND 21215-0020 et within 24 nours after death. Page 6 max he retained by the hospital or attaching nihelia

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be reflained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Myglene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												(93	13681
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND						MENTAL	HYGIEN	E		
					ERTIF	ICAI	E OF	DEA	IH.	,	REG. NO			
	1. DECEDENT'S NAME (First Eva Estell		J.,							2. DATE (OF DEATH	AY	YEAR :	B. TIME OF DEATH
1 3			arom							5	//		93	2:45 PH
l š	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. In	st birthday)		R 1 YEAR	IF UNDER		7. DATE O			8. BIRTHP	LACE (State or Foreign
	215-22-1877		1 🗆 M 2 🛣 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		/1907	- 1	Country)	MD
	9a. FACILITY NAME (If not in	natitution, give a	street and number)			9b. CIT	Y, TOWN C	DR LOCATIO	ON OF D		/190/		ITY OF DEA	
Œ	12 Arthur Av	renue	•		i		Cato			CAIT			ltim	
15	RESIDENCE OF DE	CEDENT												
l m	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					1	od. INSIDE CITY
DIRECTOR	Md	Ralt-	imore			Cat	onsv:	1110					- 1	LIMITS?
	10e, STREET AND NUMBER	Dail	Inore			Cat		. ZIP CODI						YES 2 NO
FUNERAL														AT COUNTRY?
ᄬ	12 Arthur Di	cive						21228					SA	
윤	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIGIN?	(Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
B	3 ₩ Widowed 4 Divo		IF YES, GIVE V	AR OR DATES	£		1 YES				cen, etc.,		Specify:	rilla, att.
	41		<u> </u>					**						white
巴	15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)	. 0	ECEDENT'S Give kind of a	work done	during mos	N st of workin	107	16b. I	CIND OF BUS	SINESS/INDU	JSTRY	
삗	Elementary/Secondary ()-12)	College (1-4 or 5	- 10	e. Do NOT us	se retired.)								
₽ B					House	ewif	e				0	wn ho	me	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)						16. MOTE	IER'S NA	ME (First, Mi	ddle, Maiden	Surname)	-	
BE (Roy Clark							Ste	ella	Grim	e			
	19a. INFORMANT'S NAME (ypa/Print)		19	96. MAILINO	ADDRES	S (Street a			Route Numbe		State Zin	Codel	
임	E. Daniel Me	1drom								timor				
	20a. METHOD OF DISPOSIT				ANDDATE				Dul		_			
	1 Donation 5 Other	n 3 🗆 Rem	oval from Stata	cemetery, cr	ematory or o	ther place,)			DATE	1	CATION — C		•
	21. SIGNATURE OF FUNERA		PENGEE	ISt.	Iohns	Cem	eter	У		15/1	4 E11	icott	City	y, Md.
		Chor Co	FUSEE							n Fun	0201	Uomo		
	Tute	1.6-	Kohster	Mos	11.0					Aven			1/.1	21220
	23. PART i. Enter the d	seases, or	complications tha	t ceused the d	eeth. Do r	ot ante	r the mod	de of dvi	12 OII	h es cerdi	ue D	allo,	Mu .	
	snock, or n	eert ranure.	List only one cau	se on eech lin	e.									Approximata Interval Between
	iMMEDIATE CAUSE (Fir disesse or condition	1ei	10		2020			0	.49					Onset and Death
	resulting in death)	→	a. (Q)	2026	ery	0	cel	cex	u	025				15 min
			DUE TO	(OR AS A CONSE	QUENCE OF	P):	10		/		20			1
Z	Sequentielly list condit	ions	agi	esio	Rel	Col	Here	0	Me	cest	dec	and	co_	2 44907
Ĕ	if sny, leading to imme	diate	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
2	cause. Enter UNDERLY CAUSE (Disease or Inju		с											
논	that initiated events		DUE TO	(OR AS A CONSE	OUENCE OF	F):								
CERTIFICATION	resulting in death) LAS	' L	d											
1	PART II Other elopifice	nt condition	a contribution to	death but										
X	PART II. Other significa	THE CONTRACTOR	Contributing to	death but not	reaulting i	n the u	nderlying	cause g	lven in	Pert I. 2	4a. WAS AN . PERFOR			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
ă	-sh	un	4								YES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?
Ä			/											YES 2 NO
ÿ														G 145 4 G 115
₹	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only one)		_		
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	EB/Outputient	1 DO4	OTHE	R:				- 22			
¥	27. MANNER OF DEATH		28a. DATE OF		286. TIM				sidence	6 Other (
	1 Natural 5	Pending	(Month, D		INJ	URY	28c. INJU WOF	RK?		280. DESC	RIBE HOW IN	IJURY OCCI	JRED	
¥ I		Investigation	20 20 20 2		1			ES 2	NO					
0		Could not be	building,	F INJURY — At he etc. (Specify)	ome, farm, s	dreet, fac	tory, office			26f. LOCAT City or	ION (Street a Town, State)	nd Number o	or Rural Rou	te Number,
ш	4 Homicide													
	4 Homicide													
PLETE	29a. CERTIFIER (Check only		CIAN: To the best of	my knowledge, de	eath occurre	d at the	time, data	and place.	and due	to the cause	(s) and man	ner as state	d.	
OMPLETE	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of R: On the bests of as	my knowledge, de	eath occurre	nd at the i	time, data o	and place,	and due	to the cause	(s) and man	ner as state	d. cause(a) a	nd manner se stated.
COMPLETED	29a. CERTIFIER (Check only	IFYING PHYSICAL EXAMINE	R: On the beels of as	my knowledge, desamination and/or	eath occurre	nd at the s	time, data i	eth occur	ed at the	time, data a	(s) and man	dua to the	cause(a) a	nd manner as ateled.
BE COMPLETE	29a. CERTIFIER (Check only one) 1 CERT	IFYING PHYSICAL EXAMINE	R: On the beels of as	my knowledge, demination and/or	Investigation	n, in my	time, data a	and place, eath occur 29c. LICE	ed at the	time, data a	e(s) and man	dua to the	cause(a) a	onth, Day, Year)

MAY 1 2 1993 July Dunder Ander



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ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit page.	al examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

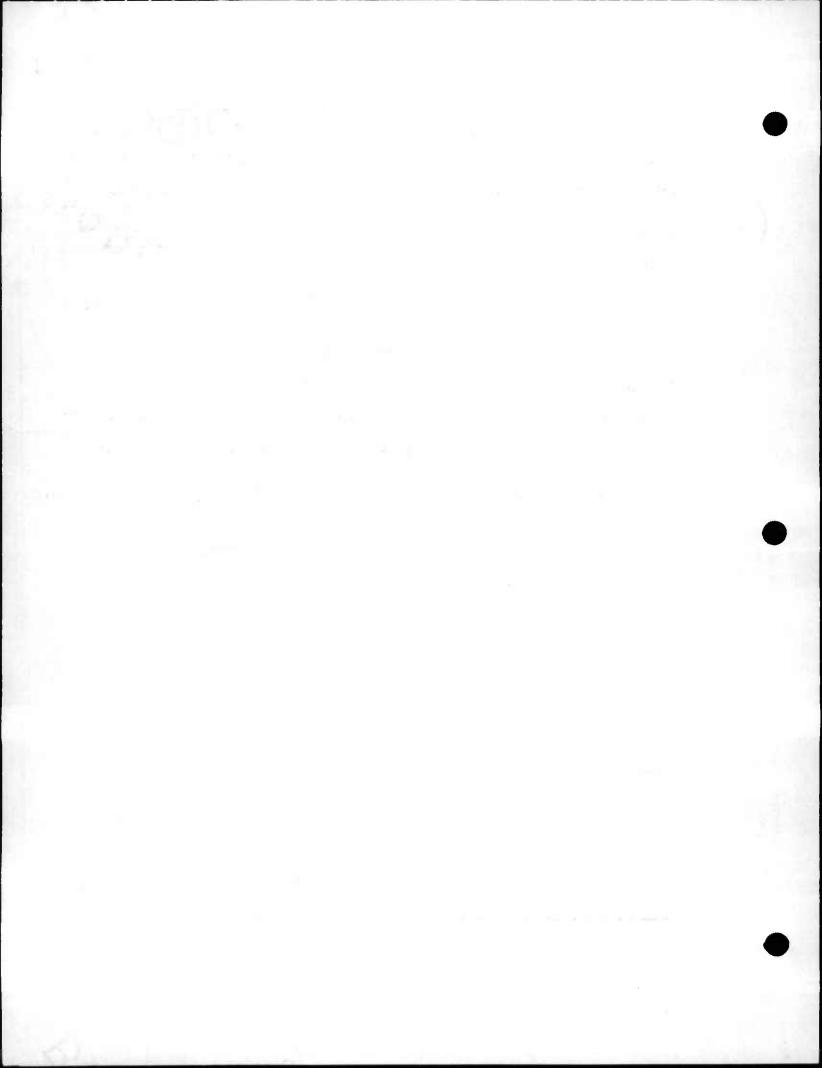
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
ij	1. DECEDENT'S NAME (First, Middle, Last)	HELEN MEYERSO	ON			2. DATE OF DEATH	1993 YEAR	3. TIME OF DEATH 3:10 AM
	4. SOCIAL SECURITY NUMBER 216-12-5266	1 □ M 2 □XF 7.	ln yrs. lest birthday) L YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	,1921 M	TINPLACE (State or Foreign
TOR I	99. FACILITY NAME (If not institution, give s BALTIMORE COUNTY		PITAL		DR LOCATION OF DE	ATN	9c. COUNTY OF BALTIM	
ပ္ပ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	· · · · · · · · · · · · · · · · · · ·						
L DIRECTOR		ALTIMORE		Y, TOWN OR LOCAT BALTIMOR	Œ			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAI	1303 HICKORY SPR				21228		US.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	I U.S. ARMED 2 & NO RTES	If yes, sp	ENDENT OF NISPANI ecity-Cuban, Mexican 2 1 NO Specify:	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	Bio	CE — American Indian, ack, White, etc.
Ш	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S	USUAL OCCUPATIO	ON let of working	16b. KIND OF BUS	INESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se rettred.) SES ASSI		NURS	ING	
	17. FATHER'S NAME (First, Middle, Last) ISRAEL GARBIS				18. MOTHER'S NAM ANNA BO	E (First, Middle, Melden :	Sumame)	
BE	19e. INFORMANT'S NAME (Type/Print)		195 MAIL INC	ADDRESS (Street		oute Number, City or Town	A	
5	MR CHARLES MEYER	SON				CIRCLE BAL		MD 21228
i	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE BNAT ISR				TIMORE,	
	21. SIGNATURING FUNERAL SERVICE LIC	ZENSEE /		SC	DE LEVINS	ON & BROS.	, INC.	n wp 01015
	23. PART I Enter the diseases, or o	complications that caused	the death Do a	1 6010	REISTERS	TOWN RD. E	ALTIMOR	E, MD 21215
	shock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition	List Dnly Dne ceuse Dn ee	och line.	O The mo	de bi dying, auch	as cerdiac or respi	ratory arreat,	Approximate Intervel Between Onset and Deeth
H	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	771	·	Charles and Charle		
NO	Sequentially list conditions.	Necuro	ez	Les	eeree			
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	CONSEQUENCE OF	100		7		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ጉ :				
	PART II Other significant condition	a anadelbudlan ta da ab b						
EDICAL	PART II. Other significant condition	s contributing to death be	ut not resulting	n the underlying	g ceuse given in F	PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ						1 YES 2	_ NO	OF DEATH?
A N	OF THE CASE DEFENDED TO MEDICAL							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chec	ck only one)		
ΥS	1 YES 2 NO	1 Inpatient 2 ER/Outpo	otient 3 DOA		e de Residence 8	Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 DESCRIPTION 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	URY AT RK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, term, s	treet, factory, office		281. LOCATION (Street e. City or Town, State)	nd Number or Rura	I Route Number,
3	29e. CERTIFIER	NAME TO 10 10 10 10 10 10 10 10 10 10 10 10 10						
COMPLETED		CIAN: To the best of my knowle R: On the beele of examination						e(e) and menner ee stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER		^-		29c. LICENSE NUME			ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TN (ITEM 27) /5	Print)	1111	[[2111	1.
	8620100	2 Plane	ales	nal	6, sel	1 Jums	115 (1)	53
	MAY 1 2 1993	32. MEGISTRAR'S SIGNA	9 -					. 3

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21203-3146

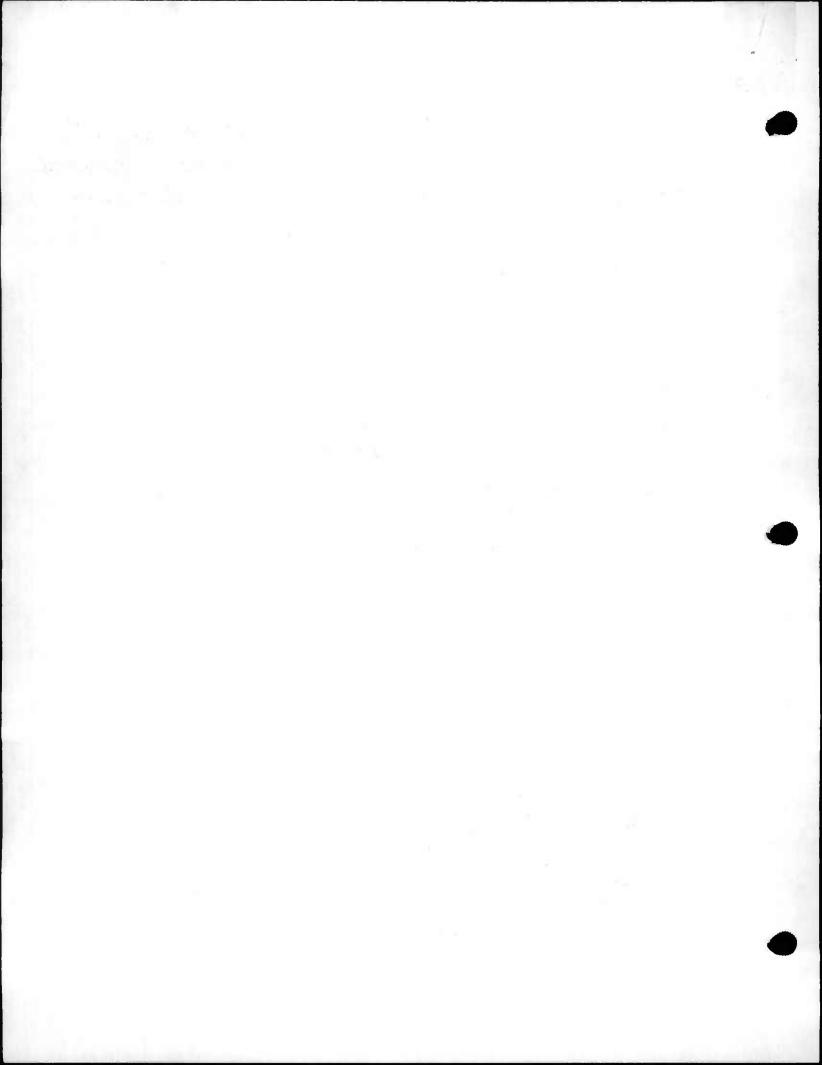
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within completely filled in by the flash of retained by the hospital or attending physician. NERAL DIRECTOR Attentions has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him 72 hours after Cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NT: If Item 28(septived, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA				GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	m mil	lhause			2. DATE OF DE		3. 1	O PM
4. SOCIAL SECURITY NUMBER 214-01-289(5. SEX 6. AGE ((In yrs. last birthday)	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH 8.	BIRTHPLA Country)	CE (State or Foreign
Stella M	1	1/00		R LOCATION OF DEA		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	тү	10c. CITY, TO	OWN OR LOCAT	ION			10d	I. INSIDE CITY LIMITS?
Maryland Ba 00. STREET AND NUMBER	ltimore		The state of the s	y Hall		10g. CITIZEI		COUNTRY?
8651 Ridgelys Ch				21236		US		
II. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, sp	ENDENT OF HISPANIC acity Cuban, Mexican, XX NO Specify:		elfy Yea or No	Specify:	American Indian, ilta, atc. /hite
15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)	UCATION le completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo	DN st of working	16b. KINO	OF BUSINESS/INOUS	TRY	
8th grade		Housewi	ife				makir	ig
7. FATHER'S NAME (First, Middle, Lest) August Deigert				18. MOTHER'S NAM	E (First, Middle, Trempe			
90. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural Ro			ode)	
Mrs. Joyce Barte	nfelter	7815 Aı	rdmore	Avenue Ba	altimo	re, Md. 2	1234	
0e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Record Control Contr	movel from State	other place) Joseph (Neme of con Cemeter	netery, cremetory or 5-		ullerton		
II. SIGNATURE OF FUNERAL SERVICE I	LICENSEE CALLED		1-255	ob Address of Facility of the 13 clair		41236		
immediate cause (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate causa. Entar UNDERLYING CAUSE (Disease or injury that initiated evente	c		Co	rd io my	10port	hy		Interval Between Onset and Deeth
PART II. Other algnificent condition	one contributing to death t	but not resulting in the	he underlyin	g cause given in P	1	WAS AN AUTOPSY PERFORMEO? YES 2 NO	COI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec			1	
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUSTY (Worth, Cop), Year)	28b. TIME O	F 28c. IN. Y WO	YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU		
3 Suicide a Could not b	building, etg (Spe	Y — At home, farm, stree	er, ractory, offic		City or Tow	(Street and Number or n, State)	Hural Route	vumber,
anal .	SICIAN: To the best of my anten NER: On the basic of juxamination							d menner as stated.
196. SIGNATURE AND TITLE OF CERTIF				29c LICENSE MINI	RED .			onth, Day, Year)
			_	1/15	304	*	5/10/	193
IO. NAME AND ADDRESS OF DERSONA	THO COMPLETED CAUSE OF DE	2300 P	hel as /s a	ex Os	1/2,	Ker	9665	on 216
MAY 12 1993	Julia Dandan	ATURE CONTRACTOR						

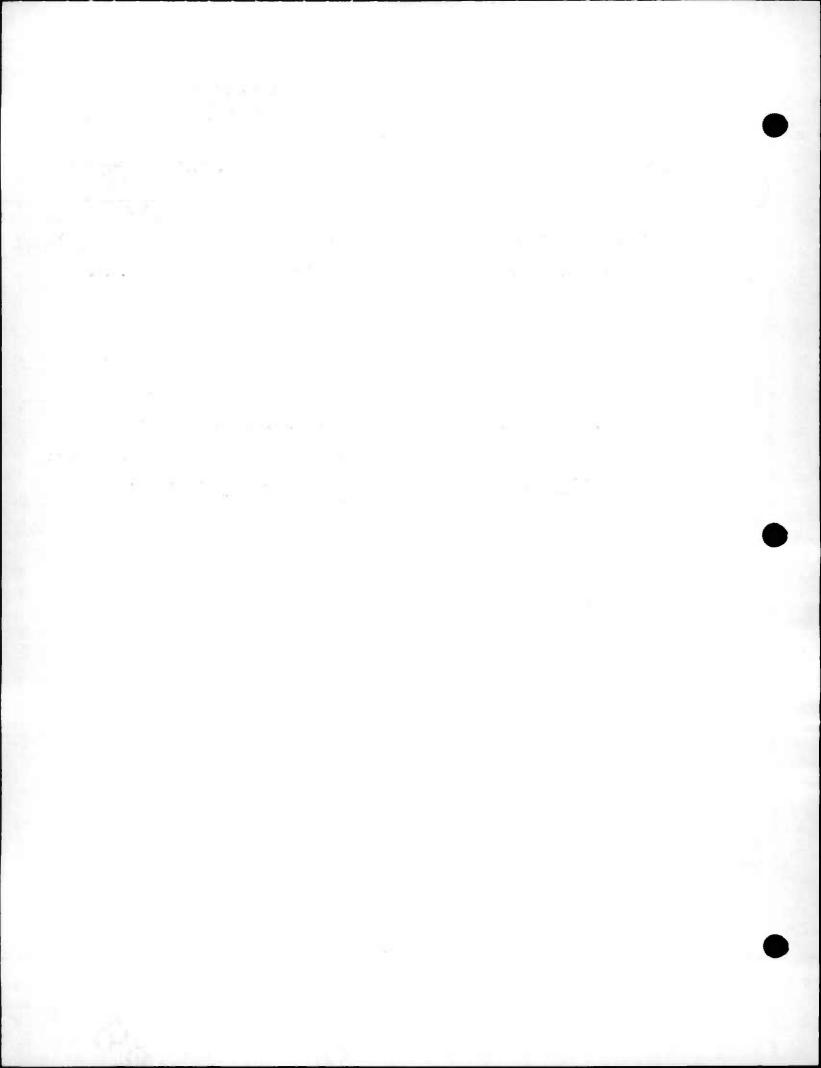


	ATT.	les es	
		sit permit. Pag	
-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages woral.	
BALTIMORE, MARYLAND 21215-0020	ital or attendi	d for use as	
YLAND	by the hosp	d be detache	and one l
E, MAR	y be retained	age 5 shoul	he notified
TIMOR	Page 6 may	ral director, p	cal examiner miret he notified at once
BAL	after death	by the fune moval.	Ical exam

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH		(GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	Mia	rry Arthu	ır Otto		2. DATE OF D	DAY	year 735 A			
	4. SOCIAL SECURITY NUMBER 217-26-3649	5. SEX 8. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		ятн	e. BIRTHPLACE (State or Foreign Country) Maryland			
TOR	98. FACILITY NAME (# not institution, give Uni) (# MD Hes MI RESIDENCE OF DECEDENT			Balhn	or location of D		9c. COUN	TY OF DEATH			
DIRECTOR	Maryland F	my Marford	10c. CITY,	Abingdo				10d, INSIDE CITY LIMITS? 1 At 2 X NO			
NERAL	100. STREET AND NUMBER 207 Suitland				21009			U.S.A.			
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 Y YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 HO Specif	in, Puarto Rican,		14. RACE — American Indian, Black, White, atc. Specify:			
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	DN st of working		OF BUSINESS/INDU				
COMPL	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	Superv	isor	16. MOTHER'S NA		altimore Maiden Surname)	City			
BE	Harry 19a. INFORMANT'S NAME (Type/Print)	Otto	19b. MAILING A	DDRESS (Street a	Emma	Boute Number Cit	Boy or Fown, State, Zip				
TO B	Florence E. Otto	(wife)			l Place,			21009			
	26a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specily)	moval from State	PLACE AND DATE OF etery, crematory or othe arkwood C	r place)			20c. LOCATION — C Baltimon	re, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		Schin	nd address of fa nunek Fun Lmore, Ma	cuty neral H	omes, Inc				
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SUSIS DUE TO (OR AS A	sch line.		4	h as cerdiec o	r reepiretory erre	et, Approximata Interval Batweer Onset and Deat			
8	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATI	PART II. Other significant condition	\$	ut not resulting in	the underlying	ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 M NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITÄL: 1 ☑ Inpatient 2 ☐ ER/Output		THER:	ACE OF DEATH (Ch						
ВУ РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ			HOW INJURY OCCU	JRED			
ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY	28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLE		SICIAN: To the best of my knowledge.									
TO BE (296. STATUSE AND TITLE OF CERTIFIC	- MD			29c. LICENSE NUI	ABER .	29d. DATE	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON W W. MIDD CES WO L. 31. DATE FILEDI/MORTE, DRV. YOR!)	THE UNIV. 9	F MD L	DSPITAL	22 5 0	SREENE	ST 1	BALTO, MD			
	MAY 1 2 19	93 Julia David	con-Adopte								



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, MI	iddie, Last)		Trene	N. Pay	7105		2. DATE OF	F DEATH DAY		3. TIME OF DEATN
Pavlo.	S.	1 re	ne	- N. Ia	V 103		<-	- 9	YEAR	1014/44
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yr	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
368-20-9311		1 🗆 M 2 🔀 🤄	68	YRS.	WONTHS DAYS	HOURS MIN.	Sept.	28,192	4 Per	nnsylvania
9a. FACILITY NAME (If not institu	ution, give str	eet end number)			9b. CITY, TOWN	OR LOCATION OF DE			c. COUNTY OF	
Good Samaria	tan Ho	ospital			Ва	altimore				
RESIDENCE OF DECE										
	Db. COUNTY			10c. CITY,	TOWN DR LOCA	TION				10d, INSIDE CITY LIMITS?
Maryland	Ва.	ltimore				imore				1 TES 2 NO
104. STREET AND NUMBER					10	. ZIP CODE		10	g. CITIZEN DF	WHAT COUNTRY?
9001 Devia	tion l			1		21236			U.S.	A.
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	T EVER IN U.S	B. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN?	Specify Yes or i	No- 14, RAC	E — American Indian, ck, White, etc.
3 Widowed 4 Divorce		IF YES, GIVE W			1 - YES	2 NO Specify	/:	an, etc./	Spec	c/hv:
	ENT'S EDUC	TION	1							White
(Specify only his	ghest grade c	ompleted)		(Give kind of wo	SUAL OCCUPATE ork done during mo retired.)	DN ist of working	18b. K	IND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12))	College (1-4 or 5+)							
17. FATHER'S NAME (First, Middle	(n. d. not)	11/14		riana	iger (Je				ent Sto	ore
Nicholas		sokos				18. MOTHER'S NAI				
		OKUS		The second		Maris			amatio	1
190. INFORMANT'S NAME (Type) Nicholas M.) (II1-				and Number or Rural F				1006
			_		_	lon Road,	Balt			1236
20a, METHOD OF DISPOSITION 12 Surial 2 Cremation 4 Donation 5 Other (Sp	3 Removedity)	rel from State	cometer Gre	ACE AND DATE OF A COLOR OF A COLO	er place) 10dox Ce	em •	5/12		more, N	own, State Maryland
21. SIGNATURE OF FUNERAL S	ERVICE LICE	NSEE			22. NAME A	nd address of fac	CILITY		<u> </u>	
· Wille						mek rune Belair Ro				21236
23. PART i. Enter the dise	ases, or co	empilcations that	caused the	e daath. Do no						Approximata
shock, or hear iMMEDIATE CAUSE (Final	t failure. L	ist only ona cau	se Dn each	iina.	1					interval Between Onset and Daath
disease or condition		Como	1.10	- 1	1 .7	- E.	1	0		2 (-
resulting in death)	a .	DUE TO	OR AS A CO	NSEQUENCE OF	eav!	100	nevi			socy.
		Pana	OF	in long	. and	Card	20m	1-0-	11	
Sequentially list conditions if any, leading to immediate		DUE TO	OR AS A CO	NSEQUENCE DF)	Cono			المراحم	one	
cause. Enter UNDERLYING		ch	mort	tone	an/		V			1
CAUSE (Disease or injury that initiated events	1	OUE TO	DR AS A CO	NSEDUENCE OF)						
resulting in death) LAST	d				U					
DATE II ON THE III										
PART II. Other significant	conditiona			ot resulting in	the underlyin	g cause given in	Part i. 2	In. WAS AN AUT		WERE AUTOPSY FINDINGS
Mikes	Tale	o Brea	II_	CH			_ 1	☐ YES 2 🛣		COMPLETION DF CAUSE OF GEATH?
									`	1 TES 2 AO
25. WAS CASE REFERRED TO M EXAMINER?					26. Pt	ACE OF DEATN (Che	ck only one)			
1 Tes 2 No		HOSPITAL:	ER/Outpatie	nt 3 DOA	OTHER:	e 5 🗆 Residence	6 Other /	Specify)		
27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIME	OF 28c. INJ	URY AT		HBE NOW INJU	RY OCCUREO	
Notural 5 Pen	nding estigation	(Month, De	ry, redf)	INJU		YES 2 ND				
2 Sulaida	rid not be	28e. PLACE DI	INJURY -	At home, ferm, str	eet, factory, offic		26f. LOCATI	ON (Street and I	Number or Rural	Route Number,
	armined	building	TC: (Specify)				City or	Town, State)	Theres	
290. CERTIFIER 1 SERTIFY	ING PHYSIC	AN: To the heat of	my knowie d	4						
						end place, end due leath occured at the				e) end manner ee stated.
2 MEDICAL EXAMINER: Dn the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)										
TO NAME AND ADDRESS OF SE	24	mx	el_			020	396		5/9	153
30. NAME AND ADORESS OF PE	M -	Lahu	E DF DEATH	(ITEM 27) (Type, F	of R	1.10. Y	24.5	R	1/ 12	2 21225
31. DATE FILEO (Month, Day, Year	r) .	32. REGISTRAI	R'S SIGNATUI	RE PE	- / /	over 1.	الم لا م	1 M	V1> /08	21257
MAY 1	2 199	38 ful	a David	a of an						ĺ
	101	7 7 7		THE VEIN A CONTRACT						

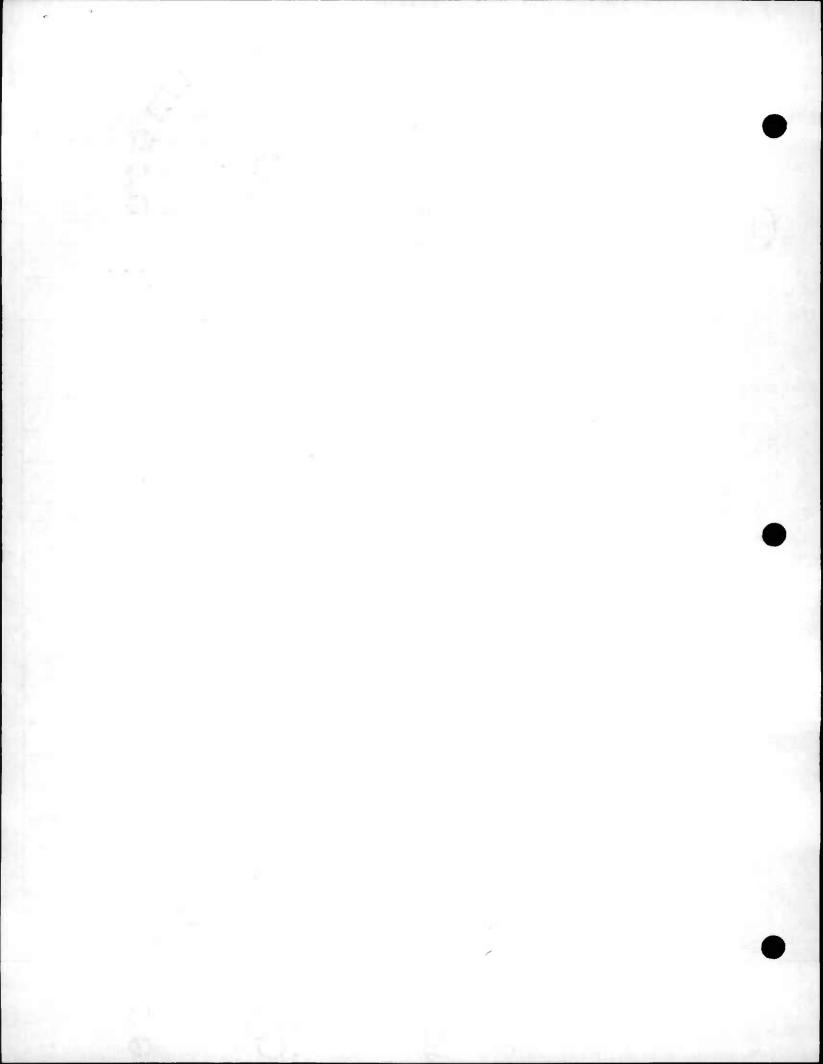
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

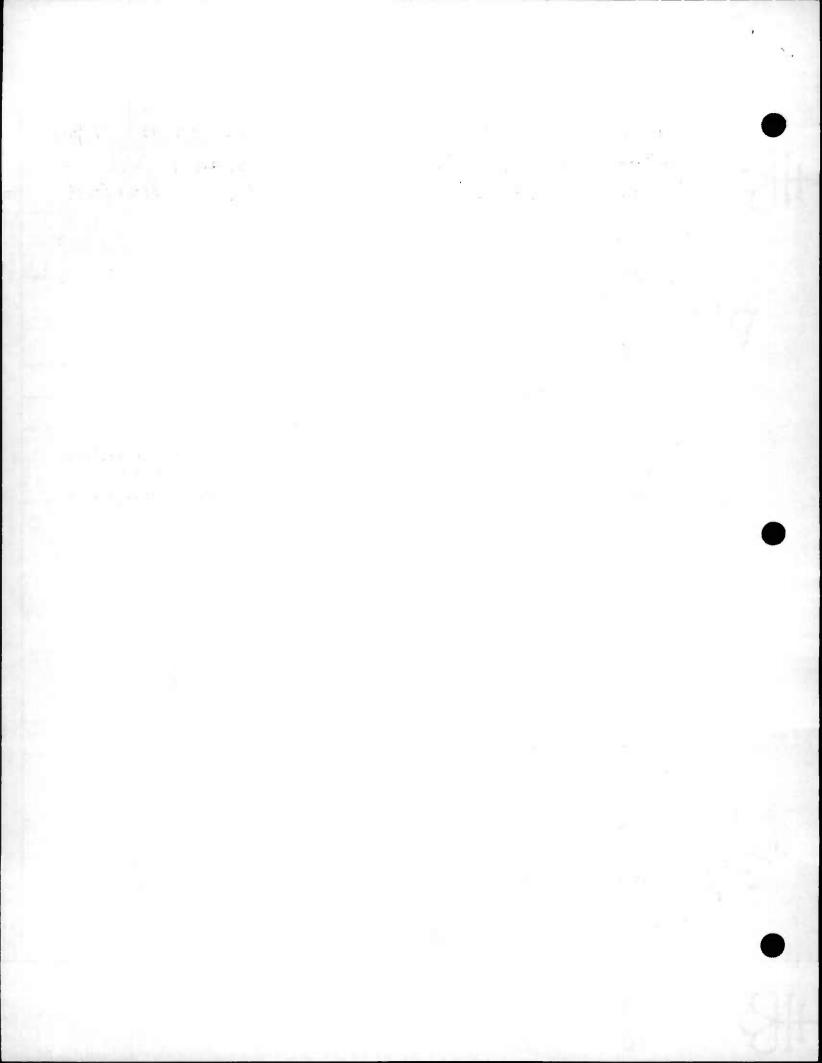
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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BALTIMORE, MARYLAND 21215	
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	It affections: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 17 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the development of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	It affection: After this certificate has been signed by the attending physician and completely filled in by the fighous after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once

1	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMEN CERTIFICAT	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
į.	1. DECEDENT'S NAME (First, Middle, Last) Fannie	lee Phip	PS		2. DATE OF DEATH MONTH	DAY 93 YEA	3. TIME OF DEATH
Ī	4. SOCIAL SECURITY NUMBER 2.18.28.7631		s. lest birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign buntry)
	FallSton Ge	n Hospita	e F	TY, TOWN OR LOCATION OF E		9c. COUNTY O	
0 1	PESIDENCE OF DECEDENT 100. STATE 100. COUNTY PARYLAGO HAR	5.00	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	· O · ·	I DF	101. ZIP CODE			1 TYES 2 NO
7 N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED 1:	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	INIC ORIGIN? (Specify	Yes or No- 14, R	S.A. IACE — American Indian, Ilack, White, etc.
À S	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Speci		6.3	pocity: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a completed) College (1-4 or 5+)	Iffe. Do NOT use retired	e during most of working	16b. KIND OF I	BUSINESS/INDUSTR	Y
N I	17. FATHER'S NAME (First, Middle, Last)		RORSIS	HO.			
E C	James B	G11		18. MOTHER'S N	AME (First, Middle, Meid	en Sumame)	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or 1	own, State, Zip Code,)
6	FAMILY REC	oras	SAG	V AS ABO			
1 1	20a, METHOD OF DISPOSITION Science Disposition Ramo Donation S Other (Specify)		CEAND DATE OF DISPO		DATE 20c.	LOCATION - City o	Town, State
2	21. BIGHATURE OF FUNERAL SERVICE LICE	INSEE		2. NAME AND ADDRESS OF F	<u> </u>	- BEL A.	A
	1 100g 45 NO		3	newport D	RIVE , FOR	W'H TOE	L.MO. 21050
	23. PART i. Enter the diseases, or co shock, or heart failure. L	ist only one ceuse on each	iina.			piratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Intra Ceru	leval H	Lewerhag	u	- Y	Goldeys
- 11		DUE TO (OR AS A COR	NSEQUENCE OF):	()			
_				•			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COR	NSEQUENCE OF):				
RTIFICATION				· · · · · · · · · · · · · · · · · · ·			
CERTIFICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):				
' AL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A COM	NSEQUENCE OF):	underlying cause given in	PERF	ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE
' AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):	underlying cause given in	Part I. 24a. WAS. PERF 1 YES	ORMED?	AVAILABLE PRIOR TO
' AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A COM	NSEQUENCE OF):	underlying cause given in	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
' AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A COM	oot resulting in the	28. PLACE OF DEATH (C	PERF 1 YES	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A COM	oot resulting in the	26. PLACE OF DEATH (C)	PERF 1 YES	ORMED? 2 KNO	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
' AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A COM- DUE TO (OR AS A COM- Contributing to death but in HOSPITAL: Minimum 1	nsequence of): not resulting in the second of the second	26. PLACE OF DEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERF 1 YES heck only one) 8 Other (Specify)	ORMED? 2 KNO	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A COM- DUE TO (OR AS A COM- contributing to death but in HOSPITAL: 1 Inputent 2 ERVOutpatien 28e. DATE OF INJURY	nsequence of): not resulting in the second of the second	26. PLACE OF DEATH (C ER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERF 1 YES heck only one) 8 Other (Specify)	ORMED? 2 NO V INJURY OCCURED	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CONDUCTO (OR A	ot resulting in the or other and a popular a	26. PLACE OF DEATH (C) ER: uraing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO lectory, office	PERF 1 VES 8 Other (Specify) 28d. DESCRIBE HOV City or Town, Ste	ORMED? 2 NO V INJURY OCCURED at and Number or Rule hanner as stated.	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
SE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident 8 Could not be determined 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINER 1 MEDICAL EXAMINER	DUE TO (OR AS A COM- DUE TO (OR AS A COM- DUE TO (OR AS A COM- CONTributing to death but in HOSPITAL: 1 Standard Company (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — A building, etc. (Specify)	nsequence of: not resulting in the state of	26. PLACE OF DEATH (C) ER: uraling Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO lictory, office o time, dete end place, end du opinion, death occured at the	PERF 1 YES 1 YES 8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Streen City or Yown, State to the cause(e) end in a time, date and place, MBER	V INJURY OCCURED st end Number or Rui hanner as stated. end due to the ceut	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(e) end manner ee stated, NED (Month, Day, Year)
SE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Sucided Could not be determined 1 CERTIFIER (Check only one) 1 MEDICAL EXAMINER 1 MEDICAL EXAMINER	DUE TO (OR AS A COM- DUE TO (OR AS A COM- DUE TO (OR AS A COM- CONTributing to death but in HOSPITAL: 1 Standard Company (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — A building, etc. (Specify)	nsequence of: not resulting in the state of	26. PLACE OF DEATH (C) ER: uraling Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO lictory, office o time, dete end place, end du opinion, death occured at the	PERF 1 YES 1 YES 8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Streen City or Yown, State to the cause(e) end in a time, date and place, MBER	V INJURY OCCURED st end Number or Rui hanner as stated. end due to the ceut	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO ral Route Number, se(e) end manner ee stated, NED (Month, Day, Year)



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BE COMPLETED BY FUNERAL DIRECTOR

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 - STATE REGISTRAR		STATE OF I	MARYL			TMENT				MENTAI	HYGIEN		33	13001
1. DECEDENT'S NAME (First,	0	ichta	EL C	С. Р	LIC	НТА				2. DATE	OF DEATH	AY	93	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE	In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.		OF BIRTH		6. BIRT	NPLACE (State or Foreign
218-05-501		1 X M 2 - F		72	YRS.	MONTHS	DAYS	HOURS	MIN.	2-1	0 - 21		MA	RYLAND
Se. FACILITY NAME (If not ins	titution, give st	reet and number)				9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COL	JNTY OF	DEATH
ICIS SCOTT		MED. CE	Ν				BAL	TIM	ORE					
10a. STATE	10b. COUNTY	,	_		100 CIT	Y. TOWN C	0010047	1011						
MARYLAND						LTIN								10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER							101	ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
530 S. POT	OMAC	STREET						21	224				USA	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	XXXYES MAR OR DA	2 N	MED O	100	f yes, spe	ENDENT Colors	n, Mexica	n, Puerto F	? (Specify Yer Ican, etc.)	or No—	Spec	E — American Indian, k, White, atc. ity: I T E
15. DECE (Specify only	DENT'S EDUC highest grade	CATION completed)	T	(Gh	ve kind of v	USUAL O			107	16b,	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0- 12 YEARS	12)	College (1-4 or 5	•)		ERV	is retired.) ISOF	2			В	ЕТН.	STE	EL	
17. FATHER'S NAME (First, Mic	ddle, Lest)							18. MOTI	NER'S NA	ME (First, A	iddle, Maiden	Sumame)		
			PLI	CHT	Α	_								
19a. INFORMANT'S NAME (Ty											er, City or Tow			
MRS. FRANC	ES PL	ICHTA		5	30	S, F	OTO	MAC	ST	. BA	LTO.	MD.	21:	224
20a METHOD OF DISPOSITION 1 Devial 2 Cremetion 4 Donation 5 Other (3 🗆 Remo	ovel from State	20b.	PLACE A etecy, cren	ND DATE	of dispos	AUS	me of CE	М.	5 - 1		CATION -		own, State 21224

IMMEDIATE CAUSE (Final Onset and Death disesse Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) an Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, about, or heart failure. List only one cause on each line.

22. NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME

2525 FLEET ST. BALTO. MD. 21224

1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF DEA	ATH (Chec	ik only one)	
1 TES 2 NO		PITAL: npatient 2 ER/Outpatient 3	□ DOA	OTHE	R: rsing Home 5 - Resk	idence 6	☐ Other (Specify)	
27. MANNER OF DEATH	2	(Month, Day, Year)	28b. TIA	IE OF	28c. INJURY AT WORK?	7	26d. DESCRIBE HOW INJURY OCCURED	

1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner ee stated

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,

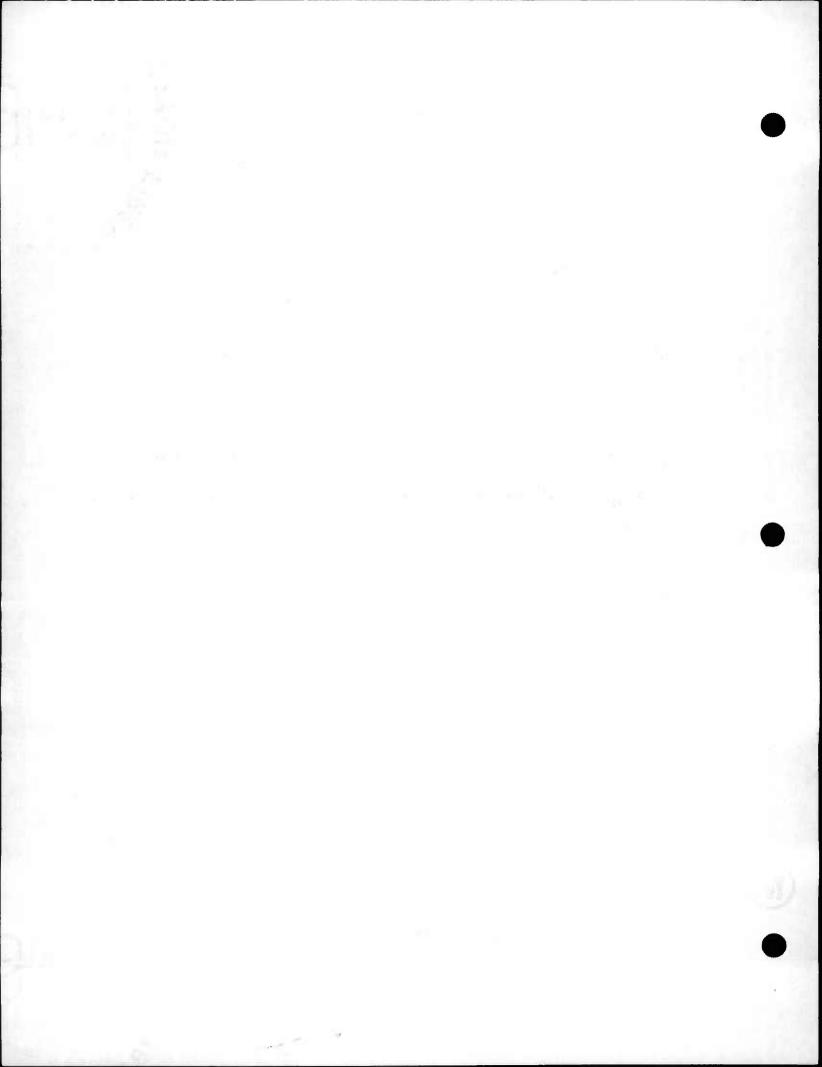
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE PILED (Mon 1993 MAY

OF FUNERAL SERVICE LICENSE

Approximata interval Batwe

1 YES 2 NO



		1 - STATE REGISTRAR	SIAIE UF M.			ICATE					GIENE G. NO.	<i>y</i> 0	
		1. DECEDENT'S NAME (First, Middle, Last)	Rich	non	& I	OORA	RIC	HMONE		2. DATE OF DEA	DAY 93	YEAR	3. TIME OF DEATH
- 12		4. SOCIAL SECURITY NUMBER 2/8-0/-4507	5. SEX 1 M 2 F	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRT (Month, Day, Y FEB. 2		Country	PLACE (State or Foreign GINIA
2. 3 should	OR	96. FACILITY NAME (It not institution, give st MERIDIAN NURSING						LSTOW			9c. COU	NTY OF DE	ATH
(پا	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND			10c. CIT	y, town o BAL	R LOCAT						10d. INSIDE CITY LIMITS? 1 XES 2 NO
nist perm	FUNERAL	10e. STREET AND NUMBER 3601 FORDS LANE			1		100	. ZIP CODI	E				HAT COUNTRY?
ig physician ne burial-transe	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Merried 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 T	MED MED	- 11	MAS DEC	ENDENT O	n, Mexicer	IC ORIGIN? (Spec n, Puerto Ricen, at	Ify Yee or No-	14. RACE	American Indian, White, etc.
al or attending for use as the		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(G/	ive kind of	USUAL OC work done d se retired.)	CUPATIO	ON st of working	ng	16b. KIND (OF BUSINESS/INC	DUSTRY	WHITE
by the hospital or be detached for u at once.	COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	Conege (1-4 or 5+)	I	HOUSI	EWIFE		18. MOTH	HER'S NAM	AE (First, Middle, N	AT HO	ME	
3 A A	H	ABRAHAM BLOCK 190. INFORMANT'S NAME (Type/Print)		140		4000000	10	S	SARAH	ABRAN	1S		
y be retained sage 5 should be notified	5	MR STANLEY RICH	MOND	196						SALTIMOR			
e 6 may ector, par must b		20e.METHOD OF DISPOSITION 1	oval from State	20b. PLACE	matory or o	ther nignal			_+1_ =	DATE 2	0c. LOCATION —		
death. Pag funeral dir examiner		21. SIGNATURE OF FUNERAL REPVICE LIC	EMSEE	MIK	4 42	22.1	SOL	LEVI	SS OF FAC	I & BROS	.,INC.		
the death certificate be executed within 24 hours after the attending physician and completely filled in by the 1 Mental Hygiene prior to burial, cremation, or removal injury, or other traumatic event, the medical	CERTIFICATION	23. PARTI. Enter the diseases, or casheck, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	e on each line	DUENCE O	rel FI:				met	4		Approximate interval Between Onset and Death
v requires that the obeen signed by the t. of Health and Me shows any injur	: MEDICAL	PART II. Other significant conditions	contributing to d	leath but not re	esuiting	in the und	derlying	g cause g	jiven in f	PE	AS AN AUTOPSY ERFORMED? 'ES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IN: The law ficate has be State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WAO	HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER	:			ck only one)			
DR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate hours after death with the State tem 28 is marked, or item	ВУ РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF III (Month, Day,	NJURY	28b. TIM		28c. INJI WO			3 Other (Specification of the Company of the Compan		CURED	
DR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED E	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — At hor ic. (Specify)	me, ferm,	ntreet, facto	ory, office			261. LOCATION (S City or Town,	Street and Number State)	or Rurel Ro	ute Number,
7 72 -	COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF DESCRIPTION O	CIAN: To the best of m	ny knowledge, dea mination end/or is	nth occurr	ed at the tir	me, date olnion, de	and place,	end due t	to the cause(e) en	ed manner ae stat	ed, e ceuse(s)	end menner ee stated.
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 fest	·/-	N	20		29c, LICE	NSE NUM	PER 72	29d. DAT	S SIGNED	Month, Day, Year)
		30. HAND AND ADDRESS OF PERSON WHO COLD BY	BUB 1	107	27) (Type,	Print)	RA	all	- Ne	The	2 A	5 9	5208
5		31. DATE FILEMAY 192 199	32. REGISTRAN	Saydson-	fandel	٤							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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retained by the hospital or attending physician. 5 should be detached for use as the burlal-tran **BALTIMORE, MARYLAND 21215-0020** th. Page 6 may be

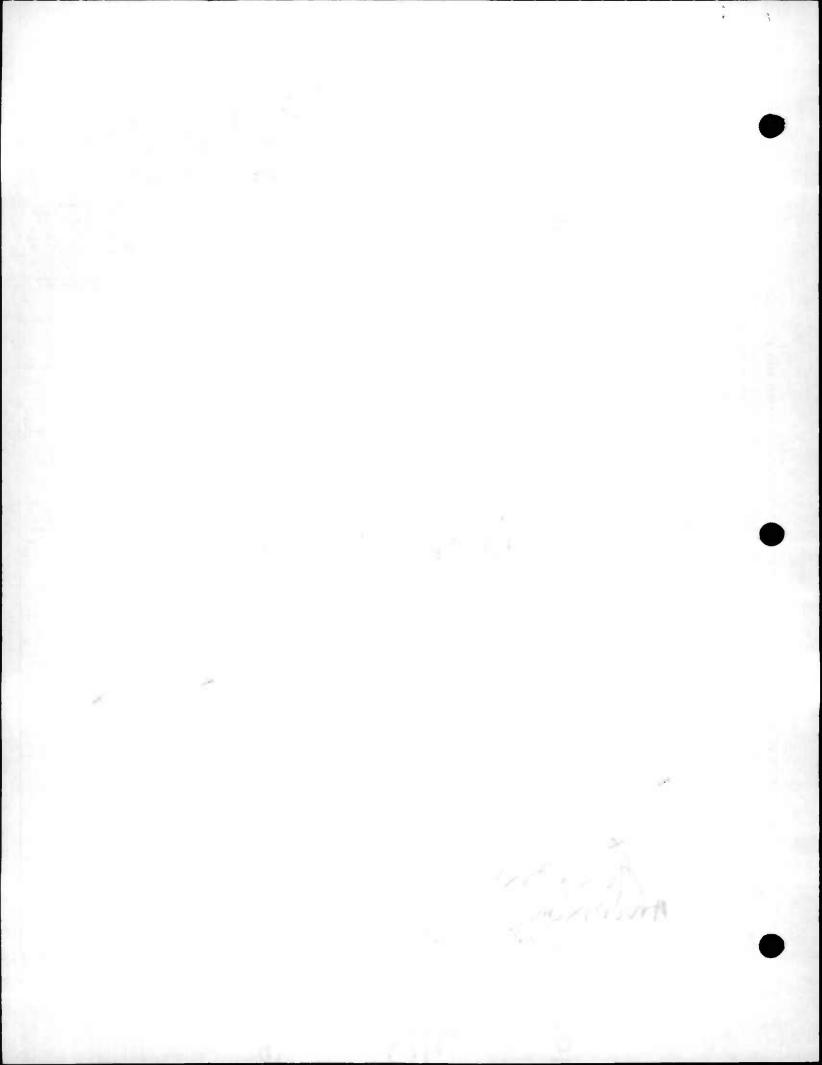
O BOX 68760 DIVISION OF VITAL RECORDS P

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50.00 301 50.0001	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 0. SCOTT (Mable) MAREI. :56 P M 05 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 12-28-38 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS 1 ☐ M 2)() F 213-36-6906 YES 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY MEDICAL CT. BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY IDE. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD **Baltimore** 1 YES 2 ND FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? 4790 Chatford Ave. 21206 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Self-Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Junius Holcomb Mable Campbell BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ernestine Scovens 4790 Chatford Ave/Baltimore, MD 21206 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Bartiffore Cemetery Baltimore, MD 4 Donation 5 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only of interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) traumatic event, CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE DF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 XES 2 ND YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: XX YES 2 - NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation PASSENGER IN AUTO 12:01 P 1 YES 2 NO BY 05/07/93 281. LOCATION (Street and Number or Rural Route Number, 28s. PLACE OF (NJURY — At home, term, street, factory, offica building, atc. (Specify) 3 Suicide be filed within 72 hours after de IMPORTANT: If Item 28 Is COMPLETED 6 Could not be 4 Homicide 4600 SINCLAIR LANE LOCAL STREET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. ▶ 05/08/93 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 MAY 12



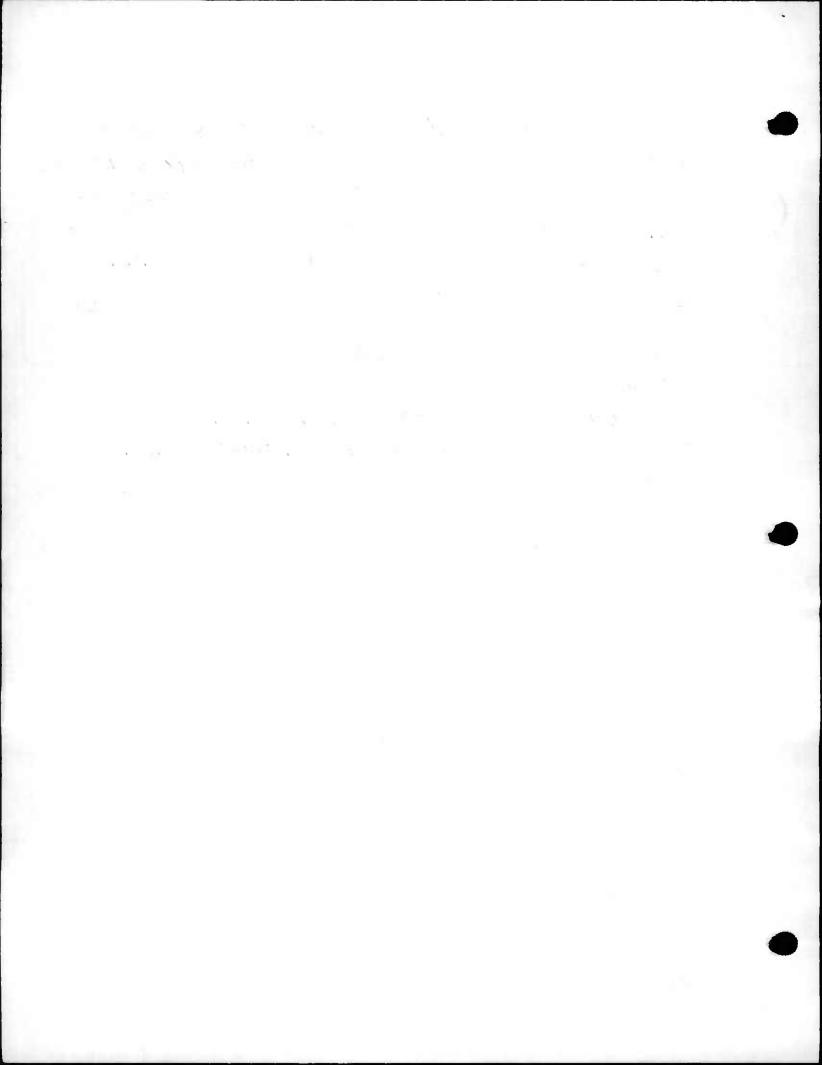


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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		TAL HYGIENE	13 13690
			Selig L			9 3	ATE OF BIRTH	3. TIME OF DEATH 3. TIME OF DEATH 8. BIRTHPLACE (State or Foreign
P.		220-18-2983	1 DM 2 XF 9.	3 YRS. MON	THE DAYS HOURS	MIN. (A	6-26-99	BAHIMORE
	OR	9a. FACILITY NAME (If not institution, give stre Stella M	et and number)	96.	TOWSO		B/	LTIMORE
	DIRECTOR	100. STATE 10b. COUNTY Md. Bal:	timore		wn on Location ukville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permi	ERAL	8323 Edgedale Roc	ad		10f. ZIP CO.	^{DE} 234	10g. CITI	ZEN OF WHAT COUNTRY?
attending physician se as the bottering	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT If yes, specify Cut 1 YES 2 NO	ben, Mexican, Pue	IIGIN? (Specify Yea or No— into Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: White
	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S USU. (Give kind of work life. Do NOT use re	done during most of worl	ldng	16b. KIND OF BUSINESS/IND	USTRY
spital of		Elementary/Secondary (0-12)	College (1-4 or 5+)	House			At Home	
# B 전 L	E COMPL	17. FATHER'S NAME (First, Middle, Last) John Fuka			16. MO	THER'S NAME (F.	rst, Middle, Maiden Surname) NOJER	
be retained ge 5 should re notified	TO B	19a. INFORMANT'S NAME (Type/Print) Dolores Viewig					Number, City or Town, State, Zip , Md. 21234	Code)
e 6 may rector, pa		20s, METHOD OF DISPOSITION 1/2 Burlel 2 Cremation 3 Remot 4 Donation 5 Other (Specify)	val from State	other place)	Redeemer (em. 5-1	1-93 Balto.	4 4
after death. Pag y the funeral di moval.		21. SIGNATURBLOF FUNERAL SERVICE LICE	Posed		22. NAME AND ADDR	S 7 E		H. 6224 EASTERN
filled in little, or rethermed		23. PART i. Enter the diseases, or co- ahock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that cause on earliest only one cause on earliest only one cause on earliest only one cause on earliest only one cause on earliest one cause on	nch line.			cardlec or respiretory arr	
th certificate be execute ending physician and co I Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
equires that en signed by of Health an	MEDICAL C	PART II. Other significant conditions	contributing to death b	ut not resulting in t	he underlying cause	e given in Part	24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Pe le la Pe	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DEATH (Check or	ily one)	
SICIAN: The certificate I the State I, or item	IYSI		1 Inpetient 2 ENVOy	and a □ cook S	HER: Huming Home 5 -		Other (Specify) DESCRIBE HOW INJURY OC	CUREN
NG PHYSI fer this c sath with marked.	ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUIN	WORK?		DESCRIBE HOW INJUNY OCA	JUNED
TEND! TOR: A after da after da 18	Œ	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- Alf foome, term, street	d, factory, office	281.	LOCATION (Street and Number City or Town, State)	or Rural Route Number,
	PLE	eeel erry					e cause(a) and manner as sta	
	COMPL		On the basis of examination	and/or investigation; s		4		e cause(s) end manner as stated,
본 본 을 중	BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LJ	CENSE NUMBER	-04 29d. DAT	E SIGNED (Mooth, Day, Year)
E 6 9 8	유	30. NAME AND ADDRESS OF RESISTEN WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	n) Ilalia	Va	Iks Rd	PERSON 2120

31. DATE FILED (Month, Day, Year)

MAY 12 1993



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est)			
	PORFDT	TERMON	Chinn

2. DATE OF DEATH MONTH DAY

3. TIME OF DEATH YEAR 8:15 AM

SWARTZ 05 - 09-VERNON4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS 1 🔲 M 2 🗌 F 233-03-1015 VRS

7. DATE OF BIRTH (Month, Day, Year) 04-27-1913

93 8. BIRTHPLACE (State or Foreign OHIO

9a. FACILITY NAME (If not institution, give street and number)

GBMC 6701 N. CHARLES STREET

9b. CITY, TOWN OR LOCATION OF DEATH TOWSON

1 YES 2 NO

BALTIMORE

10g, CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

RESIDENCE OF DECEDENT 10a. STATE 16b. COUNTY MD.

1. DECEDENT'S NAME (First Middle 1)

BALTIMORE

MILLERS

10c. CITY, TOWN OR LOCATION

10d. INSIDE CITY 1 YES 27 NO

10e. STREET AND NUMBER

5145 HOFFMANVILLE RD.

21107 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) Specify

14. RACE — American Indian, Black, White, etc.

11. MARITAL STATUS

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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1 Never Married 2 Marrie 3 🕅 Widowed 4 🗌 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES WW II 15. DECEDENT'S EDUCATION

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY

Specify: White

(Specify only highe College (1-4 or 5+)

ndary (0-12) 12

Quality Control Supervisor

Can Manufacturing

USA

17. FATHER'S NAME (First, Middle, Last)

Ross Swartz

Harriette Ellen Irvin

18. MOTHER'S NAME (First, Middle, Malden Surname)

19a. INFORMANT'S NAME (Type/Print)

SIGNATURE OF FAMERAL S

Robert Courtney Swartz

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

20b. PLACE AND DATE OF DISPOSITION (Name of

5145 Hoffmanville Road, Millers, Maryland 21107 20c. LOCATION -- City or Town, Stata DATE

Donation 5 - Other (Specify)

Greenwood Cemetery

5/13/93 Wheeling, West Virginia 22. NAME AND ADDRESS OF FACILITY

Lemmon-Mitchell-Wiedefeld, Inc.

Lowell TORUM 23. PART 1. Enter the diseases, or complications that caused the desth. Do not anter the mode of dying, such as cerdiec or respiratory strest, shock, or heart fallure. Liet only one cause on each line

10 W. Padonia Rd., Timonium, MD 21093 **Approximate**

IMMEDIATE CAUSE (Final disesse or condition resulting in death)

CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):

COLON CANCER DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or injury that initiated events resulting in deeth) LAST

> 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2N NO

24b. WERE AUTOPSY FINDINGS AMAIL ARL E PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

Interval Batween

Onset and Death

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA

26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Rasidence 6 Other (Specify)

27. MANNER OF DEATH 1 Natural

2 Accident

3 Sulcide

29a. CERTIFIER

4 🗌 Homicide

5 Pending Investigation

6 Could not be detarmined

28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29c. LICENSE NUMBER

1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

ST.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GARY

9 5 93

29d. DATE SIGNED (Month, Day, Year)

31. DATE FILED

COHEN

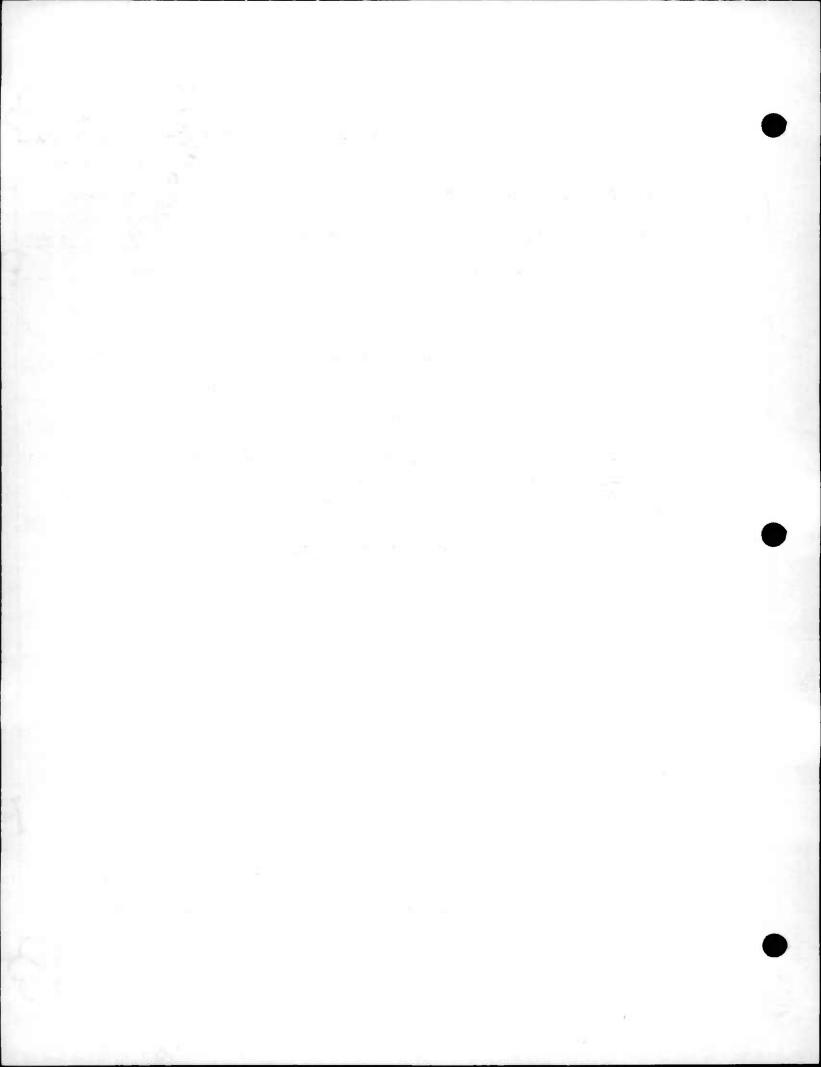
296. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE na Davidson

701 N. CUALUS

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DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED I	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
)	examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the burn-transit semit. Pages 1, 2, 3 should	e funeral director, page 5 should be detached for use as 11.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal trained. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - STATE REGISTRAR		MARYLAND /	DEPART ERTIFI	TMENT OF	F HEAL	LTH AND I	MENTA	AL HYGIEN REG. NO.			
DECEDENT'S NAME (First, Middle, Last)	1 10 - 22 0	НУ	MEN SA	AYE			MONT	TE OF DEATH	993	YEAR	3. TIME OF DEATH 11:20 AM M
4. SOCIAL SECURITY NUMBER 212-32-4630	5. SEX 1 4M 2 - F	6. AGE (In yrs. las 85		IF UNDER 1 YEA		UNDER 24 HRS.	7. DATE	E OF BIRTH		Countr	HPLACE (State or Foreign
90. FACILITY NAME (If not institution, give st		OTER			WN OR LOC	OCATION OF DE	EATH			UNTY OF D	
10a. STATE 10b. COUNTY MARYLAND			10c. CITY,	r, TOWN OR LO						SHULL	10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
725 MT WILSON LA	ANE, APT.	628			101. ZIP 0					TIZEN OF V	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES X	NO	If yes,	s, specify C	ENT OF HISPANI Cuban, Mexican NO Specify:	n, Puerto	1? (Specify Yee Rican, etc.)	or No—	Black	EE — American Indian, ck, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	Give kind of wo fe. Do NOT use	USUAL OCCUPY york done during e retired.)	g most of w	working	166	HEBF		SCHOO	OL.		
17. COUIS MAME (Fire Middle, Lest)					16. 8	MOTIBA NAS	SIPC:	Malden :	Sumeme)		
199. INFORMANTS NAME REPOSCHI	IMMEL	198	b. M400(PODPLESS (SE	HARL	TES" ST	APT	ber, Phys Text	BAL	I'IMOF	RE, MD 21218
20a. METHOD OF DISPOSITION 1. Durial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)				NO ARL			5-11	TE 200. LOC 1-93 BA		– City of To MORE ,	
21. SIGNATURE OF FUNERAL SERVICE LIC	u Lu	v-		SOL 6010	LEV REI	DORESS OF FAC VINSON ISTERST	& BE	RD. BA	ALTIM	MORE	, MD 21215
23. PART V. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARO	DIAC /	a. Arry	LYTHA	moda of	f dying, auch	1 aa care	diac or reaple	retory arr	теаt,	Approximate interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. COKO	OR AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A C	EOUENCE OF):	TERY):		Disc	EAS	E			5ys.
that initiated events resulting in death) LAST	d	OR AS A CONSEC			lving cas	ree givan in	Dart I	24s. WAS AN /	ALTTORSY	. 241	D. WERE AUTOPSY FINDINGS
				tria arrani,	/iling out	136 givan ii	Aut to A	DEDEOF	AUTOPOT	240.	. WERE AUTOPSY FINDINGS

PART II HYPERTENSION

1 | YES 2 | NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

COMPLETION OF CAUSE OF DEATH?

1 YES 2 70

EXAMINER?				28 PLACE OF DEATH (C	heck only one)
	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA	OTHE	R: Irsing Home 5- Residence	6 Other (Specify)
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIN		28c. INJURY AT	28d. DESCRIBE HOW I

1 Natura 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide a Could not be determined 4 Homicide

NJURY OCCURED 1 YES 2 NO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the

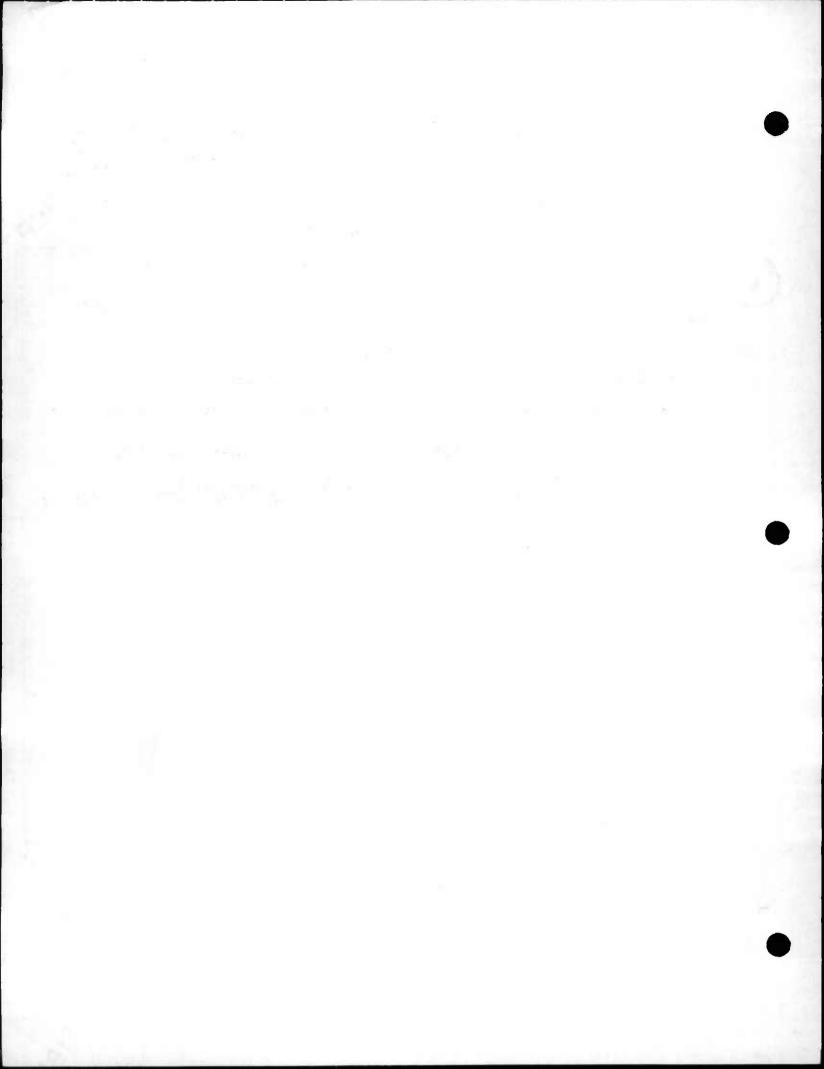
investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

022342

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MICHAEL RUBINSTEIN, 3900 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE MAY 2 199



1	-	STATE REGISTRAR
_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

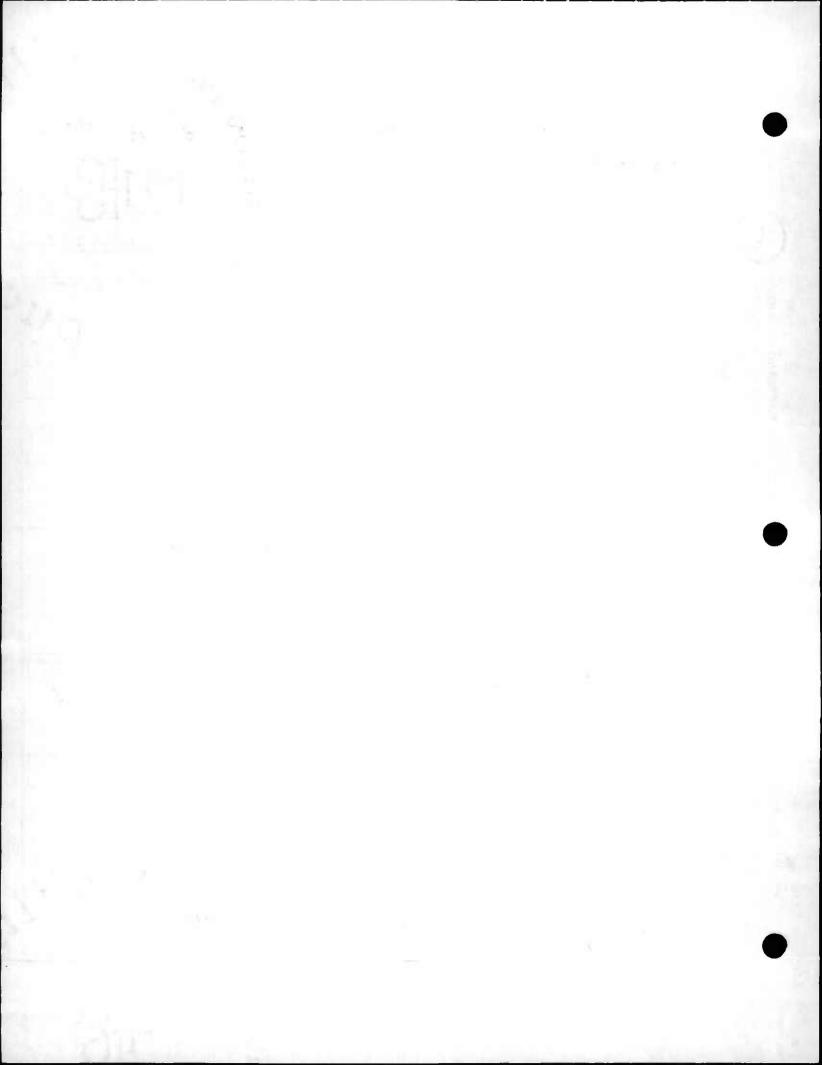
	REGISTRAR				F DEATH	REG. NO.					
		UGENE HAROLD	SHV	ERMAN		2. DATE OF DEATH DO	· 9	3.	TIME OF DEATH	PM	
	10 10 1001	M 2 □ F 68	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) DEC. 12,	1924	Country	ACE (State or Foreign	n	
TOR	9a. FACILITY NAME (If not institution, give street and GOOD SAMARITAN HOSPI' RESIDENCE OF DECEDENT				TIMORE	ATH	9c. COUNT	Y OF DEAT	гн		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		BAL	Y, TOWN OR LOC TIMORE	CATION			1	d. INSIDE CITY LIMITS? XYES 2 NO		
ERAL	4702 SIPPLE AVE.				101. ZIP CODE 212	06	10g. CITIZEN OF WHAT COUNTRY? USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married IF 3 Widowed 4 Divorced	AS DECEDENT EVER IN U.S. AR DRCES? 15 YES 2 UP YES, GIVE WAR OR DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 No Specify:						14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the control of	(G	live kind of v Do NOT us	USUAL OCCUPA work done during to retired.)		BALTIMO			PER		
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
BE	JOSEPH SILVERMAN					E GOLDSTEI					
2	19a. INFORMANT'S NAME (Type/Print)					Toute Number, City or Town		ode)			
	MRS NICOLINA SILVER					IMORE, MD					
	20s. METHOD OF DISPOSITION 1 Grantion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) ANSHE EMUNAH (AITZ CHAIM) 5-11-93 BALTIMOR										
	ANSHE EMUNAH (AITZ CHAIM) 5-11-93 BALTIMORE 21. BIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD.										
	23. PARE I. Enter the diseases, or compile	cations that caused the da	ath. Do n						Approximate		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, six, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC PROSTRATIC CARCINOTA DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): c. Due to (or as a consequence of): d										
MEDICAL	PART II. Other eignificant conditions cont Metastatric Ca COPD	ributing to death but not r	resulting i	n tha underly	ing cause given in	Part I. 24s. WAS AN PERFOR 1 TYES 2	MED?	CO OF	PRE AUTOPSY FINDIN AILABLE PRIOR TO MIPLETION OF CAUS DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Chi	ick only one)		Ц_			
Sic		PITAL: npatient 2 - ER/Outpatient 3	□ DOA	OTHER:	ome 5 - Residence						
并	27. MANNER OF DEATH 2	86a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c, I	NJURY AT VORK?	28d. DESCRIBE HOW II	NURY OCCUI	RED			
BY	Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	8a. PLACE OF INJURY — At he building, atc. (Specify)	me, farm, s	street, factory, of	lice	261. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	e Number,		
COMPLETED		o the best of my knowledge, de							nd manner es steled	4	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
٩	30. NAME AND ADDRESS OF PERSON WHO COMP	PLETED CAUSE OF DEATH (ITEE	М 27) (Туре,	Print)	Je none L	an hopp.		10/7	/3		
		2. REGISTRAPS SIGNATURE	and M		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an iletto.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpecial within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

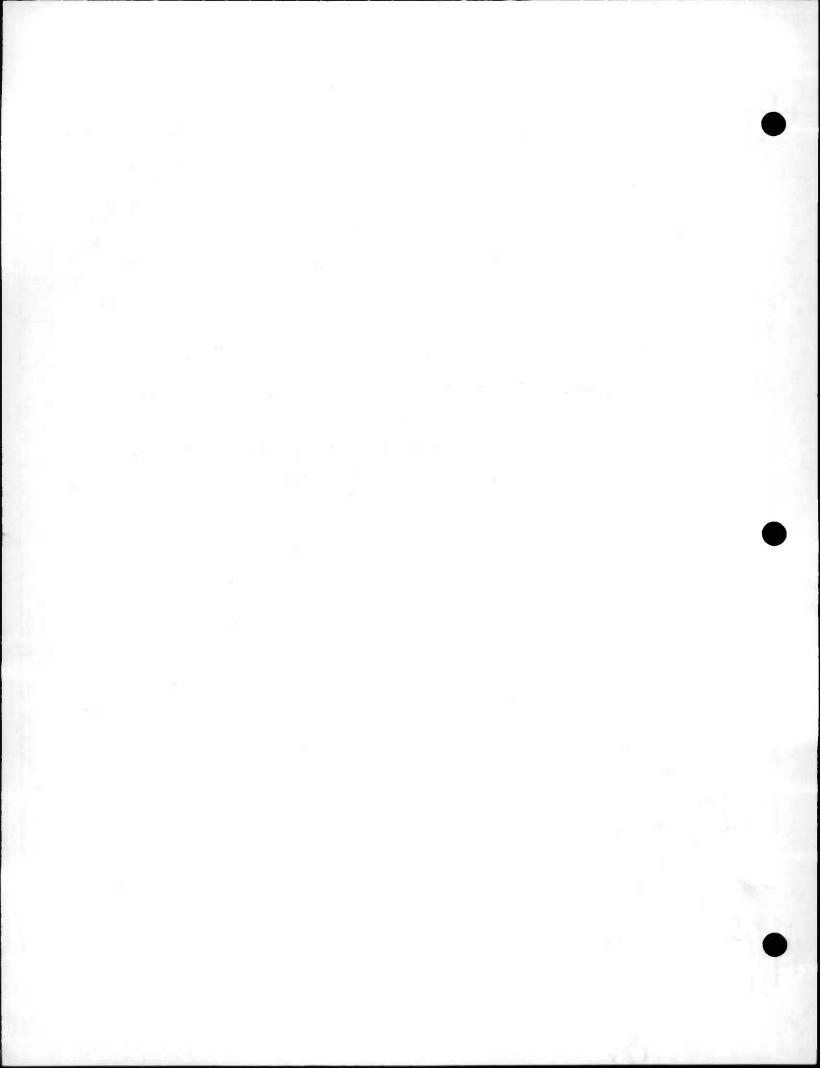
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH		CE	HILL	CATE	OF DEA	IH	REG. NO.			
	1. OECEDENT'S NAME (First, Middle MAX	SIGER						2. DATE OF DEATH MONTH MAY 9, 19	J3 YE	3. TIME OF OEATH 3:30 P	
	4. SOCIAL SECURITY NUMBER / 218-32-0386	5. SEX 1 1 M 2 F	8. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YE MONTHS DA			7. DATE OF BIRTH (Month, Day, Year) 3/15/1903	8.5	MRTHPLACE (State or Foreign Country)	
TOR	99. FACILITY NAME (If not institution LEVINDALE				96. CITY, TOU BALT	VN OR LOCAT	ION OF DEAT		9c. COUNTY	OF OEATH	
5	RESIDENCE OF DECEDE	OUNTY									
L DIRECTOR	MARYLAND 100. STREET AND NUMBER	CONTY		BAL	HIMORI					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2713 JEREN					2120			Ü	ZEN OF WHAT COUNTRY? USA	
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XN	MED O	If yes	OECENDENT (specify Cubi YES 2 \ NO	in, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 12	S EDUCATION t grade completed) College (1-4 or 5 +) (Gi	DEOENT'S we kind of we Do NOT us CER	USUAL OCCUP rork done during retired.)	ATION most of worki	INESS/INDUST	ESS/INDUSTRY			
ō	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BEC	ABRAHA					C	HAYA	(UNF	(NOWN)		
2	MRS. LOIS FALCE			3021	GRAND	TETON		POTOMAC,) 854	
	20s. METHOD OF DISPOSITION X Burlel 2 Commettee 3 C 4 Donation 5 Other (Specific	20b. PLACE A	NRAº A	HAVAS	or Town, State STOWN, MD						
	22. NAME AND ADDRESS OF FACILITY OF BROS., INC. SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 22. PART L Enter the diseases/or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate										
	23. DART I. Enter the disease shock, or heart to immediate CAUSE (Finer disease or condition resulting in death)	nure. Liat only one cau	se on aach lina.						ratory arreat,	Approximata intervel Between Onset and Daath	
ATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Rewal facture Acute DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death										
CERTIFICATION	CAUSE (Disease or injury that initiated evanta resulting in death) LAST	c	OR AS A CONSEO	UENCE OF):						
3	PART II. Other significent con	ditiona contributino to	death but not re	euiting is	the underi	dog course	niven in Re	ert i. 24s. WAS AN	wannau I		
EDICAL	S	Note (F	D) Wem	10/0	Gia.	Amd cause	given in Pa	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Σ	Th	monboy	penia					- -		OF DEATH?	
¥	25. WAS CASE REFERRED TO MEDIC	CAL			24	BI ACE OF D	EATH (Object)			1/4	
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	PLACE OF D		Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investig			28b. TIME	OF 28c.	INJURY AT WORK?	2	ed. DESCRIBE HOW IN	JURY OCCURE	D	
2 Publish 280 PLACE OF IN HIDY At home from stood to stood to the stood of the stoo										ral Route Number,	
COMPLETED		PHYSICIAN: To the best of a								se(s) and menner se stated.	
BE CC	SHEETINE AND TITLE OF CO.	тэнея	40	6 1	. 1-0		ENSE NUMBE			NEO (Month, Day, Year)	
1	30. NAME AND ADDRESS OF PERSO	M Wifth COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)	D	17//	8	> 5/1	0/93	
		WARTZ N	LD (080	0	ek	Hei	ghts An	e 2	1215	
	BW -11 1/2	993 32. REGISTRAF	S SIGNATURE	indese							



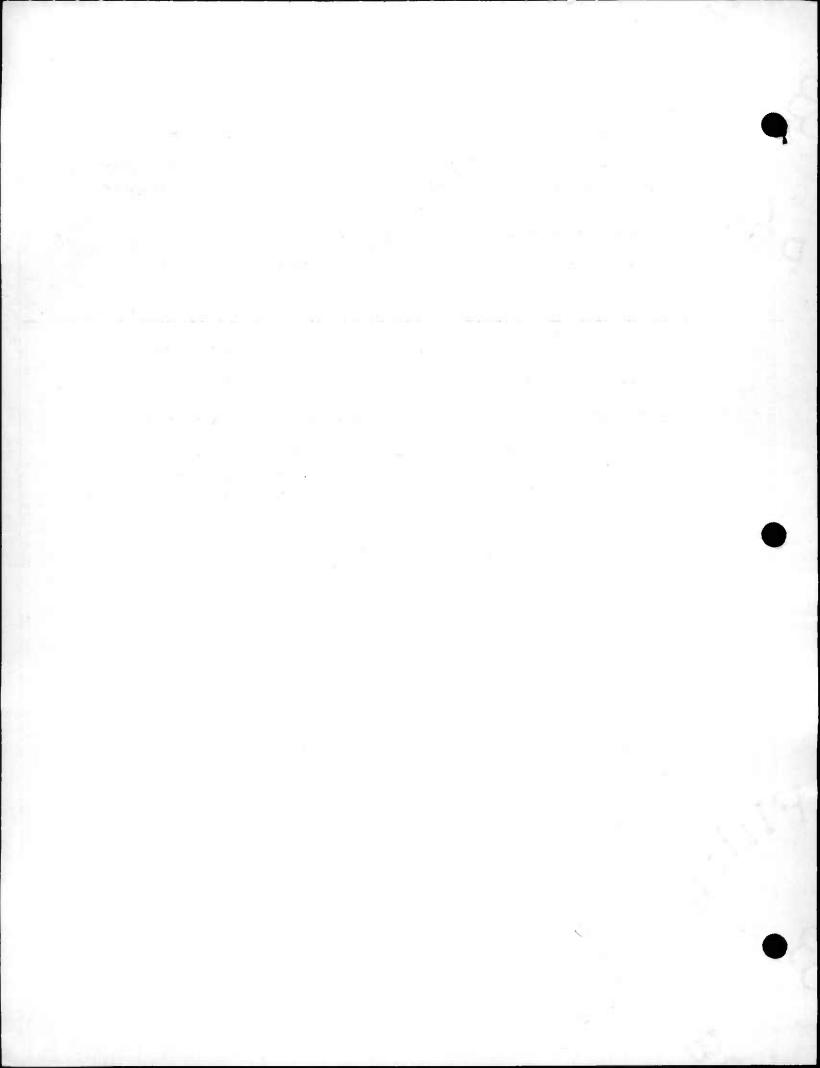
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	90
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	1 - STATE REGISTRAR	SIAIE OF MAI			ICATE OF				YGIENE EG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Le:	ist)		****	TOPTI -	Le la constantina		. DATE OF D	DEATN			3. TIME OF DEATH	
	MARY	EPSTEIN	STF	ERLI	ING			MAY 5	5, 19	93	YEAR	8 PM M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last bi	irthday)	IF UNDER 1 YEAR	IF UNDER 24 P	HRS. 7.	. DATE OF BI	HRTH		6. BIRTN	NPLACE (State or Foreign	
1	215-18-6039	1 🗆 M 2 💢 F	71	YRS.	MONTHS DAYS	HOURS M	MIN.	AUG. 6		21	Countr	RYLAND	
- 3	9e. FACILITY NAME (If not institution, given	ve street end number)			96. CITY, TOWN					9c. COU	NTY OF D	DEATH	
OR	4509 MARYKNOLL				BALTIM	ORE			- 1	BALT	rimor	Œ	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU												
E		TIMORE	1	10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TIPORE				1 7/2 0000				12 200		1 TYES 2 NO	
FUNERAL	4509 MARYKNOLL					21208				USA		WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [YES 2 NO OR DATES X	_	If yes, sp 1 [] YES	25	NISPANIC (Mexicen, P Specify:	ORIGIN? (Spe luerto Rican,	etc.)	or No—	14. RACE Black Specifi WHI	E — Americen Indien, k, White, etc.	
	15. DECEDENT'S E (Specify only highest gra	:DUCATION rade completed)	(Give I	IGA. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					OF BUS	INESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	o NOT us	se retired.) EPER	01 01 110111		FURN	1ITUF	RE CO	٥.		
MC	17. FATHER'S NAME (First, Middle, Last)					HOTHER	TO MAME	TOTAL A Advantage	**-** (
	A STATE OF THE STA	PSTEIN		18. MOTHER'S NAME (First, Michile, Melden : ESTHER						BLUMA UNKNOWN			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. N	19b. MAILING ADDRESS (Street and Number or Rural Route Nu						State Zir			
۵	MRS. ESTA ROGOSI	N		4022 SANLEE RD. RANDALI									
	20e-METHOD OF OISPOSITION		20b. PLACE AND	DATE 20c. L						LOCATION City or Town, State			
	4 Donation 5 Other (Specify)	HEBR	tory or of	YOUNG ME	N 5/7	7/93			TIMOF				
į	21. SIGNATURE OF FUNERAL SERVICE				22. NAME AP	ND ADDRESS O	OF FACILI	ITY		-			
	> allens	ul de	Mus;	N		REISTE				ALTO.	- МТ	D 21215	
	23. PART i. Enter the diseases, o	or complications that ce	sused the death	h. Do r								Approximate	
	shock, or haert fallur iMMEDIATE CAUSE (Final	re. List only ona ceuse i	on aach lina.			Section Section			The same	Park from	GC:	Intarval Between Onset and Death	
ŀ	disease or condition resulting in death)	. Respite	noton 5	- 4	Linns							y min	
	Tooling III would,	OUE TO (OR	AS A CONSEQUE	ENCE OF	F):							1	
Z	Sequentially list conditions,	- b. ASpira	& pre	JANJ	NA							I week	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ma n	AS A CONSEQUE	INCE OF	ን:							-	
	CAUSE (Disease or injury	c. DUE TO (OR	AS A CONSEQUE	CONSCOURNES OF) hees	
Ē	that initiated events resulting in daeth) LAST	255 17 1 210	70 H 00024	Noc u.	OF):								
5		_ d										1	
DICAL	PART II. Other algolificant conditi	lons contributing to dec	th but not resu	uiting I	n the underlying	g cause give	n in Par	t i. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
								4	YES A		1	COMPLETION OF CAUSE OF DEATH?	
¥								_	V			1 TYES 2 NO	
PHYSICIAN: ME													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PL OTHER:	LACE OF DEATH	H (Check o	only one)					
1×S	1 YES 2 NO	1 Inpatient 2 ER			4 - Nursing Nom								
	1 Natural 5 Pending	28s. DATE OF INJU (Month, Day, Ye		INJI	IURY WO	PRK?		Bd. DESCAIBE	E HOW IN	JURY OCC	CURED		
``	2 Accident Investigation	26e PLACE OF IN.	HIRY — At home	form (etreet, fectory, office	YES 2 NO		1 COATION	. (0)	4.22.00	7 1 0		
	4 Homicide 8 Could not b	Dullging, etc.	(Specify)	1411	Heer, rectory, orms.	,	40	Bf. LOCATION City or Tow	'n, State)	id Number	or Hurai no	oule Number,	
COMPLET	29e. CERTIFIER (Check only	IYSICIAN: To the best of my I	knowledge, death	occum	ed at the time, date	and place, en	d due lo	The cause(e)	end men	per se stat	ad .		
	one) 2 MEDICAL EXAMI	INER: On the beals of examin	nation end/or inve	stigatio	n, in my opinion, d	eath occured a	at the time	e, date end p	place, end	due to th	e ceuse(e)) end menner ee stated.	
	296. SIGNATURE AND TITLE OF CENTIF					29c. LICENSE						(Month, Day, Year)	
BE	Charles -					02	3971	4		> (16/4	(Monn, Day, rear)	
임	30. NAME AND ADDRESS OF PERSON V	WNO COMPLETED CAUSE O	F DEATH (ITEM 2)	7) (Type,	Print)	V:D-	111			, 0	14/1	2	
	A. Goldson	680m 1	red Ha	-hi	tan	1	1.07	t- 16	ind i	2/2	15		
	31. DATE FILE MONTH, Day, Year)	32. BEGISTRAR'S	SIGNATURE)		-	4 1 11	<u>~</u>		-	. 4		
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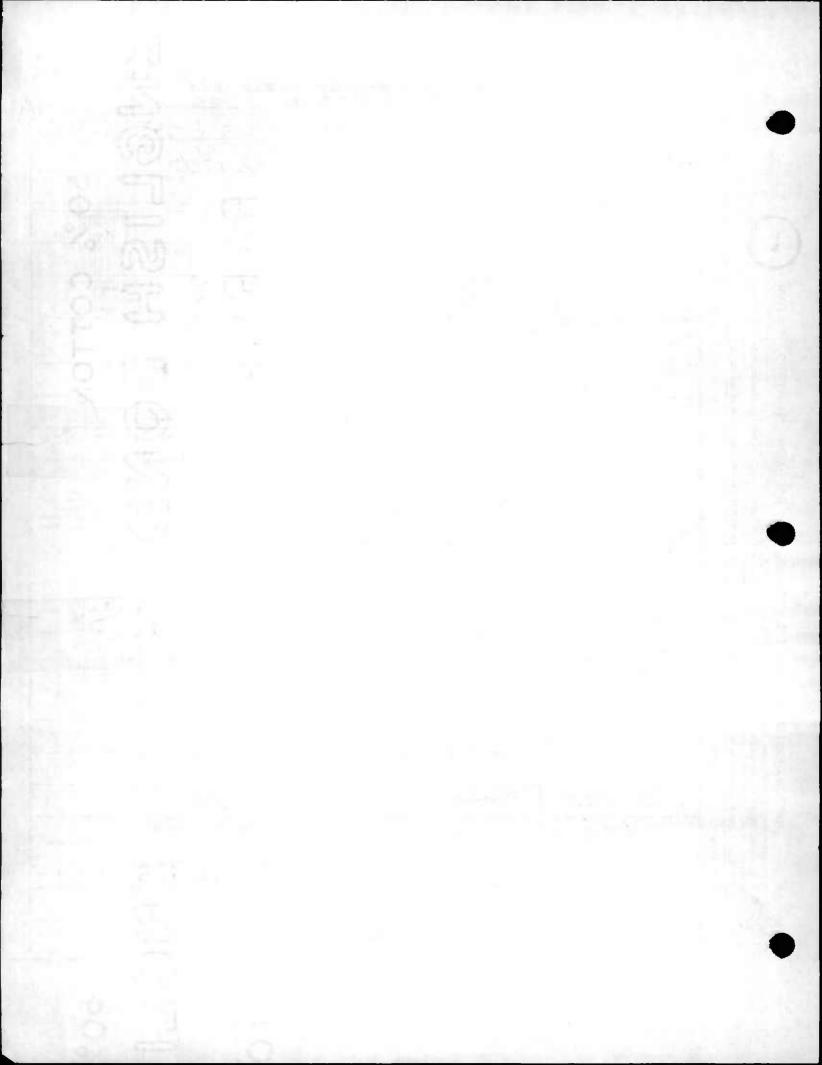
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31. DATE FILED (Morith, Day,

2 199

	FOR 1 - STATE REGISTRAR	S	TATE OF N		DEPAR					MENTAL HYGIE REG. N		90	13030
i	1. DECEDENT'S NAME (First, Mic	WE,	1	S	TE	IN	B 8	2	5	2. DATE OF DEATH MONTH	DAY C	YEAR 73	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 213 -05-8//	10	SEX/	6. AGE (In yra-ta	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	-13	Country	RYLAND
H 5	90. FACILITY NAME (1/ por institu	ition, give street a	and number)			96. ситу В	ALTI	MORE	ON OF DE	EATH	⊮c. COL	INTY OF DE	EATH
DIRECTOR	10a. STATE 10 MARYLAND	DENT b. COUNTY				y, town o		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3010 W. ROG	SERS AV	E.			101. ZIP CODE 21215					IZEN OF W	HAT COUNTRY?	
à	11, MARITAL STATUS XX Never Married 2 Mar 3 Widowed 4 Divorced	rried		TEVER IN U.S. A VES 2 VALABOR DATES WWII		- 1	f yes, sp		nn, Maxica	NC ORIGIN? (Specify) n, Puerto Rican, atc.)	es or No—	Black, Specif	— American Indian, , White, atc. y: HTTE
PLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) L2 16e. DECEDENT (Give kind of the completed) WORK					work done o se retired.)	CCUPATIO	ON st of world	ing	166. KIND OF 8	USINESS/IN	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle JACOB STE			18. MOT	HER'S NA	ME (First, Middle, Meide AH SON	n Sumeme) DELL	J. H	-8-				
2	190. INFORMANT'S NAME (Type) SHERMAN STEI		ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20e, METHOD OF DISPOSITION 1	3 Removal		of cemetar	e and dat y, crematory VSHE	or other p	AH_	5/7	/93	В	OCATION -		
	21. SIGNATURE OF FUNERAL S	Vau	Li				SOL	LEVI		& BROS., TOWN RD.		O N	n 21215
	23. PART Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or As a consequence of):												
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	EQUENCE O	Voselan Diseas						10				
CER		conditione or	ontributing to	death but not	resulting	In the jur	nderlyln	g cause	given in	Pert I. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Deulitus ulce (C) ISCHIUM 1 YES 2 NO OF									AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEXAMINER?	THE	OSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI	Rt:	-		6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 28b. T						T .	URY AT PRK? YES 2	□ NO	28d. OEŞCRIBE HO	V INJURY O	CCURED	
	4 Homicide det	ould not be termined		OF INJURY — At I	home, farm,	street, fac	tory, offic	•		281. LOCATION (Stre City or Town, Str	et and Numb ite)	er or Rural F	loute Number,
COMPLETED	29s. CERTIFIER (Check only one) 29s. CERTIFIEN MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8	29b. SIGNATURE ND TITLE OF	F CERTIFIER (0	B.6	L.	۵.,	سر.	Sec. LIC	CENSE NU	APPER 2 LLS	29d. D/	TE SIGNED	S 93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											1		

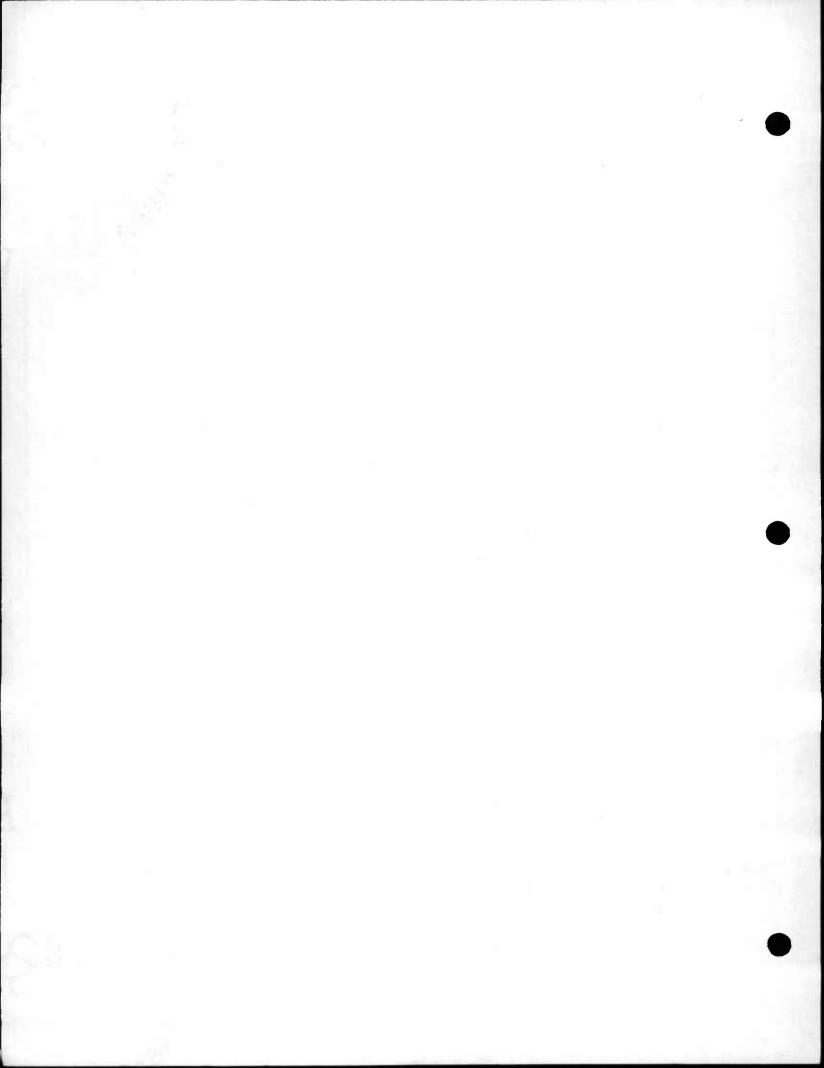
32. REGISTRAR'S SIGNATURE
JUNE DAWN SON-Randell



hospital or attending physician.	AA DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should		10.0
PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atte	the funeral director, page 5 should be di	oval.	al examiner must be notified at o
ertificate be executed within 24 nours at	ng physician and completely filled in by	giene prior to burial, cremation, or rem	MT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
IAN: The law requires that the death or	tificate has been signed by the attendi	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	or item 23 shows any injury, or
SPITAL OR ATTENDING PHYSICI	FRAL DIRECTOR: After this cert	n 72 hours after death with the	NT: If Item 28 is marked, o

Thomas Evelius
31. DATE FILED (Month, Day, Year)

							93	13697
W	1 - STATE REGISTRAR STATE OF MARYLAND	DEPAR	TMENT OF HEAL	TH AND M	ENTAL HYGIEN			
	DECEDENT'S NAME (First, Middle, Last) MARY M. SCHERMERHORN				2. DATE OF DEATH DATE OF STREET	1993	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-28-78 ₹ 5. SEX 1 □ M 2 ☑ F 86	est birthday) YRS.	IF UNDER 1 YEAR IF U MONTHS DAYS HOU		7. DATE OF BIRTH	,	Country)	ACE (State or Foreign ryland
TOR	9a. FACILITY NAME (If not institution, give street and number) Meridian-Brightwood RESIDENCE OF DECEDENT		%. CITY, TOWN OR LO	cation of DEA andvill			NTY OF DEA	
DIRECTOR	100. STATE 10b. COUNTY Maryland 8altimore	10c. CITY	, town on Location Parkto	n				Dd. INSIDE CITY LIMITS? YES & NO
FUNERAL	100. STREET AND NUMBER 1881 Fox Chase Court		10f, ZIP (21120				AT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES X X IF YES, GIVE WAR OR DATES	RMED ON	13. WAS DECENOE!	NT OF HISPANIC	ORIGIN? (Specify Yee Puerto Rican, etc.)	y Yee or No- 14. RACE — American India Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 15. DECEDENT'S EDUCATION (Specify only highest grade completed) If the complete of th	Give kind of w te. Do NOT us	USUAL OCCUPATION ork done during most of we retired.)	rorking	Sutton		DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Randolph 8radford Mason		18. 8		(First, Middle, Melden IcLaughlir			
10	Mr. William R. Schermerhorn	96. MAILING 1881	ADDRESS (Street and Nut Fox Chase	Code)				
	1 X Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) Drui	ematory or of	r DISPOSITION (Name of the place) ge Cemeter	y 5-1			city or Town	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOSSING DELICENSEE HOS	πε	Lassahn	Funera	al Home		M-I 0	1000
	23. PART I: Enter the diseases, or complications that caused the dahock, or heert failure. List only one cause on each lin iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSI	ali	e Bre	reat,	Approximate interval Between Onset and Deeth			
HILICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
MEDICAL CE	PART ii. Other eignificant conditions contributing to death but not	reaulting is	n the undariying ceu	ee given in Pa	24a. WAS AN. PERFOR 1 YES 2	MED?	AM	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OEATH?
CIAN: ME	25. WAS CASE REFERRIED O MEDICAL		-	F DEATH (Chack				YES 2 7 MG
1120	EXAMINER? 1 VES 2 VNO 1 Inpution: 2 ER/Outpetient 27. MANNER, OF DEATH 28. DATE OF INJURY	AOD E	OTHER:	Residence 6	Other (Specify)			
10	1 Netural 5 ☐ Pending (Month) Day, Year 2 ☐ Accident Investigation	28b. TIME INJU	OF 28c INJURY AT WORK? M 1 YES Post, factory, office	2 [] MO	8d. OEŞCRIBE HOW IN			
LE I ED	4 Hamicide determined building-etc. (Siport)	1			8t. LOCATION (Street a City or Town, State)	- CALLIN		w NUMBER,
L C	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: Of the bests of exemination and/or	eath occurre	d at the time, date end p	iece, end due lo	the cause(s) and men	ner se atat f due to th	ed. ne ceuse(s) er	nd menner as stated.
20 00	THE SIGNATURE AND TITLE ON CERTIFIED TWELLIS	1	7	2349	a 100	PSd. DATE	5 /11 /6	P R
	Dr. JThomas Evelius 5444 8elair	Rd . B	altimore,	Marylar	nd (488–7	7600)	1 1	



3. TIME OF DEATH

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

21220

Approximate Interval Between

Onset and Death

1:40 Pm

REG. NO.

07

1993

2. DATE OF DEATH

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, L	BIRTH		6. BIRTHPL/	ACE (State or Foreign	
9		213-30-7472	1 M 2 XXF	60	YRS.	MONTHS	DAYS	HOURS MIN.		3-193	13	Mary]	land	
3 should	œ	9a. FACILITY NAME (If not institution, give Franklin Square I	atreet and number) Hospital			9b. CIT		ROSSVIL	DEATH	0 100	9c. COUN	ITY OF DEAT	тн	
2	DIRECTOR	RESIDENCE OF DECEDENT				L		UOSSATT	16		BA	LTIMO	RE	
Sec	Ä	10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	TION				10	d. INSIDE CITY	
020 physician. bunal-transit permit. Pages 1,		Maryland Ba	altimore				-	Middle	River				LIMITS?	
jed.	A I	The second secon	D.1				101	I. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
ian. trans	FUNERAL	1408 Wilson Point						21220			US	3A		
.AND 21215-0020 the hospital or attending physician, detached for use as the bunia-tranonce.	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES X	K NO	13.	WAS DEC If yes, spi 1 YES	ENDENT OF HISP ecity, Cuban, Maxie 2 1 NO Spec	ANIC ORIGIN? (can, Puarto Ric city:	Specify Yes an, etc.)	or No-	Black, W Specify:	American Indian, Thita, alc. White	
15-00 tending p		15. DECEDENT'S EDI	ICATION	10.	- DECEDENT'S	HOUAL O	001101710							
2121 al or att	COMPLETED	(Specify only highest grad	e completed)		a. DECEDENT'S (Give kind of life. Do NOT us	work done	durina mo	ost of working	rking 18b. KIND OF BUSINESS/INDUSTRY					
D 2 pital ed fo	7	Elementary/Secondary (0-12) 11 years	College (1-4 or 5+	'	House					Hamamakiaa				
AND the hospit detached once.	No.	17. FATHER'S NAME (First, Middle, Lest)			110036	MITC		40 MOTHERIO A	1016 (F)-0 1814	Homemaking				
- > 8 m		Harry B. Sentz				Virgie Shoet				and the second s				
MARYL retained by 5 should be	B	19a. INFORMANT'S NAME (Type/Print)		-	105 MARING	400050	0.40							
2 2 2	임	Vernon C. Smith						Doint D				A 01000		
								Point R		7				
e 6 ma ector, p		20a, METHOD OF DISPOSITION **ABurial 2 Cremation 3 Ren	noval trom State	20b. PL	ACE AND DATE	OF DISPO: ther place	SITION (Na	me of	DATE	20c. LO	ATION — C	Aty or Town,	State	
ALTIMORE, death, Page 6 may be funeral director, page examiner must be		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENCE	Lak	eview	_				-93 Baltimore, Maryland				
ALTIMO death. Page tuneral direction.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home 7.403 D. 2.												
40		gassalin Je	inval	lom	3			Belair			oro	Md S	21236	
urs after in by the removements		23. PART I. Enter the diseases, or ahock, or heert fellure.	complications that List only one cau	caused the	e death. Do r	not enter	the mo	de of dyling, au	ch as cardia	or reepli	retory arre	rat,	Approximate Interval Between	
15 in in in in in in in in in in in in in		IMMEDIATE CAUSE (Fine)											Onset and Dea	
760, ed within 24 ompletely fills al, cremation, event, the		resulting in death) - a. Bowel Obstruction												
D 2 2 2	1		DUE TO (OR AS A CONSEQUENCE OF):											
3OX 687 te be executed risician and cor prior to burial, traumatic e	CERTIFICATION	Sequentially list conditions,												
heate be ophysician ne prior traun	¥	if sny, leading to immediate cause. Enter UNDERLYING			Ovaria		ncai	n					ĺ	
ficate phys	윤배	CAUSE (Disease or Injury	01				xIICCI						-	
i, P.O. E leath certifica attending phy mal Hygiene I y, or other	Ē	resulting in death) LAST	Initiated events DUE TO (OR AS A CONSEQUENCE DF): Ulting in death) LAST											
SS, Poe death the atter Mental I liury, o	8		d											
RECORDS, requires that the dear signed by the att of Heatth and Menta shows any Injury.	4	PART II. Other algnificent condition	ne contributing to	death but r	not reculting	n the u	nderlylng	g ceuse given l	n Pert I. 24	a. WAS AN			RE AUTOPSY FINDING	
that thed by									١,	PERFOR		CO	MPLETION OF CAUSE	
RECO requires th been signed of Health	Ä									20 1		10.3	DEATH? YES 2 NO	
	=											1] TES 2 [NO	
A . EQ _	ICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	heck only one)					
N: T State	Sic	EXAMINER?	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHE	R:							
Excident certifican the St.	PHYSI	27, MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM		28c. INJ	e 5 Realdence	28d. DEŞCR		LIURY OCCI	IRED		
No. 100 Miles and with marked,	-	1 Natural 5 Pending	(Month, Da	ly, Ybar)	INJ	URY	WO	RK? YES 2 NO				71120		
THE PROPERTY OF THE PARTY OF TH	À	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY /	At home, farm, a	street, fac			281 LOCATI	ON (Street o	and Mumban	or Rural Route	Alumbur	
	COMPLETED	4 Homicide 8 Could not be determined	buliding, e	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		,		City or 1	own, State)	Id Namber 0	r nurai nuute	Number,	
DIVISI HOSPITAL-OR ATTEN FUNERAL DIRECTOR: within 72 hours after TANT: If Item 28 1	91	29a, CERTIFIER				-								
절목인들	MP		ICIAN: To the best of											
HOSPITAL FUNERAL within 72 t	8	2 MEDICAL EXAMIN	ER: On the basis of ax	amination an	d/or investigation	n, in my o	opinion, de	eath occured at th	e time, data an	d place, and	I due to the	cause(a) and	d manner as stated.	
TO THE HOSPI TO THE FUNER To filed within	BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mghin, Day, Year)												
5 5 5 W	2	Jacquella Marce Do												
= .		30. NAME AND ADDRESS OF PERSON W									- /	-		
		Ør. Royce H.D	. 9000 F	rankl	in Sq.	Dr.	Bal:	to., MD.	. 21237					

32. REGISTRAR'S SIGNATURE

Sevidon Bondale

Isabelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

SMITH

1 - FOR STATE REGISTRAR

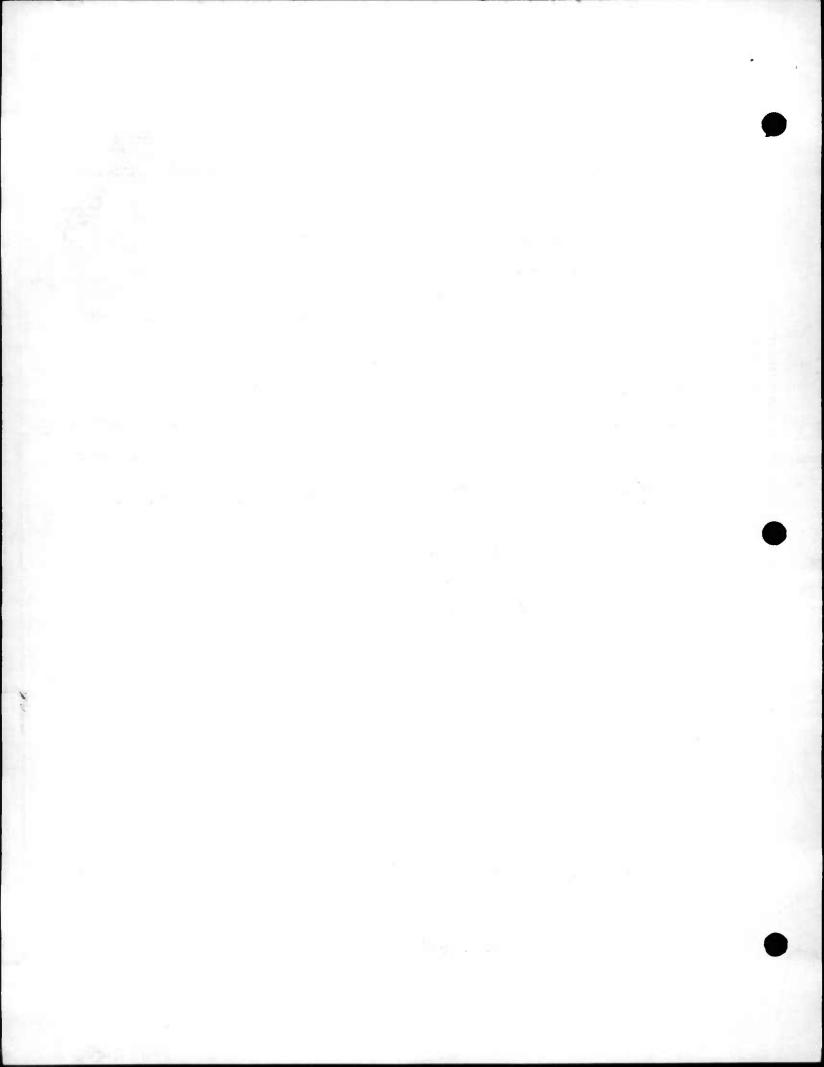
1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day, Year)

MAY 1 2 1993

Carmen

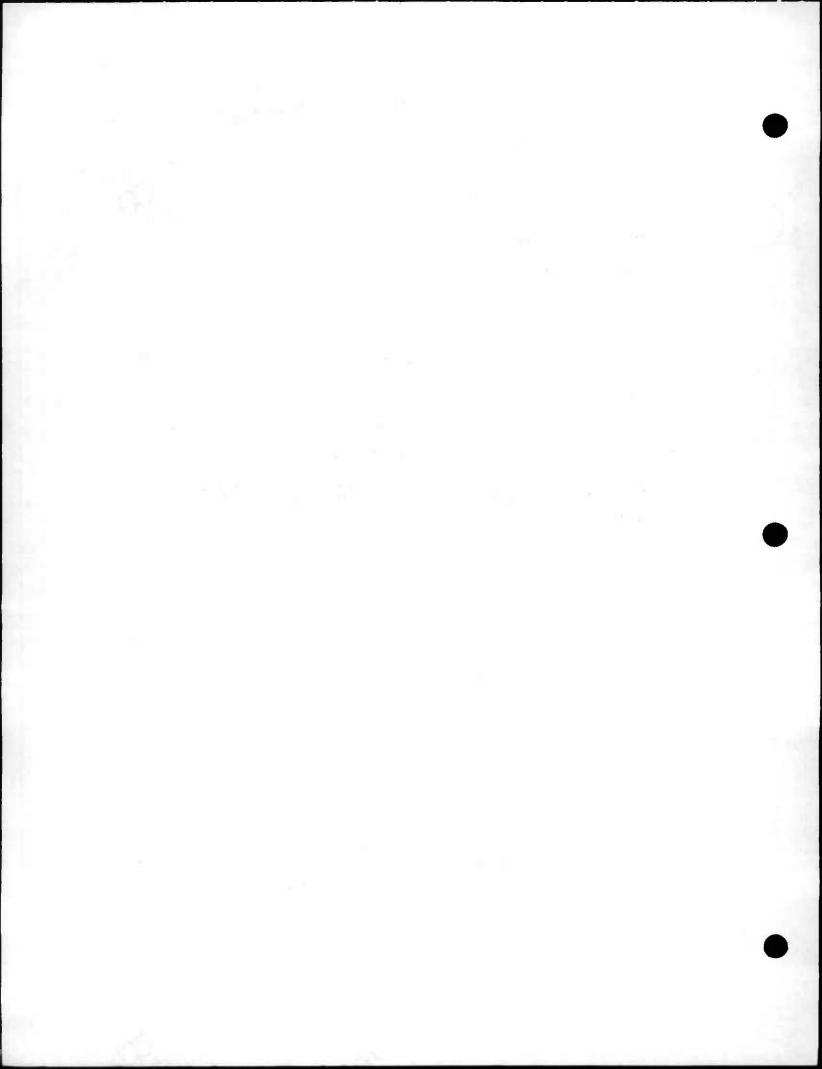
DHMH-16 Rev 1/89



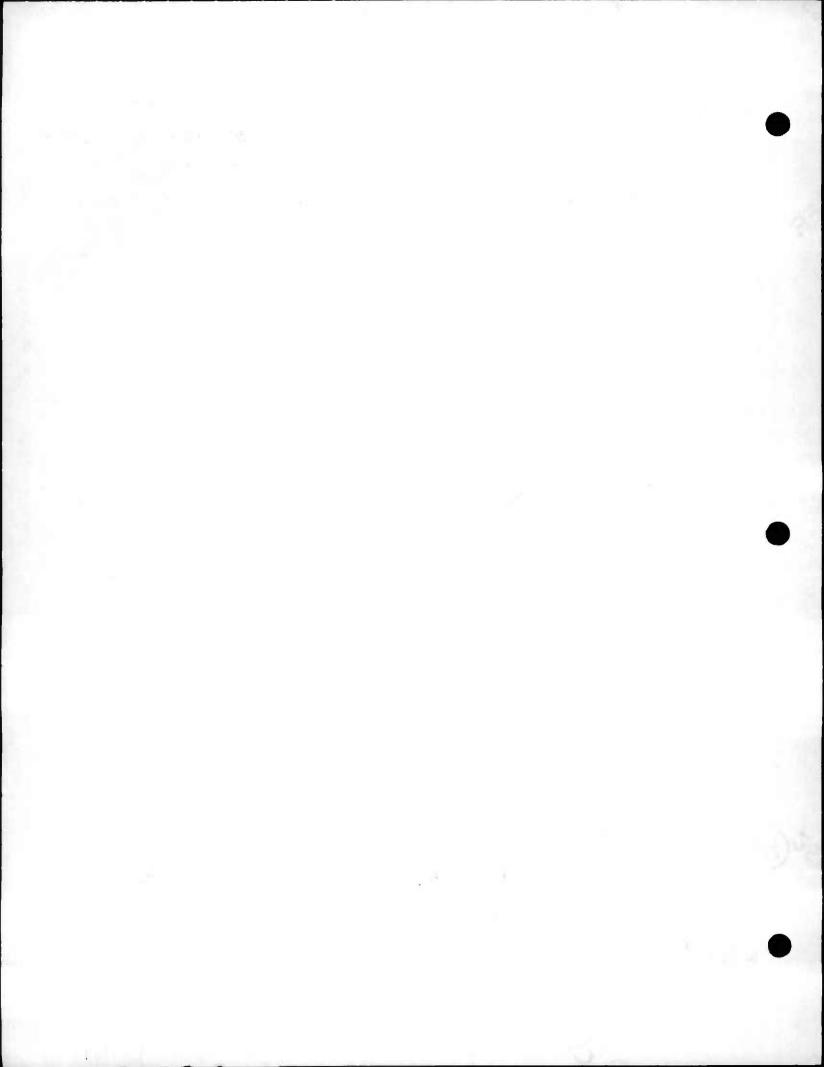
	3 should	
	Pages 1, 2)
pliyatelall.	burial-transit per	

TO BE COMPLETED BY FU	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial- al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physici	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.		
Ŋ.	1. DECEDENT'S NAME (First, Middle, L	.est)			2. DATE OF DEATH			3. TIME OF DEATH
77	DIANN	E H. TOBIN			MAY 7,1	DAY	YEAR	6:00Pm
1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthde) IF UNDER 1 YEAR IF UNDER 24		993	La Bunz	HPLACE (State or Foreign
	051-32-7995	1 - M 2 XF	53 YRS.		(Month, Day, Year)	1000	Coun	try)
	9a. FACILITY NAME (If not institution,		55		MAY 15,			N.Y.
- 1	THE PACIFITY NAME (II NOT INSTITUTION, (rve street and number)		9b. CITY, TOWN OR LOCATION	OF DEATH	9c. COI	UNTY OF	DEATH
UNECTOR	(RESIDENCE) 936		OK RD.	COLUMBIA, MD.		HO	WARD	
2	RESIDENCE OF DECEDENT 10e. STATE 10b. CO							
	100. 51.112	ONIT	10c. C	ITY, TOWN OR LOCATION				10d. INSIOE CITY LIMITS?
	MD.	HOWARD		COLUMBIA				1 TYES 2 X NO
7	10e. STREET AND NUMBER			10f. ZIP COOE		10g. CIT	FIZEN OF	WHAT COUNTRY?
L	9366 MELLENBRO	OOK ROAD		210	45		1	USA
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF	IISPANIC ORIGIN? (Specify	Yes or No-		E — American Indien, k, White, etc.
	1 Never Merried 2 Merried	FORCES? 1 [OR DATES X	If yes, specify Cuben, 1 TYES 2 NO	fexican, Puerto Rican, etc.)		Spec	A
	3 Wildowed 4 Divorced			X	oprocity.		Spec	WHITE
3	15. DECEDENT'S	EDUCATION	S USUAL OCCUPATION	16b. KIND OF E	SUSINESS/IN	DUSTRY		
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +)								
		5+	ASSOC	CIATE PROFESSOR	ZOHNS.	HOPK.	TNS I	UNIVERSITY
5	17. FATHER'S NAME (First, Middle, Last)					1140	SIGLVIMOTIT
)				IS. MOTHER	'S NAME (First, Middle, Meid	_	- AT (TEXT	CONT
4	SOLOMON HOI 190. INFORMANT'S NAME (Type/Print)	NA'O			RUT		EBEN	SOIN
				IG ADDRESS (Street end Number or				
	DR. JORDON D. C	IOBIN	9366	MELLENBROOK F	D.,COLUMBIA	,MD. (2104!	5)
	20e. METHOD OF DISPOSITION 1 © Buriel 2 □ Cremetion 3 □ 1	Removal from State	20b. PLACE AND DAT	E OF DISPOSITION (Name of	OATE 20c.	LOCATION -	City or To	own, State
cometer 2 Columbia MEMORIAL PARK 5/10/93 COLUMBIA, MD.							MD.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY								
- 1	000	10		SOL LEVINS	ON & BROS.	SHIM FR	AT. HO	OME
4	Joseph	C Jeu	ردي	1 6010 REIST	FRSTOWN RD.	, RAI.TY	O. MI	0.(21215)
- 1	23. PART I. Enter the diseases,	or complications that core. List only one cause	on each line	not antar the mode of dying	, such as cardiac or res	piretory ar	rest,	Approximate
ľ	IMMEDIATE CAUSE (Final		1					Intarval Batween Onset and Death
	disesse or condition resulting in death)	hota	states	Crachena 1	. I 160 C	-/-		1
i	resolding in death)	DUE TO (OF	AS A CONSEQUENCE	OF):	7 7 7 7 11 1	0 10-	_	1.4-
.		-:						į .
	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENCE	OFI:				
į	if sny, leading to immediate cause. Enter UNDERLYING							j
:	CAUSE (Disease or injury that initiated events	C. DUE TO (OF	AS A CONSEQUENCE	OFI:			-	
	resulting in death) LAST			/-				i .
ij		d						
	PART II. Other algnificant condi	tiona confributing to da	ath but not reaulting	in the underlying cause give	en in Part I. 24a, WAS	AN AUTOPSY	246	. WERE AUTOPSY FINDINGS
	Tobacce	Ahose			PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	700116	11/1/03			1 _ YES	2 X NO	1	OF DEATH?
1								1 TYES 2 NO
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 DO 1 I I I I I I I I I								
	27. MANNER OF DEATH	28e. DATE OF INJ		ME OF 28c, INJURY AT	28d. OESCRIBE HOV	INJURY OC	CUREO	
	1 Natural 5 Pending	(Month, Day, 1	1947)	M 1 YES 2 N				
	a Castella	260 PLACE OF IN	JURY — Af home, ferm		281. LOCATION (Street	of and Mumba	s as Guard I	Parida Mirantan
	4 Homicide a Could not datermine	building, atc.	(Specify)	, enter, rectory, ethica	City or Town, Ste	te)	or nural r	toute number,
	20a CERTIFIER							
				rred at the time, date and place, an				
				ion, in my opinion, death occured				e) end menner se stated.
	29b. SIGNATURE AND TITLE OF CERT			29c. LICENS				
		-		ZVC. LICENS	- NUMBER	29d. DAT	E SIGNEO	(Month, Day, Year)
	20 VAME AND ADDRESS OF SECTION	WILL CONTENT	150	03	1020)	10	(7)
	39 NAME AND ADDRESS OF PERSON		OF DEATH (ITEM 27) (Typ.	e, Print)	,	2 2	-	1 11-1
	LEGNARD	16 AUCHE	12 6	50/ 010 A	angolis 10	0	6/1	i'cettlig
ı	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S	SIGNATURE				140	21012
II.		313 (), //a.	Hason-Handel	and the same of th				
	MAY 1 2 19	93 /1 what while	THE THE THE					



	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H	EALTH AND N	MENTAL HYG		3 13700		
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF DEATH		
	Nellie M. Wood	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR		5- 10		9:21 AM M		
	220-24-4704	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Yo	nr)	BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF					0 = 24 = 1	96, COUNT	laryland		
O.	Stella Maris Nu	ursing Hom	ie	Towson	50		, -	imore		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TOWN OR LOCAT			Juli	10d. INSIDE CITY		
DIR	Md. Baltimore Dundalk							LIMITS?		
AL	10a. STREET AND NUMBER 10f. ZIP CODE						10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	7821 D West Col				21222	1222 U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Maxican	, Puarto Rican, sto	y Yea or No- 14	. RACE — American Indian, Black, White, etc.		
BY	3 NiVidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify:		Wh	Specify: ite		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S L	ork done durina ma	ON st of working	16b. KIND OI	BUSINESS/INDUS	TRY		
Ë	Elementary/Secondary (0-12) 10 yrs	College (1-4 or 5+)	Homema:	retired.)		0	••			
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)									
BEC	Robert Coursey M. Donnelly									
5 B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yours, State, Zio Code)							de)		
	Rosalie Brashea	rs	445 H	Highlar	nd Dr., N	Mountvi	lle,Pa	17554		
	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Remove	ral from State Cerr	PLACE AND DATE Of netery, crematory or oth	er niece)			LOCATION — City			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE TO SEE	reen Moi	int Cre	ematory		3 Balto	21222		
	+ Edwar M.F		M. Perki 00083	Ins Bra	dley-As Willow	shton F Spring	uneral RdD	Home, Inc. undalk,Md.		
	23. PART i. Enter the diseases, or co shock, or heart fellure. Li	implications that cause	the death. Do no	ot anter tha mo	da of dying, auch	aa cardiac or r	eapiratory arrest	. Approximata		
	IMMEDIATE CAUSE (Final disease or condition		,	<i>(</i> 2)				intarval Batwean Onaat and Daath		
	resulting in death)	PULLACE			cer					
	DUE TO (OR AS A CONSEQUENCE OF):									
z			Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
TION	if any, laading to immediata	DUE TO (OR AS A	CONSEQUENCE OF)	:						
-ICATION	if any, landing to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury									
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF)							
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:						
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	:	g cause given in P	Part I. 24a. WA.	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO		
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:	g cause given in P	PEF				
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:	g cause given in P	PEF	REPORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A contributing to death b	CONSEQUENCE OF)	: I tha underlying	J cause given in P	1 YE	REPORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A	ut not resulting in	tha underlying		PEF 1 — YE	RFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A contributing to death b HOSPITAL: Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	ut not resulting in etient 3 DOA 28b. TIME INJU — At home, farm, str	26. PL OTHER: 6 Nursing Hom OF 28c. INJ RY WO 1 1 1 reet, factory, office	ACE OF DEATH (Check 5 Grasidence 8 RRY RRY TES 2 NO end piace, end due to	Other (Specify) 28d. DESCRIBE HI 28f. LOCATION (St. City or Town, S o the ceuse(e) and	HOSPI OW INJURY OCCUR manner se stated, a, and dust to the co	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUSE AND TITLE CAUS	DUE TO (OR AS A contributing to death by contr	ut not resulting in ut not resulting in ut not resulting in 28b. TiME INJU At home, farm, st ledge, death occurred in end/or investigation	26. PL OTHER: 6 Nursing Hom OF 28c. INJ WO 1 Total reet, factory, office	ACE OF DEATH (Chec 5 Residence 8 URY AT RK? ES 2 NO end place, end due to seth occured at the st	Other (Specify) 28d. DESCRIBE HI 28f. LOCATION (St. City or Town, S o the ceuse(e) and	THE SPI OW INJURY OCCUP Treel and Number or stated. a, and dus to the c-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DNO Rural Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CONTRIBUTION OF THE DESIGN O	ut not resulting in ut not resulting in 28b. Time INJU At home, farm, str ify) At home of investigation ATH (ITEM 27) (7)79, 6	26. PL OTHER: 6 Nursing Hom OF M 28c. INJ RY WO 1 1	ACE OF DEATH (Chec 5 Residence 8 URY AT RK? ES 2 NO end place, end due to seth occured at the st	281. LOCATION (St. City or Town, S	THE SPI OW INJURY OCCUP Treel and Number or stated. a, and dus to the c. 28d. DATE SI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, Buze(e) and manner se stated. GNED (Month, Day, Year) 93		



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

21228 Approximats Interval Between

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | NO

29d. DATE SIGNED (Morth, Day, Year)

5 (1 (93)

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Onset and Death

10g. CITIZEN OF WHAT COUNTRY? **USA**

8:40-PM

BALTIMORE, MARYLAND 21215-0020

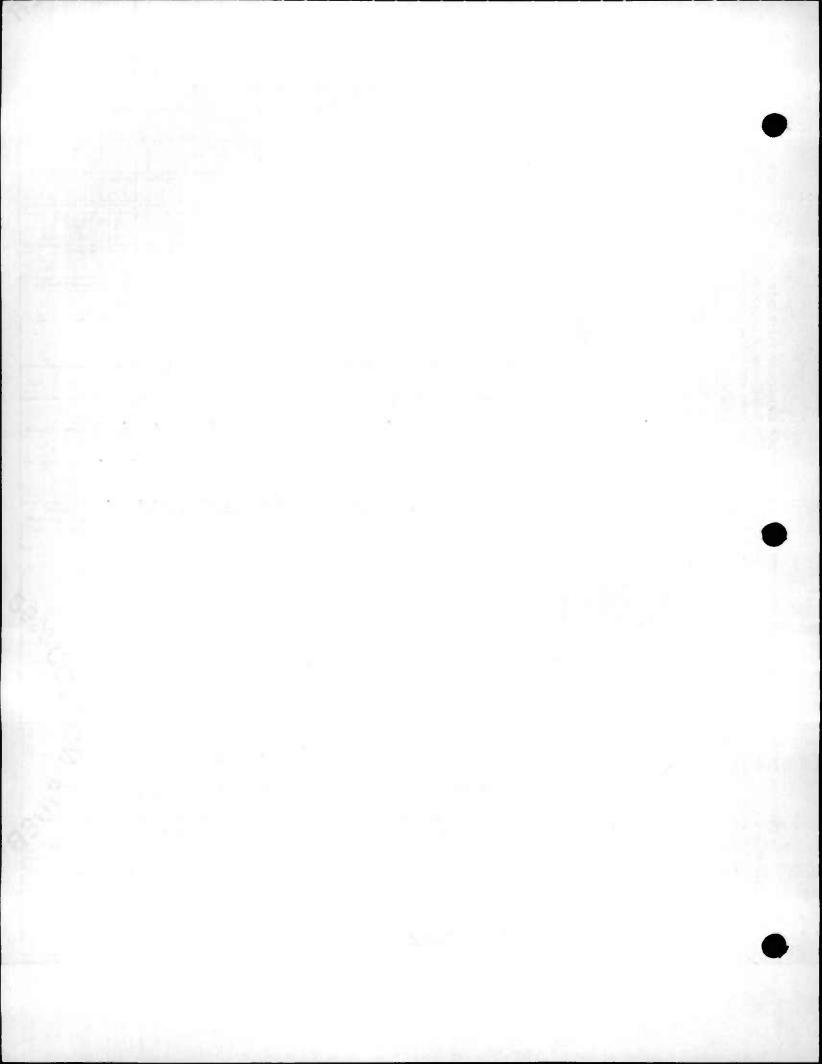
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

)		1. DECEDENT'S NAME (First, Middle, Last) CARL H, WITZKE 2. DATE OF DEATH MONTH DAY 95 3									YEAR 3	3. TIME OF 8. 4	
pin		4. SOCIAL SECURITY NUMBER 2/6-32884/ 9a. FACILITY NAME (If not institution, give	1 M 2 D F	AGE (In yrs. I	YRS. MON		W8 HOURS	R 24 HRS.		вити 9 /03		Country	MD
death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician. In a second of the second of the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hental Hygiene prior to burial, cremation, or removal. Introduce the second of the second o	TOR	Frederick House,		wn	90.	. СПҮ, 10	WN OR LOCAT	TION OF DE	ATH				
oft. Pages	DIRECTOR									10d. INSIDE LIMITS 1 YES			
an. ransit pern	FUNERAL	10g. STREET AND NUMBER 715 Maiden Choice Lane 10g. CITIZEN OF W USA											
led within 24 hours after death. Page 6 may be retained by the hospital or attending completely filled in by the funeral director, page 5 should be detached for use as the al, cremation, or removal. event, the medical examiner must be notified at once.	B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF H If yes, specify Cuben, M 1 ☐ YES 2 ☑ NO S			en, Mexican	, Puerto Ric	Specify Yes an, etc.)	or No—	Black, Specify	- American , White, etc. y: white	
	LETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)		DECEDENT'S USU Give kind of work fe. Do NOT use ref	done durin ired.)	PATION g most of work	ding	16b. K		INESS/INDUS		WILLE
	E COMPLET	17. FATHER'S NAME (First, Middle, Last) Frederick Witzl	4+ ce		Pharmac	cist		THER'S NAM	NE (First, Mid		cine_ Surname)		
be retained age 5 should be notified	TO B	Mrs. Mary Bartg:		19b. MAILING ADDRESS (Street and Number or Rural Route Number 21 H. Montrose Manor Court								21228	
Page 6 may director, pa		20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City of cometory, crematory or other place) Date 20c. LOCATION — City of cometory, crematory or other place) Loudon Park 5/13 Baltimore 12. NAME AND ADDRESS OF FACILITY											
rs after death. Pag n by the funeral dir removal.		Hullys	Starle		0550	Ste 736	erling Edmo	Asht ndson	on Fu Aven	ue F	Balto.	Md	212
within 24 nours apletely filled in cremation, or re		shock, or heart failure. List only one ceuse on each line.										Appro Interv Onse	
certificate be execution of the physician and Hygiene prior to bur in other traumation	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C		EQUENCE OF):							Country) TY OF DEJ altir ZEN OF WH USA 14. FIACE Black, Specify: V USTRY Coode) Md. 2 Zity or Town e. Md. e. Md. ast, 14. Country Coode) Town Coode) A A Coode) Town Coode) A Coode) Coode) A Coode) Coo	
requires that the deen signed by the of Health and Mershows any injury	MEDICAL	PERFORMED? AM CO OF							WERE AUTOF AMAILABLE P COMPLETION OF DEATH? 1 YES 2				
SICIAN: The law certificate has by the State Dept. 1, or item 23:	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient		HER:	6. PLACE OF I			2			
PHY this with	BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF IN. (Month, Day,	JURY	28b. TIME OF	280	. INJURY AT WORK?	□ NO			JURY OCCU	RED	
OR ATTENDING I DIRECTOR: After hours after death item 28 is mar	ED	2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Steley 28f. LOCATION (Street and Number or Rural Route No. City or Town, Steley)								oute Number,			
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my										and manner
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 5/1/							(((Mother, Day,			
		30. NAME AND ADDRESS OF PERSON WITH THE PROPERTY OF THE PROPER	Source Charles (_(a fres V	MA	M	9	cr	28			
		MAY 1 2 1993	Alie Swide	n Dand	ARE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		OEIIII I	AIE UF	DEATH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Leel)		FAY	WACHS		2. DATE OF DEATH DAY		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5, SEX 6, A	GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
117-26-2611	1 🗆 M 2 💢 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country) N. 1),
9e. FACILITY NAME (If not institution, give a	treet and number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
LEVINDALE RESIDENCE OF DECEDENT			BAL.	r imore			
10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
WD		ВА	LTIMOR			_	LIMITS?
3601. FORDS LA			10	21215)	USA	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V IF YES, GIVE WAR O	ES NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify		or No— 14	. RACE — American Indian, Black, White, etc. Specify:
X							HITE
15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16e. DECEDENT'S U: (Give kind of wo life. Do NOT use) CLERK	rk done during m	ION ost of working	166. KIND OF BUS		тяу
		CLERK					
17. FATHER'S NAME (First, Middle, Last) IGNATZ LOWY				16. MOTHER'S NA	ME (First, Middle, Meiden : EL FEIGE	Sumame) LSTOCK	<
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street		Route Number, City or Town		
	ROSSFELD				06 BALTIM		
20a_METHOD OF DISPOSITION 1	oval from State	of cemetary, crematory of OHEL YA	of oisposition other place)	N (Name 5 /7/93			y or Town, State RE, MD
21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE		22. NAME	NO ADDRESS OF FA	CILITY		
0	Lever	woon	SOL	LEVINSON	& BROS.,		MD 01015
- were	0 - 0 - 1 /		0010) KETSIEK	TOWN RD.	BALTO.	, MD 21215
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. Cor	AS A CONSEQUENCE OF:	Inf	y de	(forn	ble,	8 hrs
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF):					
PART II. Other significant condition	ns contributing to dee	th but not resulting in	the underlyi	ng cause given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF GEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 Inputient 2 ER		OTHER:	me 5 🗆 Residence	8 Other (Specific)		
27. MANNEB OF OEATH 1 Netural 5 Pending	28e. DATE OF INJU	JRY 26b. TIME	OF 28c. II	JURY AT /ORK?	28d. DESCRIBE HOW II	NJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)			281. LOCATION (Street of City or Town, State)		Rural Route Number,
4 Homicide determined			7 1 7 A TOTAL				
(Check only		knowledge, death occurred nation end/or investigation					cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	ar Me	2 F DEATH (ITEM 27) (Type, I	Print)	29c. LICENSE NU	WBER 73	29d. OATE 5	SIGNEO (Month, Day, Your)
31. DATE FILED (Month, Day, Year) MAY 1 2 199	32. REGISTRAR'S	SIGNATUR"			E 6 30-14		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Arrivus after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

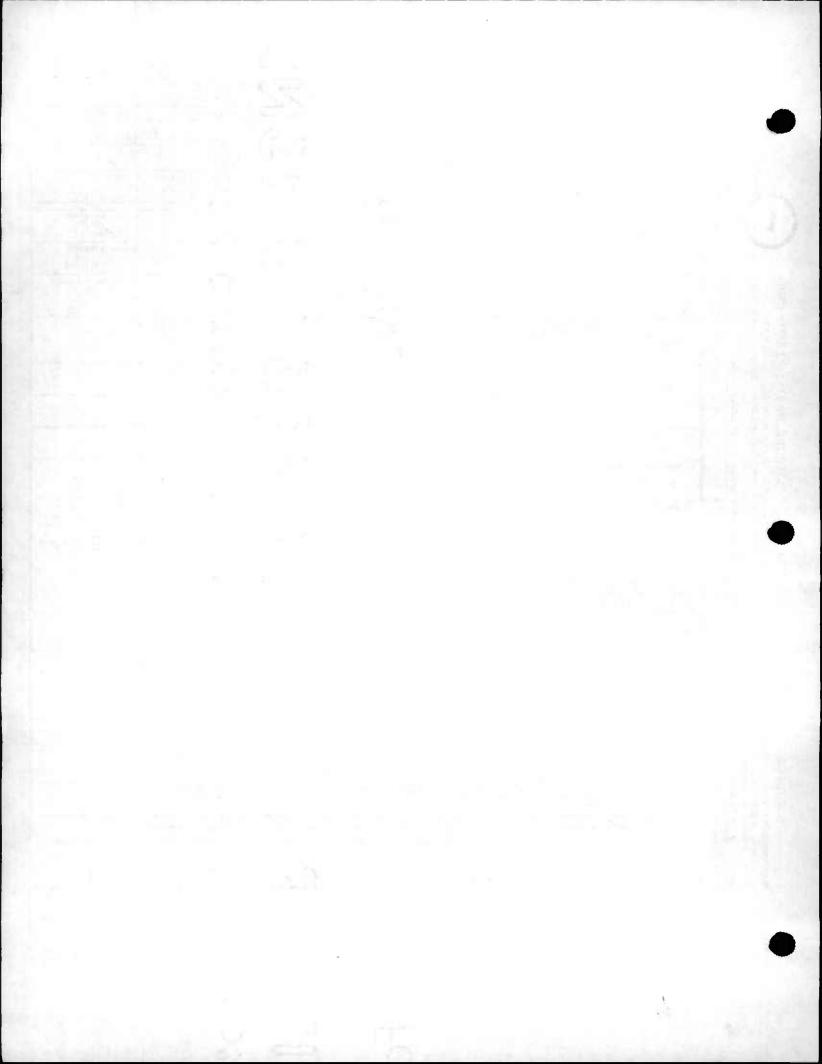
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



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31. DATE FILEO (Month, Day, Year) MAY 1 2 1993

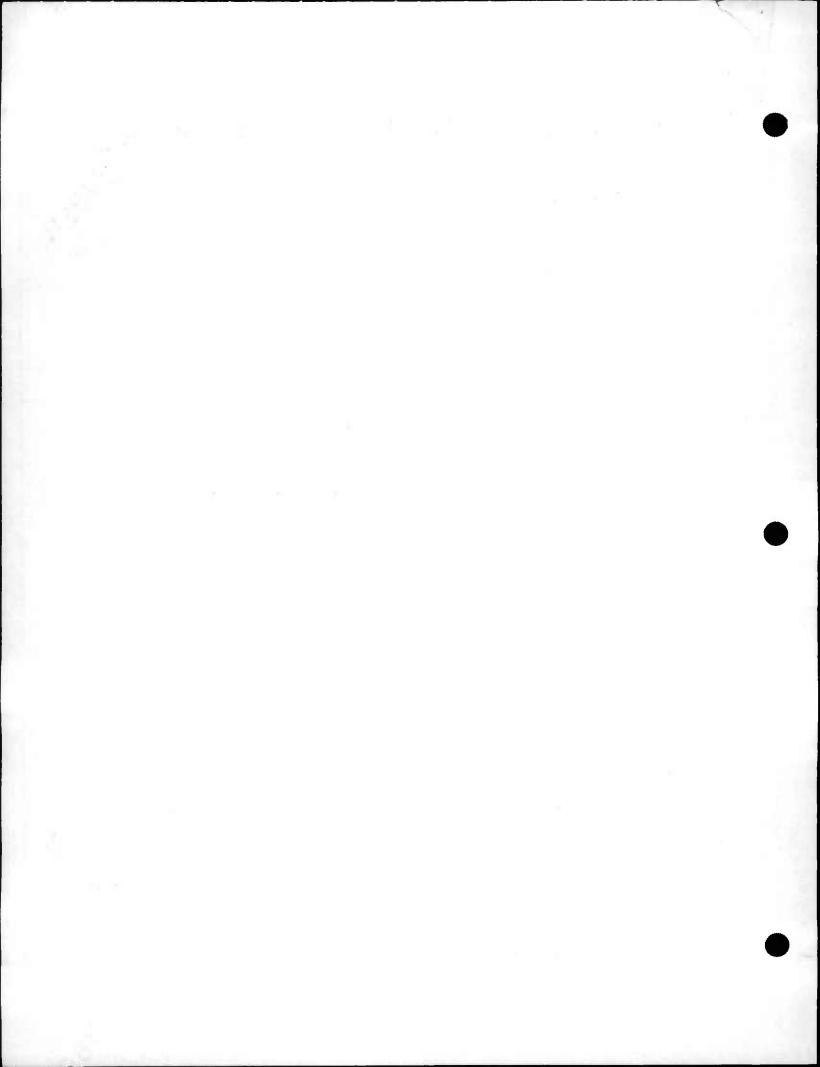
	IECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages 1		at once.
	e 5 shoul		a notifie
-	rector, pad		must be
	funeral di		xaminer
	in by the	r removal.	edical
	etely filled	emation, o	nt, the m
	nd comple	burial, cre	atic ever
	physician a	e prior to	er traum
	ttending p	tal Hygien	, or other
	d by the	and Men	iny injur
	been signe	t. of Healt	shows a
	icate has	State Depr	Item 23
	this certil	with the	orked, or
	DIRECTOR: After	after deatl	28 is ma
	AL DIREC	72 hours	If Item
	TO THE FUNERAL DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
		-	-

93 13703 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF OEATH 3. TIME OF DEATH YEAR axime 93 4. SOCIAL SECURITY NU 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6-21-22 6. BIRTHPLACE (State or Foreign 234-36-1330 HOURS Country) . VA 1 M 2 X F 68 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR 4126 Sunny Side Ave. Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4126 Sunny side Ave 21215 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES ... 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Olvorced If yes, specify Cuban, Maxican, Puerto Rican, stc.) BY 1 TES 2XX NO Specify: **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or entary/Secondary (0-12) College (1-4 or 5+) 12th Interior Decorator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Sam Lemons BE Lottie Lemons 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Minnie White 2038 Robb St./ Baltimore, MD 21218 20s. METNOD OF OISPOSITION
1 [Y] Burlel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE "Bartimore Cenetery Baltimore, MD 21 SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Rome WM C. MARCH F.H./1101 E. NORTH AVE.)e 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or haert failure. List only one cause on each line Interval Batween tMMEDIATE CAUSE (Final disease or condition resulting in death) **Onset and Deeth** CANCER LVNG DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inputiant 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF OEATH 26b. TIME OF INJURY 28a. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Month, Day, 1 📈 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Nomicide 1 😿 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 2 __ MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 12907

R. KRISHNAN 821 AUTINUME ZIM DNMH-18 Rev 1/89

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10-93



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

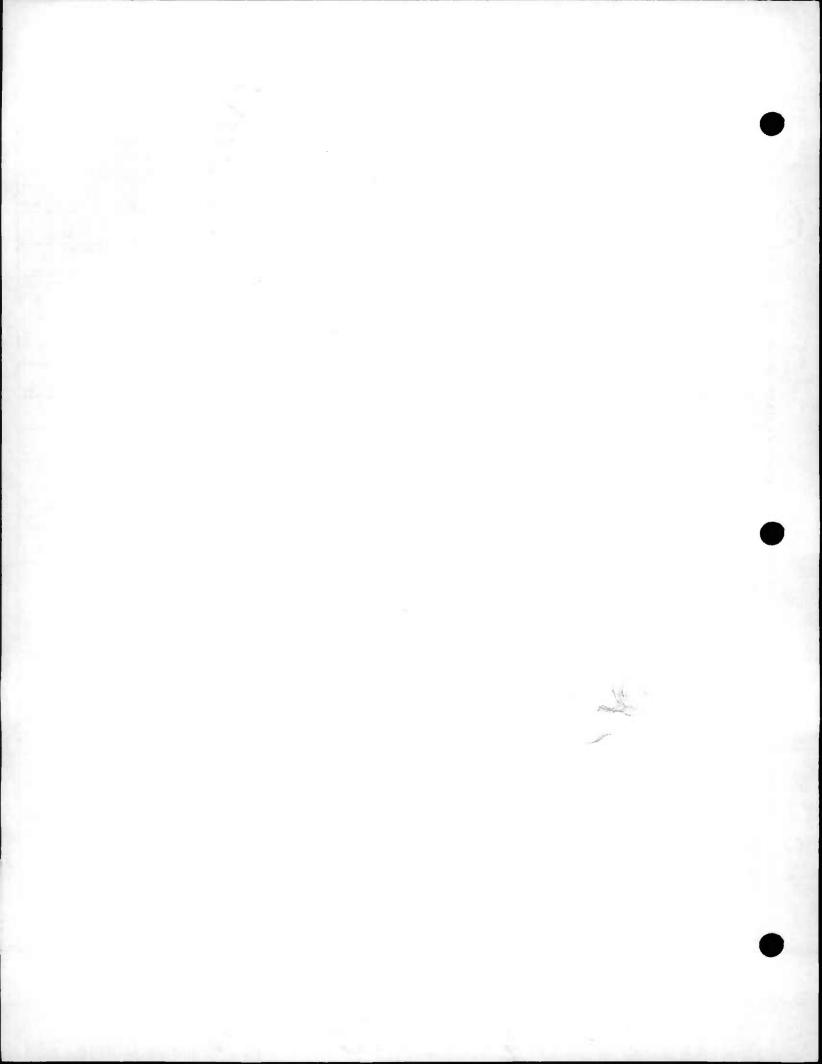
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH AN		GIENE G. NO.	1070.		
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH E.	WOODWARD			2. DATE OF DE	10° 199	3. TIME OF DEATH 9:30 A. M		
	4. SOCIAL SECURITY NUMBER 216-10-5961	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	(Month, Day,	7. DATE OF BIRTH (Morith, Day, Year) 4-27-1915 BIRTHPLACE (State or Foreign Country)			
_	9s. FACILITY NAME (If not institution, give st	reet and number)		OF DEATH					
DIRECTOR	6401 Loch Raven F	Blvd.		Baltimore					
IREC	Monary Lond			, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER		Ba.	timore		10a CITIZEN	1 💢 YES 2 🗌 NO		
FUNERAL	6401 Loch Raven B	31vd Apt 3	30	21239		U.S.A			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	13. WAS DECENDENT OF H If you, specify Cuban, M 1 YES 2 (A) NO S	ISPANIC ORIGIN? (Spe exican, Puerto Rican, Specify:	city Yes or No— 14. etc.)	RACE — American Indian, Black, White, etc.		
	15. DECEDENT'S EDUC	ATION	16a DECEDENT'S	USUAL OCCUPATION		OF BUSINESS/INDUST	lhi te		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of vi life. Do NOT us	ork done during most of working	ING. KIND	OF BUSINESS/MUUS I	HY		
MP	12 Yrs.		Homemal						
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
임	James D. Woodward		3715 V	Woodlea Ave.,	Balto., M	d. 21206			
	20a. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Remote Donation 5 Other (Specify)	oval from State cer		TOWSON, Md.	or Town, State				
1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) H111 top Service Corporation 5-13-93 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Roy H. Cather 22. NAME AND ADDRESS OF FACILITY									
	Roy H. Oa	ther	ulei	Leonard J. Ruci	k.Inc5305	Harford Rd.	,Balto.,Md.21214		
	23. PART i. Enter the diseases, or c shock, or heart failure. I	omplicatione that cause	d the death. Do n						
	IMMEDIATE CAUSE (Final	4 A	. 4	cinoma of	the lu	N.	Onset and Death		
	_	DUE TO (OR AS	A CONSEQUENCE OF):		0			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
	PART II. Other significant conditions	contribution to death h							
ICAL	PART II. Other significant conditions	contributing to deeth t	out not resulting i	n the underlying cause give	1	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI					10	YES 2 NO	OF DEATH?		
ž									
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH					
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TiMi	4 Nursing Home 5 Reside		HOW INJURY OCCUR	ED		
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 N		/Oh			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Numbe						turai rioute Number,			
OMPLI	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and due to the cause(s) and menner as a stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER			39c. LICENSE	NUMBER -0888 C	29d. DATE SI	GNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO			Print)					
	Peter J. Sloane,	32. REGISTRAR'S SIGN		•		-			
	31. DATE FILED (Moyth, Day, Year) MAY 121993	Jaine Davidse				<u></u>			



FOR

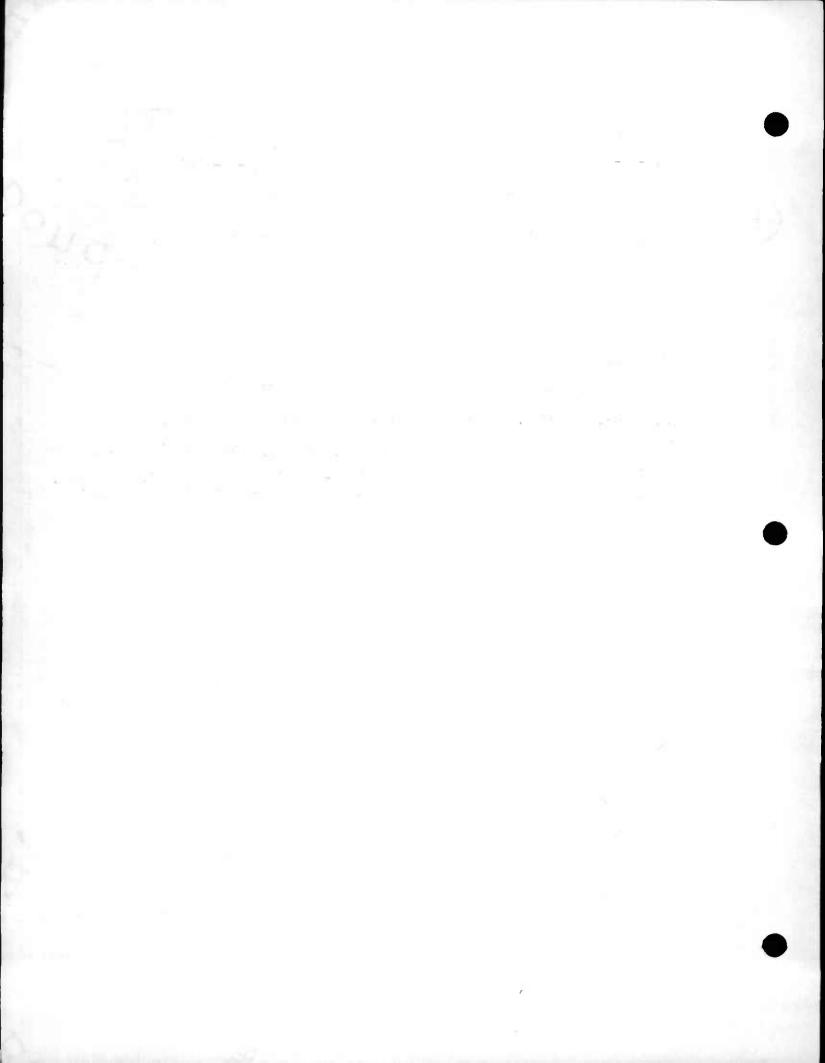
	1 - STATE REGISTRAR CE	RTIF	ICATE O	F DEAT	TH	MENIAL HT	GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JENNIFER ANN WILEY					2. DATE OF DEA MONTH MAY 6,	ATM	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214 ≈ 98 ≈ 5353 1 □ M 2 X F 12	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY		24 HRS. MIN.	7. DATE OF BIRT (Month, Day,) 8 as 2 7 as 1	TH (bar)	Country	PLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give street and number) JOHNS HOPKINS HOSPITAL		96. CITY, TOW BALTIM		ON OF DE			UNTY OF DE	~	
يَّا	RESIDENCE OF DECEDENT									
L DIR	Maryland Baltimore	100.01	i, iown on Lo			idalk			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	2011 Jasmine Road			10f. ZIP CODI		1222	10g. CIT	10g. CITIZEN OF WHAT COUNTRY? United States		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 (1) N IF YES, GIVE WAR OR DATES		It yes,	ECENDENT Of specify Cubar ES 2 X NO	n, Mexicar	IC ORIGIN? (Spec n, Puerto Rican, e	Ify Yea or No— Ic.)	14. RACE Black, Specify	- American Indian, White, etc. White	
COMPLETED	(Specify only highest grade completed) (Gi	CEDENT'S ve kind of Do NOT u	USUAL OCCUPA work done during se retired.)	TION most of workin	g	16b. KIND (OF BUSINESS/IN	DUSTRY	write	
MPL	6th Grade S	tude	nt							
8	17. FATHER'S NAME (First, Middle, Last) Edward Russell Wiley					ME (First, Middle, A				
BE										
							1222			
	20s. METHOD OF DISPOSITION Description Method Metho	ND DATE	OF DISPOSITION	Park	5/	10/93	DE. LOCATION - Middle	Rive	r, Marylano	
	21. SIGNATURE OF THE PRAIL SERVICE LICENSEE	,	22. NAME Dudo 7922	AND ADDRES	Fun Avo	eral Ho nue Du	me of t	undal	2k, Inc. 2and 21222	
	23. PART i. Enter the diseases, pr complications that caused the de ahock, pr heart failure. List only one cause on each line	ath. Do r	not enter the	node of dyl	ng, auch	aa cardiac or	reapiratory ar	reat,	Approximate	
	Interval Dates								Onset and Death	
	DUE TO (OR AS A CONSECU	UENCE O	F):		10100				JOM. hut	
ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSECUTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	UENCE O	F):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	UENCE OI	F):							
CER	d									
DICAL	PART II. Other significant conditions contributing to death but not re				iven in F	Part i. 24s. W	AS AN AUTOPSY		VERE AUTOPSY FINDINGS	
ш	i) obesity 3) 4 days of	9	parale	sis		- 12	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M						_			TYES NO	
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	1	26. OTHER:	PLACE OF DE	ATH (Che	ck only one)				
HYS	1 VYES 2 □ NO 1 □ Inpatient 2 0 ER/Outpatient 3 27. MANNER OF OEATH 26e. DATE OF INJURY	DOA 28b. TIM	4 - Nursing H	ome 5 Re	sidence (28d. DESCRIBE I		CURED		
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation		URY	WORK?	NO	28d. DESCRIBE I	10W INJURY OC	CURED		
	3 Suicide 4 Homicide Suicide Could not be determined Suicide Could not be building, stc. (Specify)	ne, term, s	street, factory, of	fice		281. LOCATION (S City or Town,	Street and Number State)	r or Rural Ro	ule Number,	
밀	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, dea	th occurre	ed at the time, d	ite and place,	and due t	to the cause(s) an	d menner as sta	ted.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the beels of examination and/or is	rveatigatio	n, in my opinion	, death occur	d at the t	ime, data and pla	ce, end due to th	na cause(s)	and manner sa stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	n-	7	29c. LICE	NSE NUMI	BER	29d. DAT	E SIGNED	Honth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type.	Print)		57	072		5/	6/95	
	C. JEAN OG		2N-1	EDI	ATRI	C ER	- John	ns Hop	kis Hospital	
	31. DATE FILED (Month, Day, Year) MAY 1 2 1993 June Savidson-Ran	dese						- 1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

3



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

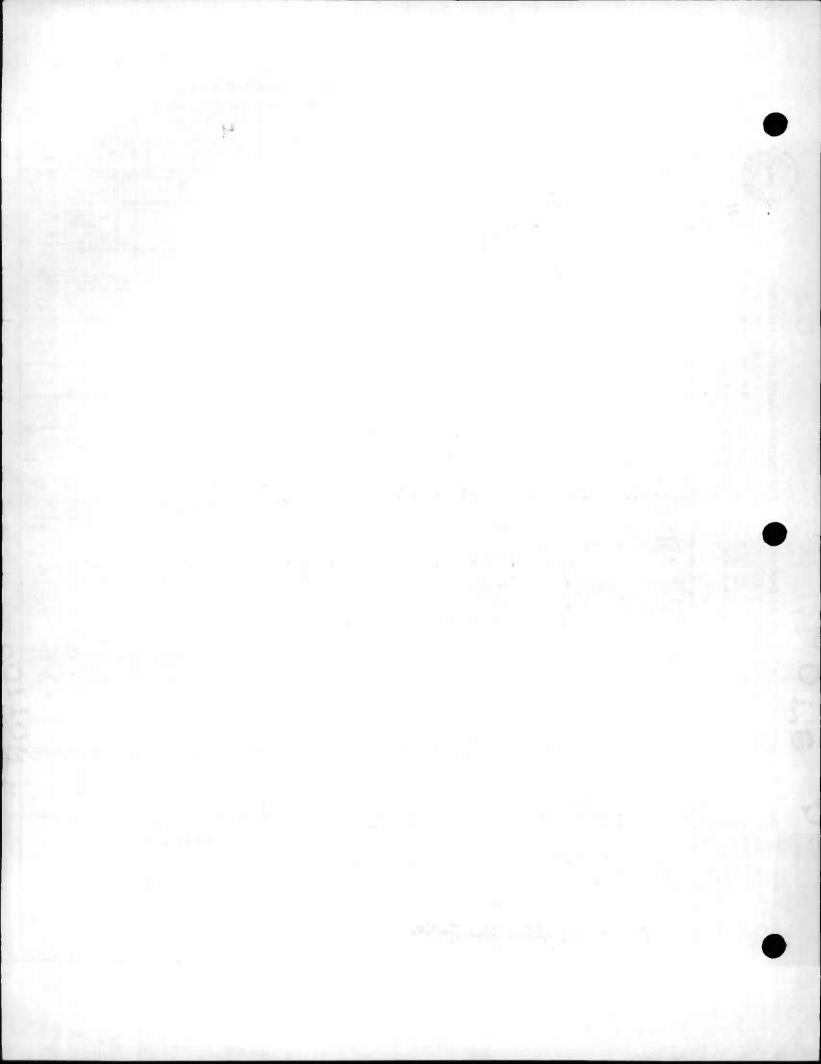
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	,
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FOR STATE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ILEEN	NE D APPLETON				2. DATE OF I	23 th 19	93 ^{YEAR}	3. TIME OF DEATN 12:500 M	
-	4. SOCIAL SECURITY NUMBER 216 20 0665	5. SEX 6. AGE	(In yrs. last birthday) 67 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E		8. BIRTHP	PLACE (State or Foreign	
TOR		street and number) TIMORE MEDCIA			SON		9c. C0	LTIMOF		
FUNERAL DIRECTOR	10a. STATE 10b. COUNT MD QUE	EN ANNES		TOWN OR LOCAT						
VERAL	100. STREET AND NUMBER ROUTE 1 BOX	190		.101	21638		10g. C	ITIZEN OF WI	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TY YES	2 NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)			pecify Yes or No.— i, etc.)	Yes or No — 14. RACE — American Indian, Black, White, etc. Specify: CAUCAS TAN		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12+	ille. Do NOT use	ork done during mo	st of working	16b. KIN	STATE C		MENT		
BE COM	17. FATNER'S NAME (First, Middle, Lest) HAROLD DAY				18. MOTNER'S NA KAT		e, Mak' 110) EIGHYLER			
2	19a. INFORMANT'S NAME (Type/Print) MRS. CHRISTINE	WHITTENBERGE			nd Number or Rural I					
	20s. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetage, cremation) of CLEN HAVEN CEMETERY 20c. LOCATION — City or Town, 1									
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE"	Jana	BARRA 495 R	NCO & SO ITCHIE H	NS FUN WY S	ERAL HON EVERNA I	Æ PARK,	MD 21146	
7	23. PARY I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): METASTATIC ESOPHAGEAL CANCER								Approximate Interval Between Onset and Death 2 WKS	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
Σ	PART II. Other significant conditio	na contributing to deeth i	/	the underlying	g ceuse given in		WAS AN AUTOPS: PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATN (Ch	eck anly one)				
	1 YES 2 NO 27. MANHER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJI	RK?		BE NOW INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined								oute Number,	
COMPLETED		ERT On the best of my know							end manner as stated.	
\times 1	29b. SIGNATURE AND PITLE OF CERTIFIE	- A /	-17		RRC. LICENSE NUN			TE SIGNED		
TO BE	30. NAME AND ADDRESS OF PERSON WI	MAGE	retai	m()	1)265	85	▶ 4	7/23	3/93	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Jaw regulate that the death neutificate he executed within 24 hours offer death. Date 6 may he remined by the	TO THE COLUMN ASSET THIS CALL OF THE CALL		IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a
Mar	the	and leave	-
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO.	_	13707
8	1. DECEDENT'S NAME (First, Middle, Last)	a Herine	Kathenine H90	Ayars [//S		2. DATE OF DEATH	4 6	SEAR 3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 142-09-7237	175.00	GE (In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . 5,19:		. BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give		, 0	9b. CITY, TOWN	OR LOCATION OF DE			Maryland Y OF DEATH
Œ	Harford Memorial				de Grace			
DIRECTOR	RESIDENCE OF DECEDENT	nospitai		navie	de Grace	=	п	arford
E E	10a. STATE 10b. COUNT		10c. CI	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland	Cecil		Pe	rryville			1 TES 2 NO
FUNERAL	32 Simmons Lane			10	1. ZIP CODE	21903	10g. CITIZEI	U.S.A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No.— 16	I. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 X NO	If yes, sp	ecify Cuban, Mexica 2 X NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:
B	3 📉 Widowed 4 🗌 Divorced			1012	Z (A NO Specify	,.		White
B	15. DECEDENT'S EDU (Specify only highest grade	JCATION COMPOSITE OF	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KINO OF BUS	SINESS/INDUS	TRY
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	He. Do NOT u	work done during mo se retired,)	ost or wonling	Glass	Conta	iner
절	Eleven Years		St	perviso:	r	Califo	rnia	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE (Alfred	L. Campbell			·	Wanda Steb	bing	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural I	Route Number, City or Town		ode)
	Helen Burgess		32 S	immons La	ane, Perr	yville, Ma	rylan	d 21903
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	206. PLACE AND DATE cometery, crematory or constrainty North East	ther plane				y or Town, State
5	21. SIGNATURE OF FUNERAL SERVICE LI		NOI LII Easi		ND ADDRESS OF FA		orth	East, Maryland
948	Inomas M	1. Patters	000, Sr.	Lee A	A. Patter	son & Son Maryland 2		al Home
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause or List only one cause or	sed the death. Do n each line.	not enter the mo	de of dying, suci	h as cardiac or respi	ratory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· hun	rarder	1 mg	autri	m		Onset and Death
		DUE TO (OF A	S A CONSEQUENCE O	es:	1	1		
z		ь.	coma	ry a	Hers 1	disease	_	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	n: /)	()			
ERTIFICATION	CAUSE (Disease or Injury	£		U				
1	that initiated events	DUE TO (OR A	S A CONSEQUENCE O	#);				
	resulting in death) LAST	d						
	PART II. Other significant condition	ns contributing to deat	h but not resulting	In the underlyin	a cause alven in	Part I. 24a. WAS AN	ALITTORNA	Last Medic Millionen Chromes
MEDICAL				an allo underryin	g Cades given in	PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
	-					1 _ YES 2	₩ NO	OF DEATH?
Σ								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
<u></u>	EXAMINER?	HOSPITAL:	V 1 1	OTHER:	LACE OF DEATH (Ch	eck only one)		
S ≥	1 TYES 2 THO	1. Appetient 2XXER/O		4 Nursing Horr	ne 5 🗆 Residence	6 Other (Specify)		
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea			URY AT ORK?	28d. DEŞCRIBE HOW II	HURY OCCUR	IED
à	2 Accident Investigation				YES 2 NO			
TED	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — Al home, ferm, Specify)	street, factory, offic	8	281. LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	GICIAN: To the best of my kn	nowledge, death occurr	ed at the time, date	end place, and due	to the cause(s) and man	ner se stated.	ause(s) and manner as stated.
8				en, in my opinion, d	ween occured at the	time, date and place, an	I due to the c	ause(s) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	ELI	Phy sici	IM	290 LICENSE NUM	963	29d, DATE 5	IGNED (Month, Day, Mar)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (TVC	. Print)g				

, 106 Bow Street, Elkton, Maryland σ 32. REGISTRAR'S SIGNATURE

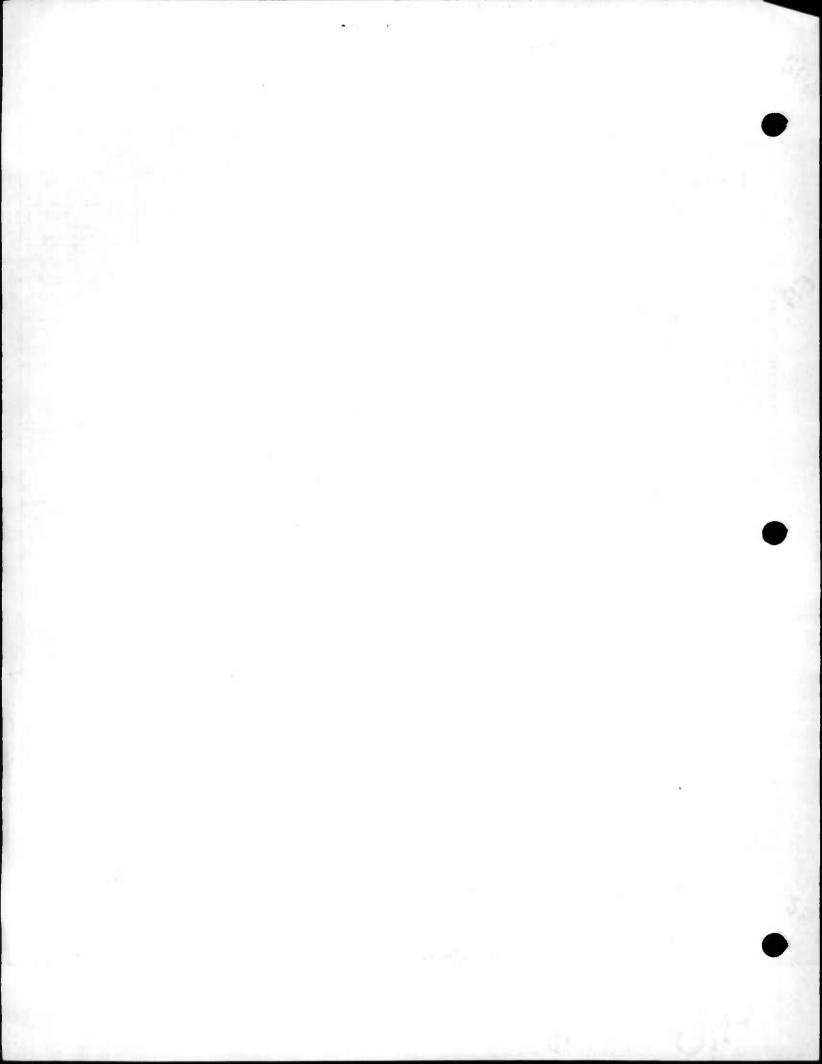
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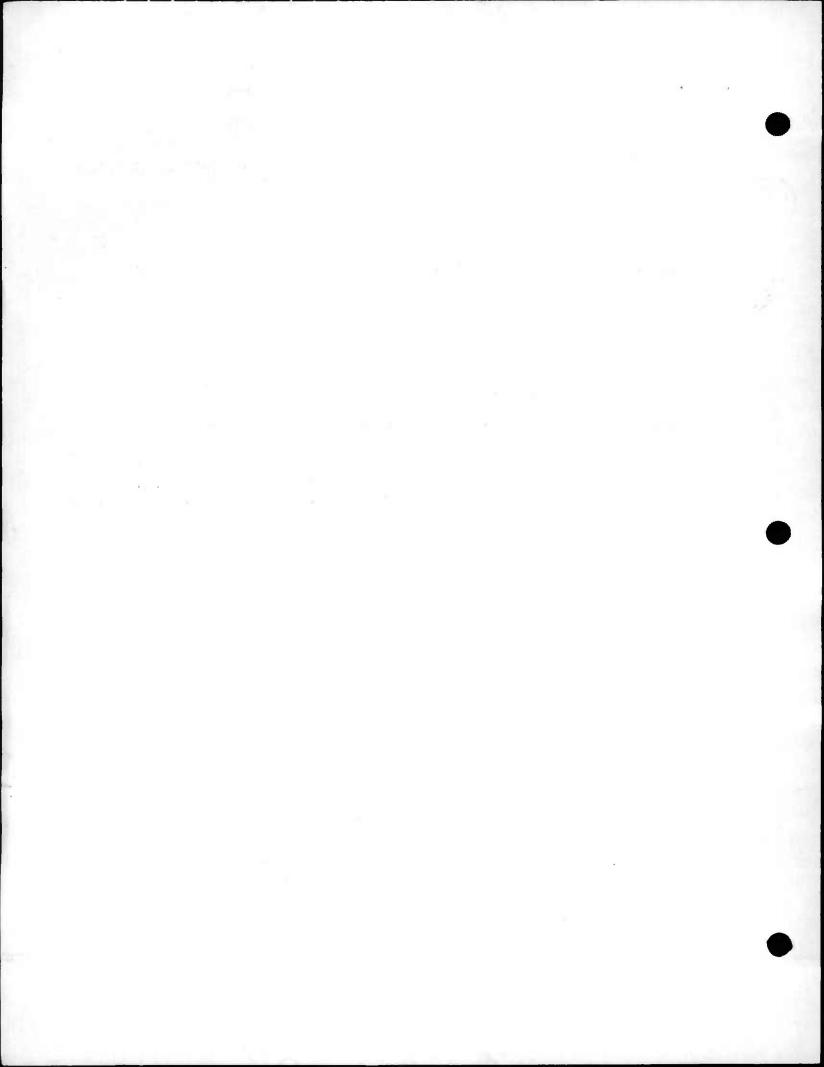
Marian Benner,
31. DATE FILED (Month, Day, Vear)

M.D.



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	ROBERT LEE ANDREWS				NAY 1993	10:39 A.MM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. i		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	219-37-3133 1X M 2 □ F	YRS. MONTH	B DAYS HOURS MIN.	(Month, Day, Year)	C	aryland
	9e. FACILITY NAME (If not institution, give street end number)		ITY, TOWN OR LOCATION OF D		9c. COUNTY C	
DIRECTOR	MEMORIAL HOSPITAL AT EAST	ON E	ASTON		TALR	ОТ
	106. STATE 106. COUNTY Maryland Talbot	East	On LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Apt. 201 Doverbrook Apts.		101. ZIP CODE 21601		10g. CITIZEN (OF WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	3. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ve		IACE — American Indian,
	1 Never Married 2 Merried FORCES? 1 YES 2X IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuban, Mexics 1 YES 2 XNO Specific	in, Puerto Rican, atc.)	В	llack, White, etc.
ВУ	3 Wildowed 4 Divorced		A I I I I I I I I I I I I I I I I I I I	y -	1 °	White
COMPLETED	(Specify only nighest grade completed)	DECEDENT'S USUAL (Give kind of work do ite. Do NOT use retire	ne during most of working	16b. KIND OF BU	SINESS/INOUSTR	Y
P.						A
ő	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	Ca 1
BE	RayEarl Andrews, Sr.		Dorot	thy Wrigh	nt	
TO B		196. MAILING ADOR	ESS (Street end Number or Rural)
F	Ray Earl Andrews, Sr.		01 Doverbro			
	1 K Burial 2 Cremation 3 Removal from State cemetery, c	E AND DATE OF OISP	(8)	1 1	CATION - City o	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	rview (emetery 42. NAME AND ADDRESS OF FA	CILITY	dova,	MD
	JOHN R. MERCERON	CFSP	Newnam Fund 200 S. Hari	eral Home	P.A.	on MD
	23. PART I. Enter the diseases, or complications that ceused the d	leath. Do not ent	er the mode of dying, auc	h aa cardiec or resp	ratory arrest,	Approximata
	ahock, or heart fellura. List only one cause on eech lin iMMEDIATE CAUSE (Final disease or condition resulting in daath)	ac C	west	0		interval Batween Onset and Death
2	DUE TO (OR AS A CONSI	EQUENCE OF:	Hent	12	2112	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	EQUENCE OF	b	1.1.		
임	CAUSE (Disease or injury that initiated events	FOLIENCE DEL-	20	VIII V		
Ē	resulting in death) LAST	Control of				i l
CEI	_ a			2010		
AR.	PART II. Other significant conditions contributing to deeth but not	resulting in tha	underlying cause given in			24b. WERE AUTOPSY FINDINGS
				PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ę I						OF DEATH?
PHYSICIAN: MEDIC				_		
×.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEATH (Ch	eck only one)		
is	1XXYES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 XX XOA 4 □ N	ER: ursing Home 5 - Rasidence	8 Other (Specify)		
ξI	27. MANNER OF OEATH 280. OATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
BY I	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M	WORK?			
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At h	ome, farm, street, f	ectory, office	281. LOCATION (Street	and Number or Rur	al Route Number,
	4 Homicide datarmined			City or Town, State)		
ן ב	29a. CERTIFIER (Check only 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, d	faith occurred at the	time data and place and due	to the councies and man		
COMPLETED	one) 2 MEOICAL EXAMINER: On the beele of examination end/or					e(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN			
H	Me RIT		100			IED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type: Print)	D 10760		4/2	23/92
	Regis Storch M.D 505 Dutchman		Easton, Md	. 21601		1
H		Halle,	Lascon, Mu	. 21001		
- (1	APR 27 1993					



	FOR STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH DEA		MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN	Mary He	elen All	len EN					2. OATE	of 45/294	493 9 19 9	EAR 3	LINE OF DEATH
	4. SOCIAL SECURITY NUMBER 212-74-7495	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS. MIN,	(Mon	of BIRTH th, Day, Year) 0/30/91		Country)	ACE (State or Foreign
	9a, FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATI	ION OF DE		0/30/5	9c. COUNTY		
TOR	Meridian Nursing	Center			Fre	eder	ick				Fr	eder	ick
DIRECTOR	Maryland Frede	r erick			у, томи Эмпа:		TION						Od. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	1101		1 10	Tine		1. ZIP COD	E			10g. CITIZE	OF WH	AT COUNTRY?
ER	12139 Woodsboro	Pike					2	1757			U.	S.A.	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married WW.Widowed 4 Divorced	FORCES?	NT EVER IN U.S., AR 1 YES 2 (A) WAR OR DATES	IMED NO	13.	If yes, s		en, Maxica	n, Puerto	N? (Specify Yes Rican, etc.)	or No 14.	Black, V Specify:	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Collega (1-4 or 8	+) (G	. Do NOT u	work done se retired.)	during m	ON ost of worki	Ing	18	b. KIND OF BUS	INESS/INDUS	TRY	
MP	9		ŀ	ouse	ewife	9				own	home		
8	17. FATNER'S NAME (First, Middle, Last)						18. MOT			Middle, Maiden			
BE	Ezra Milton Fri	tz								zabeth			
2	19a. INFORMANT'S NAME (Type/Print)		19							nber, City or Town			
	Lola Harbaugh						oro		e l	(eymar,			
	28e. HETNOD OF DISPOSITION 1 (1) Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE other pi	(ace)	,		tery				cation — cm		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE X	Bler	,	22		oods			D.D. H	artzle	r &	Sons
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ce	use on each line	e. Une	Arms				-		ratory srrea	,	Approximate interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated avents resulting in deeth) LAST	C	O (OR AS A CONSE										
AL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i.						Part i.	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		O C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO WAILABLE PRIOR TO WAILABLE PRIOR OF CAUSE OF DEATH? YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Supraing Nome 8 Residence 8 Other (Specify)												
ВУ РНУ	27. MANNER OF DEATH 10 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 1N				ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DI	28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE building	OF INJURY — At he g, atc. (Specify)	ome, farm,					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS												and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	V					29c. LIC	CENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CA	HEE OF DEATH AT	EM 27) (Tex	o (Dulant)								

30. NAME AND AGORESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Gough

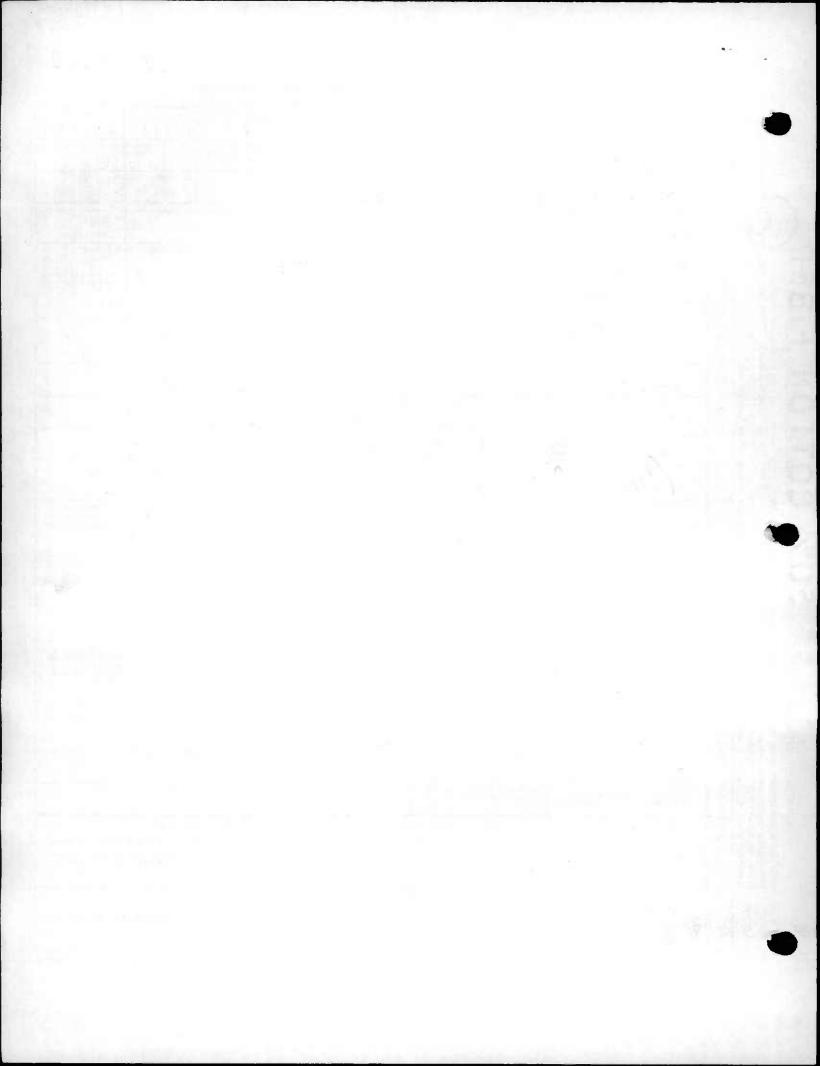
19 Frederick St.
32 REGISTRAR'S SIGNATURE
This Davidson fundage

Richard L.

31. DATE FILEO (Month, Day, Year)

MAY 3 '93

Walkersville, MD 21793



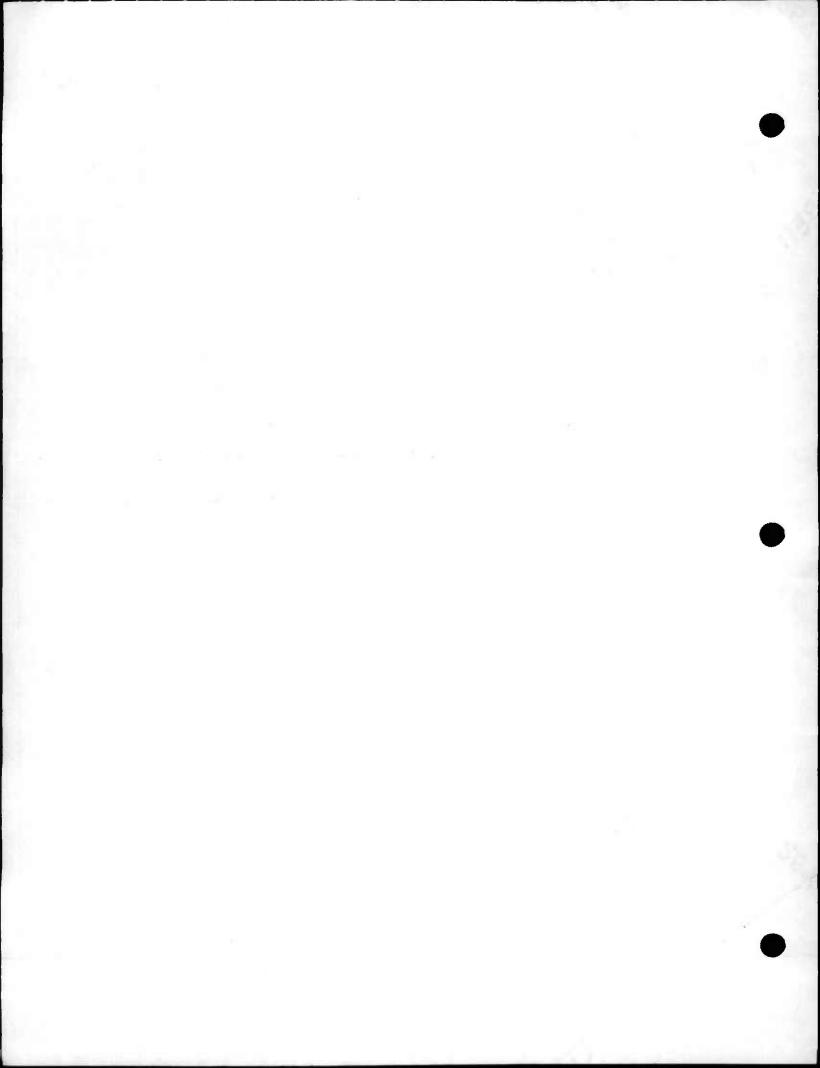
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1	A SEED
6	表 (E)
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	evi .
	
	Pages
	- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	i. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA			3. TIME OF DEATH
	Mary G. Allen					MONTH	25	YEAR Q 3	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		7.7	1:48p M
	227-54-6239	1 🗆 M 2 💢 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Y	bar)	Country	
			30				1896	Vij	rginia
_	9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH	9c. COU	NTY OF DE	EATH
Ö	Montgomery Ger	neral Hos	spital	Olney			Mon	tgon	nerv
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,							
2			- 1	TOWN OR LOCAT					10d, INSIDE CITY
		gomery	Bu	rtonsvi	.11e				LIMITS?
₹	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	15721 Allnutt La	ne			20	0866	Un	ited	States
5	11. MARITAL STATUS	12. WAS DECEOENT EV	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci			
	1 X Never Merried 2 Merried	FORCES? 1 []	YES 2 NO	If yes, sp	ecity Cuban, Mexic 2 X NO Speci	an, Puerto Ricen, at	ic.)		- American Indian, White, etc.
BY	3 Wildowed 4 Divorced			I I TES	2 M NO Speci	ry:		Specify	
	15. DECEOENT'S EDU	CATION	16a, DECEOENT'S U	SUAL OCCUPATION	ON	16b. KINO O	F BUSINESS/INC		ALLECE
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wo	ork done during mo retired.)	st of working	11100000	. 500,11200,1110		
4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	Farmer	•		Dat	irv		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 drillor						
	John Richard A	1100			74	AME (First, Middle, M			
BE		TTGII			Heste				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City of			
	Virginia V. Alle		15901	Emory L	ane, Ro	ckville,	MD 20	353	
1	20e METHOD OF DISPOSITION 1 Description 2 Cremetton 3 Remarks	oval from State	20b. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20	c. LOCATION —	City or Tow	vn, State
	4 Donation 5 Other (Specify)		Lane Famil	y Cemet	ery	4-27 P	rince E	dwar	d Co., VA
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	O ADDRESS OF F	CILITY			
	· Eleen	W. Ka	Ro			Service:	•		, MD 20910
- 1	23. PART I. Entar the diseases, or o	omplications that car	used the death. Do no	t antar tha mo	da of dving, au	th as cardiac or	reaniratory arr	Lilly,	Approximata
	snock, or neart tellura.	List only ona cause o	on aach Jina.				reapmatory and	,	Intarval Between
- 11	IMMEDIATE CAUSE (Final disease or condition	0.	- 2 -	6	. 1				Onset and Daath
1	resulting in death)	. Key	AS A CONSEQUENCE OF:	(411)(<				
		DUE 10 (OB)	AS A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions,	y	ASA) CONSEQUENCE OF):						
E	if any, leading to immediata cause. Enter UNDERLYING								
2	CAUSE (Disease or Injury	Pa	E JAPO IL						
₽ I	that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE OF):						
E	Tooling in builty Exo.	1							
	PART II. Other significant condition	a contributing to day	th but not resulting in	the underlying	s course observe to	Sent Law we			
EDICAL			in but not resulting in	the underlying	causa given in	Part I. 24a. W	AS AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						1 🗆 Y	ES 2 X NO		COMPLETION OF CAUSE OF DEATH?
2									1 TYES 2 NO
z I									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL FXAMINER? 26. PLACE OF DEATH (Check only one)								
S	EXAMINER? 1 VES 2 NO NOSPITAL: 1 VIOLINE PILIPIA SUPERIOR SUPER								
È	27. MANNER OF DEATH	28e. DATE OF INJU	IRY 28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE H		URED	
	1 Netural 5 Pending	(Month, Day, Ye	injur	RY WO	RK? 'ES 2 NO			01120	
B	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE OF INJ	URY — At home, farm, stre			201 1 00471011 (0			1
	4 Homicide 8 Could not be determined	building, etc. ((Specify)	eet, tectory, critica		281. LOCATION (S City or Town,	Stete)	or Hunii Ho	oute Number,
COMPLETED	290. CERTIFIER								
릴	(Check only CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurred	at the time, data	and place, and due	to the cause(s) en	d manner ea state	id.	
S I	one) 2 MEGICAL EXAMINE	R: On the basis of exemin	action and/or investigation,	In my opinion, de	eath occured at the	time, date and plac	e, end due to the	cause(s)	end manner ea stated,
	296. SIGNATURE AND TITLE OF CERTIFIER		4 -		29c. LICENSE NUI				Month, Day, Year)
8	Mrs VIII	V.0 1	MD		D 20A	40	≥ //	15 11	A C
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F OEATH (ITEM 27) (Type, P	r(nt)	V 2 2 0	1 -1	1 4	126/	15
	1 / 1 /	e MD	2901	Olotha	Sal	n C	100 8.	1 ~/	W. MD
	31. DATE FILEO (Month, Dey, Year)	32. PEGISTRAR'S S	MANURE 02		ane	7 300	1/19 12	1010	50833
- II	APR 27 1993 7	rula Davidson-					_		#-UUJZ



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Oept. of Health and Memal Hyglene prior to burfal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE	STATE O	F MARYLANI	D / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN	9	3 13711
	REGISTRAR				ICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle,			^ I			2. DATE OF DEATH	w	3. TIME OF DEATH
	Lillia	n D.		49	9MS		1 4 2	5	93 8AM
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPLACE (State or Foreign Country)
	<i>577-01-4996</i>	1 🗆 M 2 🔎		YRS.	MONTHS DAYS	HOURS MIN.	8-20-	11	Maryland
~	9a. FACILITY NAME (If not institution,			*****		OR LOCATION OF DI			TY OF DEATH
DIRECTOR	2300 Ritt	en hou.	25 24	rect	Hy	attsu	71(4	VR.	wer beonges
EC	10a. STATE 10b. Co	DUNTY		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
E I	MD PR	ince G	PARPOIS			TSUILLE			LIMITS?
	10a STREET AND MIMPER					H. ZIP CODE	-	10a CITIZ	1 ₹ YES 2 □ NO
ER/	2300 Rit	tenhou	se St	reet		20782			S.A.
FUNERAL	11. MARITAL STATUS		DENT EVER IN U.S			20 02	NIC ORIGIN? (Specify Yes		14. RACE American Indian,
	1 Never Married 2 Married		1 YES 2		If yes, s	pecify Cuban, Mexica S 2 NO Specifi	in, Puarto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 💹 Widowed 4 🗌 Divorced				1	S I S S S S S S S S S S S S S S S S S S	,		white
	15. DECEDENT'S (Specify only highest	grade completed)	16a	. DECEDENT'S	USUAL OCCUPATI	ION ost of working	16b. KIND OF BU	SINESS/INDU	JSTRY
9	Elementary/Secondary (0-12)	College (1-4 o	or 5+)	life. Do NOT us	e retired.)				
COMPLETED	12			Compu	ter Supe	ervisor	Woodwaa	rd & I	othrop
8	17. FATHER'S NAME (First, Middle, Las	*				77 70. 30.0	ME (First, Middle, Maiden		
BE	James B. Dixo						. Hutchis		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
	Florence Hurl	.ey							, Md. 20744
	1 Buriel 2 Cremation 3 🗆	Removal from State	20b. PLA cemetery	CE AND DATE (of disposition (Note that place) old Ceme	eme of	DATE 20c. LO		
9	4 Donation 5 Other (Specify) 21. SIGNATURE OF JUMERAL SERVICE	The state of the s	Ft	Line		ND ADDRESS OF FA			od, Md.
	1	1/1	670		22. NAME A	NO ADDRESS OF FA	W.W.Ch	amber	s Co. Inc.
_	(Yromas	D. (New	meer		5801	Cleveland	Ave. Rive	rdale	, Md. 20737
10 11	23. PART I. Enter the diseases shock, or heart fell	, or complicatione	that caused tha	death. Do r	ot enter tha me	ode of dying, auc	h as cerdiec or reapi	ratory arre	at, Approximata
	IMMEDIATE CAUSE (Finel	,,							interval Between Onset and Death
	disease or condition resulting in death)	· CAC	TO (OR AS A COM	AR	ONUT	1 01 1 0			1
1		0115				4 101 10			
NO	Sequentially list conditions.	- ARTE	= MOSC	LENOT	& CAN		ucm D.	Seas	•
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter INDERLYING	- ARTE		LENOT	& CAN		wen D.	Jeas	*
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE C.	TO (OR AS A COM	CEVENCE OF	e Can		wen D.	Seas	4
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE C.	= Masc	CEVENCE OF	e Can		wem D	Seas	<
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ACTE DUE	TO (OR AS A COA	ISEQUENCE OF	7:	DIOVA		Seas	
- 11	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. ACTE DUE	TO (OR AS A COA	ISEQUENCE OF	7:	DIOVA	Part I. 24a, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ACTE DUE	TO (OR AS A COA	ISEQUENCE OF	7:	DIOVA	Part I. 24a, WAS AN	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ACTE DUE	TO (OR AS A COA	ISEQUENCE OF	7:	DIOVA	Part I. 24a, WAS AN	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ACTE DUE	TO (OR AS A COA	ISEQUENCE OF	7:	DIOVA	Part I. 24a, WAS AN	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. ACTO DUE d	TO (OR AS A COM	ISEQUENCE OF	n the underlyin	DIOVA	Part I. 24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 11	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 17 YES 2 NO	b. ARTEDUE c. DUE d. Sittions contributing	TO (OR AS A COM	ISEQUENCE OF	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 11	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 12 YES 2 \(\) NO 27. MANNER OF DEATH	b. ACTO DUE c. DUE d. HOSPITAL: 1 Inputant 28e. DATE	TO (OR AS A COM	DOA 29b. TIM	28. P OTHER: 4 □ Nursing Hon E OF 28c. IN.	g cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 17 YES 2 NO	b. ACTO DUE c. DUE d. HOSPITAL: 1 Inputant 288. DATE (More)	TO (OR AS A CON TO (OR AS A CON To (OR AS A CO	ISEQUENCE OF	28. P OTHER: 4 Nursing Hon E OF URY M 1	g cause given in LACE OF OEATH (Chi	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 6 Could no	b. ACTO DUE c. DUE d	TO (OR AS A CON TO (OR AS A CON To death but no	ISEQUENCE OF	28. P OTHER: 4 Nursing Hon E OF URY M 1	g cause given in LACE OF OEATH (Chi	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCU	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigated Accident Investigated Accident determined.	b. ACTO DUE c. DUE d	TO (OR AS A COM TO (OR AS A COM To death but no to death but no 2 = ER/Outpatient OF INJURY — A E OF INJURY — A	ISEQUENCE OF	28. P OTHER: 4 Nursing Hon E OF URY M 1	g cause given in LACE OF OEATH (Chi	Part I. 24a. WAS AN PERFOR 1 YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY MED? NO NJURY OCCU	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 1 Suicide 6 Could no determine. 29a. CERTIFIER (Check only)	b. ACCOUNTY DUE c. DUE d. Stitions contributing AL HOSPITAL: 1 Impetient 28s. DATE (Mont) 28s. PLAC buildi 28r. PLAC buildi 28r. PLAC	TO (OR AS A COM TO (OR AS A CO	ot resulting I	28. P OTHER: 4 Nursing Hon E OF	g cause given in LACE OF OEATH (Che ne 5 Residence JURY AT DRK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW II 20f. LOCATION (Street City or Town, State)	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED W Rural Route Number,
BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 1 Suicide 6 Could no determine. 29a. CERTIFIER (Check only)	b. ACCOUNTY DUE c. DUE d. Stitions contributing AL HOSPITAL: 1 Impetient 28s. DATE (Mont) 28s. PLAC buildi 28r. PLAC buildi 28r. PLAC	TO (OR AS A COM TO (OR AS A CO	ot resulting I	28. P OTHER: 4 Nursing Hon E OF	g cause given in LACE OF OEATH (Che ne 5 Residence JURY AT DRK? YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 ack only one) 6 Other (Specify) 28d. DESCRIBE HOW II 20f. LOCATION (Street City or Town, State)	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED W Rural Route Number,
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COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFYING FORE) 20b. SIGNATURE AND TITLE OF CERTIFYING FORE) 20c. CERTIFIER (Check only one)	DUE c. DUE d. Sittions contributing AL HOSPITAL: 1 Impatian 28a. DATE (Mont) 28a. PLAC buildi ed PHYSICIAN: To the basis of TIFIER N WHO COMPLETED C	TO (OR AS A COM TO (OR AS A COM TO (OR AS A COM To (OR AS A CO	iseouence of iseou	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WH 1 I Itreet, fectory, office d at the time, data n, in my opinion, of Print)	g cause given in LACE OF OEATH (Che S Residence JURY AT JORK? YES 2 NO as and place, and due death occurred at the 29c. LICENSE NUM D 0 8	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCU and Number of there as stated d dua fo tha 29d. DATE 4 _	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED W. Rural Route Number, d. csuse(s) and manner as stated. SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident Investigate 3 Suicide 6 Could no determine. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFYING FORE) 20b. NAME AND ADDRESS OF PERSON	DUE c. DUE d. Sittions contributing AL HOSPITAL: 1 Inpatiant 28a. PLAC Mont tion 28a. PLAC build PHYSICIAN: To the besi MINIER: On the basis of TIFIER N WHO COMPLETED C	TO (OR AS A COM TO (OR AS A CO	ot resulting I a 3 DOA 28b. Timiling thome, farm, s death occurre for investigation The 27 (Type,	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WH 1 I Itreet, fectory, office d at the time, data n, in my opinion, of Print)	g cause given in LACE OF OEATH (Che S Residence JURY AT 79K? 2 NO 2s and place, and due 29c. LICENSE NUM	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCU and Number of there as stated d dua fo tha 29d. DATE 4 _	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED W. Rural Route Number, d. cause(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFYING FORE) 20b. SIGNATURE AND TITLE OF CERTIFYING FORE) 20c. CERTIFIER (Check only one)	DUE c. DUE d. Sittions contributing AL HOSPITAL: 1 Inpatiant 28a. PLAC Mont tion 28a. PLAC build PHYSICIAN: To the besi MINIER: On the basis of TIFIER N WHO COMPLETED C	TO (OR AS A COM TO (OR AS A COM TO (OR AS A COM To (OR AS A CO	ot resulting I a 3 DOA 28b. Timiling thome, farm, s death occurre for investigation The 27 (Type,	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WH 1 I Itreet, fectory, office d at the time, data n, in my opinion, of Print)	g cause given in LACE OF OEATH (Che S Residence JURY AT JORK? YES 2 NO as and place, and due death occurred at the 29c. LICENSE NUM D 0 8	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCU and Number of there as stated d dua fo tha 29d. DATE 4 _	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED W. Rural Route Number, d. csuse(s) and manner as stated. SIGNED (Month, Day, Year)

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		permit.
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ARYLAND 21215-0020	d by the hospital or attending pl	should be detached for use as the burial-transit permi
AND	the hospital	detached to
ARYI	ained by	should be

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

Final P

notified at 24 hours after death. Page 6 may be ret the funeral director, page must be medical examiner filled in by the form or removal. 6 signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation. the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, other 10 shows any injury, r this certificate has been si th with the State Dept. of He arked, or Hem 23 show marked, L DIRECTOR: After the 2 hours after death v 28 is MPORTANT: It Item THE FUNERAL D THE HOSPITAL 2 2 3

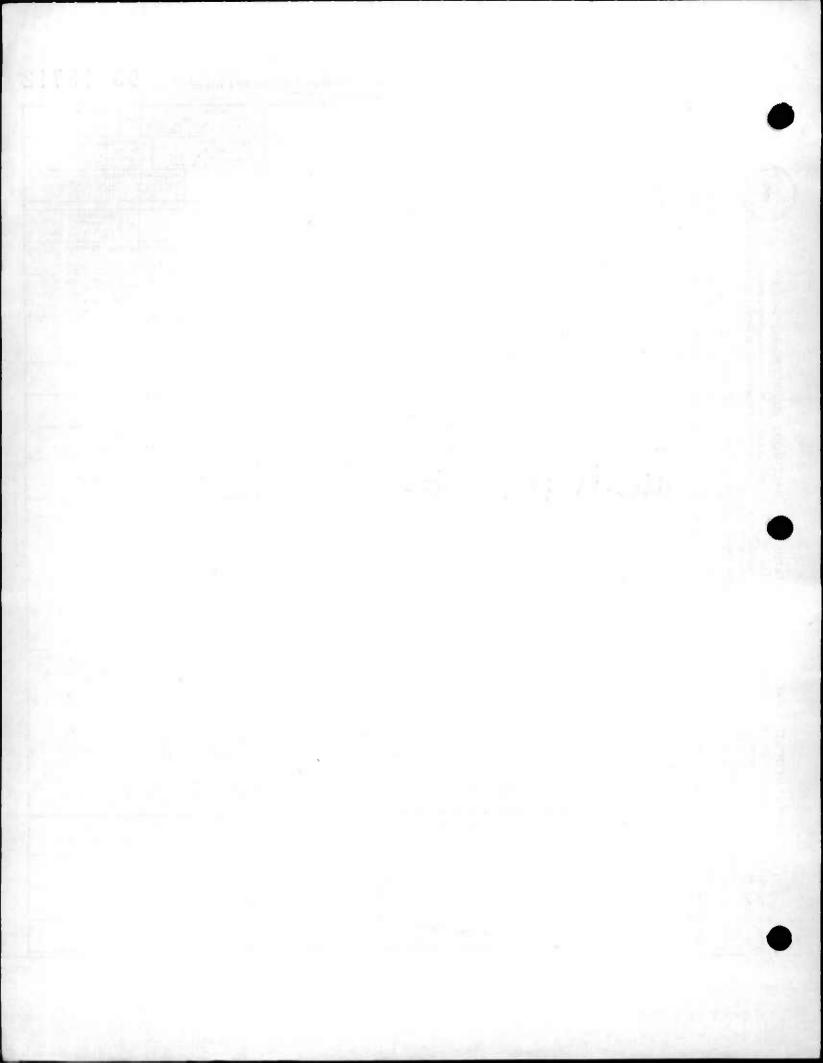
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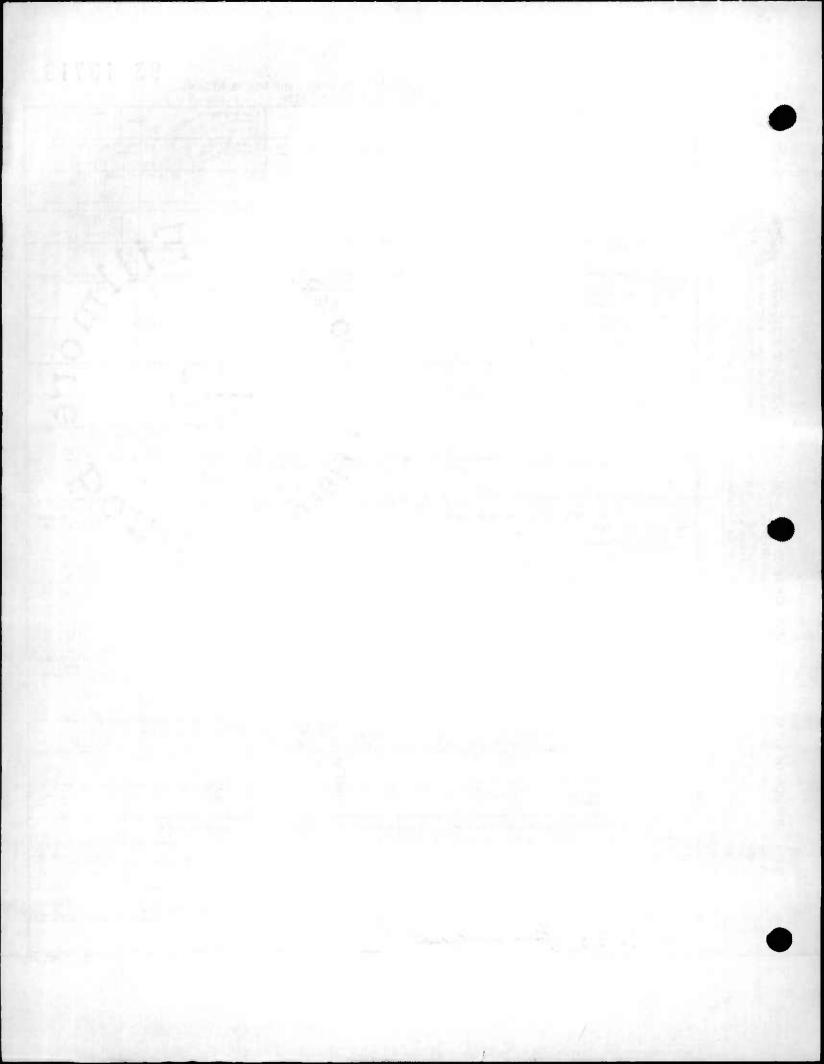
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY Aino Aule April 25, 1993 3:45A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Ybar 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗆 M 2 DAYS HOURS YRS. 120-30-7105 80 June 4,1912 Estonia 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Doctor's Hospital Prince George's Lanham DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Greenbelt YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 129 Lastner Lane 20770 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 KO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married XX Married FORCES? 1 YES YEV NO BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) 12 years 4 years Clerk private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Karl Pikk 띪 Marta Sula 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Erik Aule same as #10 20a. METHOD OF DISPOSITION
1 Surial 2XX Cremation 3 S 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Metropolitan Crematory 4/27/93 tion 5 Other (Specify). Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705 23. PART I. Enter tha diseases, or co that coused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, that caused the deahock, or heart failure. List only Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) ardiac DUE TO (OR AS A CONSEQUENCE OF): Cormary CERTIFICATION Sequentially list conditions, DUE TO (QR AS A CONSEQUENCE OF) if any, leading to immediata retensions cause. Enter UNDERLYING 4 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST Der inidemia PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER

There only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner es stated. 2 __ MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Da897 24/9 0 Ce 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PK, Md Hambohira Langley 7505 New Ave. 12. ABBISTRAR'S SIGNATURE DE 31. DATE FILED (Month, Day, Year)



FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICAT	NT OF HEALTH AND	MENTAL HYGIEN		13713
1. DECEDENT'S NAME (First, AMERIC Last)):			2. DATE OF DEATH	MY YEA	3. TIME OF DEATH
Omid		Azizi		May 7,	ື 1993່ຶ	6:05 A. M
4. SOCIAL SECURITY NUMBER		MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B, Bi	RTHPLACE (State or Foreign
N/A	1 XM 2 F	YRS.	20 20	May 5,		Maryland
9a. FACILITY NAME (If not institution, give		501	TY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH
Shady Grove A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD MOT		spital_	Rockville		Mont	gomery
MD MOT			N OR LOCATION			10d. INSIDE CITY LIMITS?
	ntgomery	Gait	hersburg			1 X YES 2 NO
100. STREET AND NUMBER 1378 Carlsbac	d Dr.		20879		USA	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED 1	3. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Vo		ACE American Indian,
3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, OIVE WAR OR DATE	2 NO	If yes, specify Cuben, Mexic 1 ☐ YES 2 M NO Spec	can, Puerto Rican, atc.)		leck, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, Last)		IGNA kind of work do	OCCUPATION be during most of working	18b. KIND OF BU	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 8+)	Iffe. Do NOT use retired	()			
N/A	N/A	N/A		N/A		
17. FATHER'S NAME (First, Middle, Last) Mohammad	7 - 2 - 2		130-2-110	AME (First, Middle, Meiden		
	Azizi	T	Zah:	ra Mirmo	zaffar	i
Shady Grove Ad	dventist Hos	p. 9901	ss (Street and Number or Rura Medical Cet	nter Dr.,	Rockv	ille, MD
20e. METHOD OF DISPOSITION 1	/ 1 20h P	LACE AND DATE OF DISP	Adv. Hos	DATE 200. LO	ROCKV	Town, State
TESTITE OF THE AND SERVICE L	Mkto & Bus	· pevlp. 2	2. NAME AND ADDRESS OF F 9901 Medic Rockville	cal Cente	Grove r Dr.	Adv. Hosp.
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO		(Cardia (Congenita (Congenita	ac Failur l/Hypopla Leff Vent	e) Stic Yfc1 <i>UR</i>	Onset and Dast
PART II. Other algorificent condition	d	ant resulting in the	Indestring series alice to	Port I as una	I	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES YNO 27. MANNER OF DEATH		TOT POSITING III III	anderlying couse given in	1 Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)		
1 TYES ZY NO	1 N Inpetient 2 ER/Outpeti	ent 3 DOA 4 N	ER; ursing Home 5 🗌 Residence	8 C Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) N/A	28b. TIME OF INJURY N/A	28c. INJURY AT WORK? 1 Yes/7 No	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be datermined	28a. PLACE OF INJURY	At home, farm, street, fr		28f. LOCATION (Street a City or Town, Stete)		el Route Number,
	BICIAN: To the best of my knowled ER: On the baels of examination e	ge, death occurred at the			nner es stated.	e(e) end menner es stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		31235141	77.3 29c. LICENSE NU 2 95/	F	> 5/7	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIND SITH Sadhas.	HO COMPLETED CAUSE OF DEATH 1 YAM 990 I	Medical 170/	Center Dr.	Rockyil	ile M	20850 m320
31. DATE FILED (Month, Day, Year) MAY 12 1993	32. REGISTRAR'S SIGNATI	URE				



permit. Pages 1, 2.

BALLIMORE, MARYLAND 21215-0020	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	uted within	completely rial, cremat
OX O	be exect	ician and ior to bu
0.0	ertificate	ing physi
'n	death o	e attend
מאל	that the	d by th
I C	equires	en signe of Healt
ALL	e law	has be Dept.
=	IAN: TI	tificate e State
5	HYSIC	this cer with th
2	DING F	After 1
2	ATTEN	CTOR:
5	DR	DIRE

examiner must be notified at once.

medical

Item 23 shows any Injury, or other traumatic event, the

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marked,

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IMPORTANT:

BE

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296. SIGNATURE AND TITLE OF CERTIFIER

1993

APR

FUNERAL DIRECT within 72 hours a TANT: It Item 2

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13716 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 804 Mary Hatti ARNOLD avu Ł. 4. SOCIAL SECURITY NUMBER .s. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 FEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 218-40-4144 1 | M 2 | KF 85 Mar. 8, 1908 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Jefferson 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3945 Lander Road 21755 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 NO Specify: White BY Specify: 3℃ Widowed 4 ☐ Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Charles W. Orrison BE Hattie Wolford 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Talbott S. Arnold 5399 George Street, Adamstown. Maryland 21710 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE 20s. METHOD OF DISPOSITION

1 St Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Mount Olivet Cometery 4/7//9 4/71/93 Frederick, Maryland 21. SIGNATURE OF JUNERAL SERVICE LICENSEE Keeney & Basford P.A. Funeral Home - MOO706 106 East Church Street, Frederick, MD 21701 23. PART1. Enter the diseases, of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) 10 land DUE TO OFF AS A CONSEQUENCE OF): COUNG PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 🗌 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. ition and/or investigation, in my pointon, death

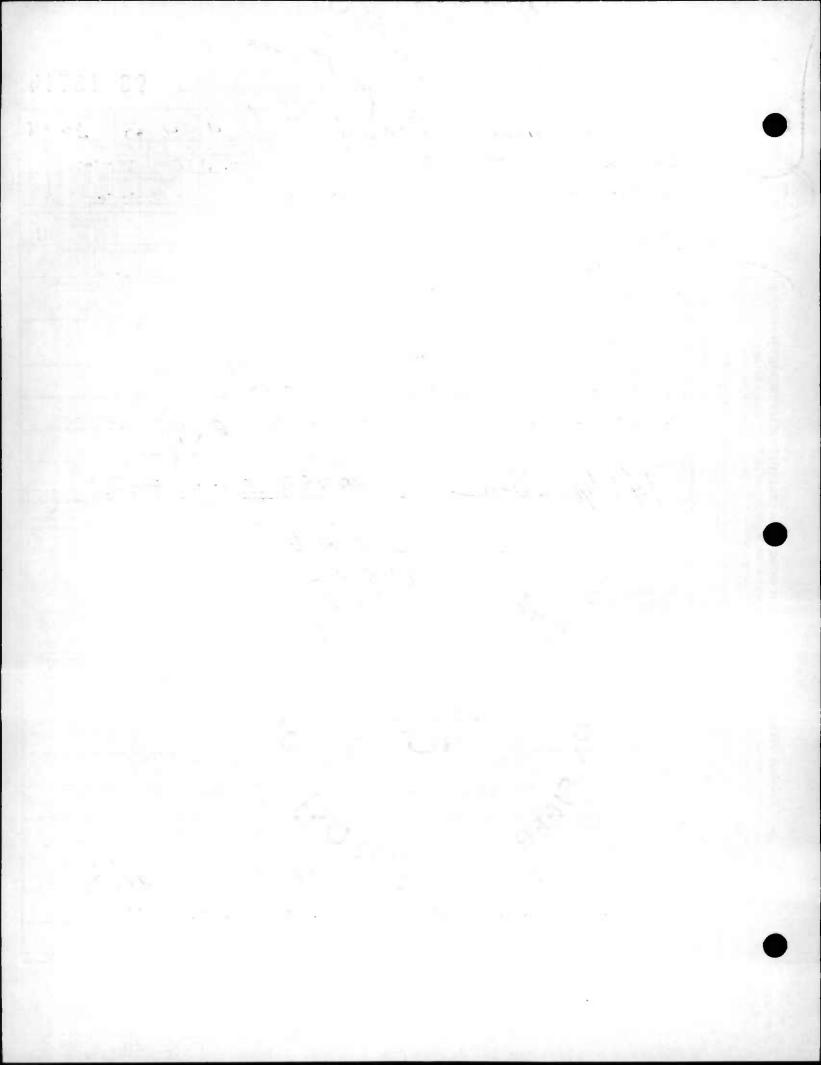
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Edward P. Riuli, M.D., 310 West Ninth Street, Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year)

29c, LICENSE NUMBER
100 D36649

32. REGISTRAR'S SIGNATURE 1202

Leb mo

29d. DATE SIGNED (Month, Day, Year)



3. TIME OF DEATH

7:10 pm

8. BIRTHPLACE (State or Foreign

Maryland

1993

9c. COUNTY OF DEATH

Frederick

1903

4. SOCIAL SECURITY NUMBER

217-42-9863

Grace

9a. FACILITY NAME (If not institution, give street and number)

Homewood Retirement Center

Marie

1 M 2 F

5. SEX

IF UNDER 1 YEAR

9b. CITY, TOWN OR LOCATION OF DEATH

Frederick

ANGLEBERGER

6. AGE (In yrs. last birthday)

89

2. DATE OF DEATH MONTH

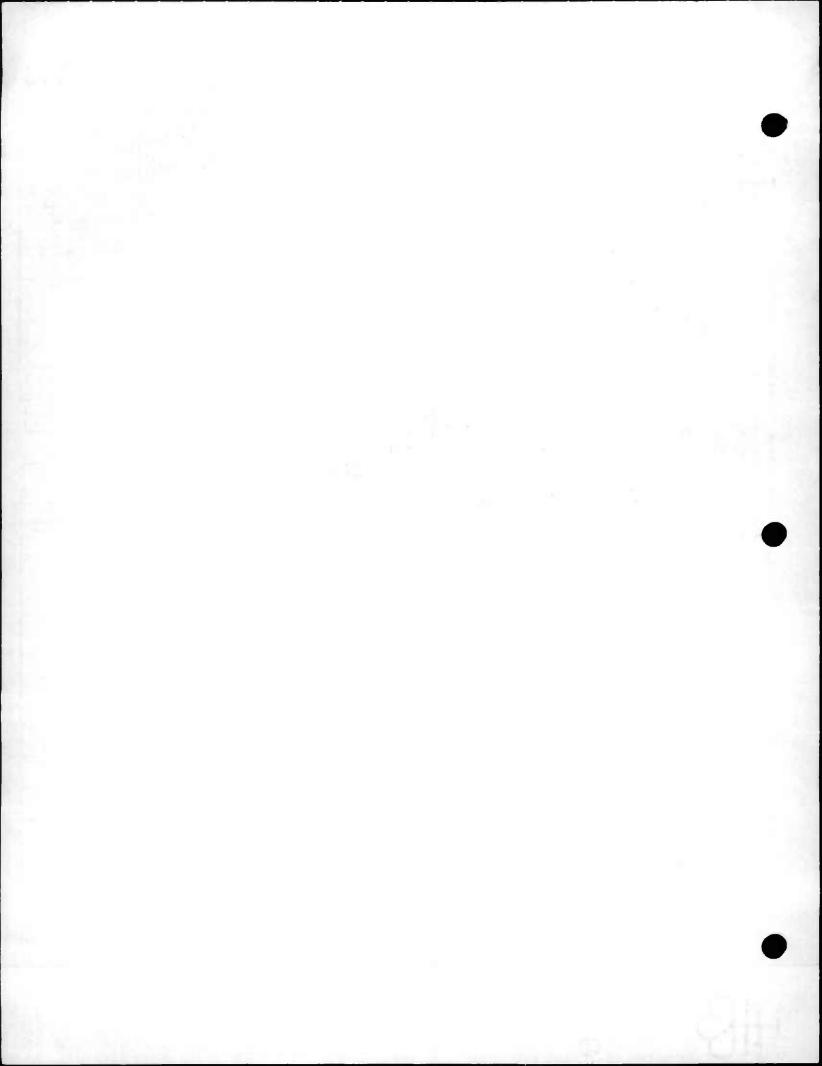
7. DATE OF BIRTH
(Morth, Day, Year)
June 1,

April

BALTIMORE, MARYLAND 21215-0020

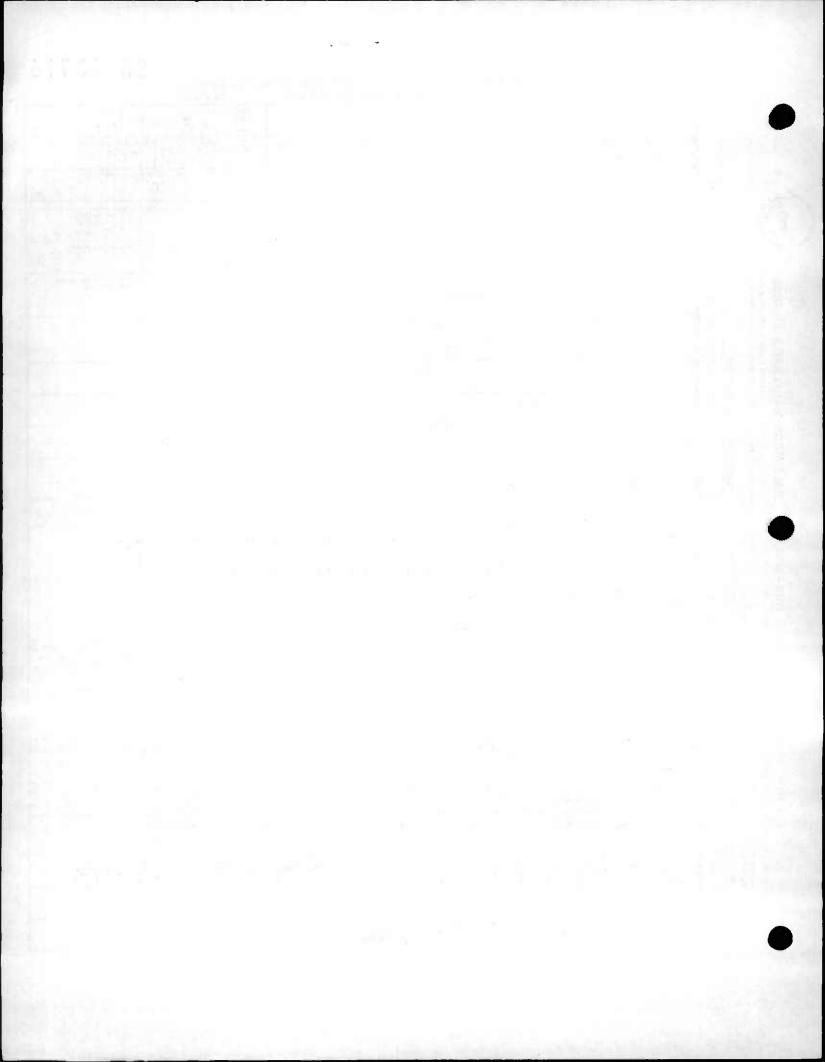
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

EC	10a. STATE	10b. COUNTY		10c. CITY	, TOWN OR LOC	10d. INSIDE CITY					
DIRE	Maryland	Fre	ederick]	Frederick						
ERAL	10s. STREET AND NUMBER				1	Of. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?			
띮	118 East E	ighth S	Street			21701		U.5	S.A.		
BT FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARE FORCES? 1 YES 2 X N				RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif				Yes or No. 14. RACE - American Indian,		
	15. DECEDENT'S EDUCATION 16a. DEC			16a. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF BU	ND OF BUSINESS/INDUSTRY			
PLET	The second secon	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.) Homenaker						
COMP	17. FATHER'S NAME (First,		18. MOTHER'S NAME (First,				t Miridla Maidan Surnamal				
u	William H			HAUGH				BISER			
	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	vn, Stata, Zip Co	ode)				
-	Monroe P.	Anglebe	erger	5734	Jeffer	son Pike, F	rederic	c, Mary	yland 21702		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemelery, crematory or other place) Mount Olivet Cemetery 4/10/93 Frederick, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Fune MOO703 106 East Church St, Freder						[unera]	L Home			
	23. PART I. Enter the	diseases, or o	omplications that caus	ed the death. Do n	ot enter the m	ode of dving, such a	cardiac or mar	der TCk	t, Approximate		
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Anciental Likely aspiration Due to (or as a consequence of): Length of the properties										
	muleteple decuoiti						1 YES 2 NO		OF DEATH? 1 □ YES 2 ♠ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
2	1 TYES 2 NO		1 Inpetient 2 I ER/Ou		4 Nursing Ho	me 5 🗆 Residence 6 🗆					
1 2	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF INJURY M				JRY W	28c. INJURY AT WORK? 1 YES 2 NO					
3	3 Suicide 8 Could not be determined 26a. PLACE DF INJURY — At home, term, street, factory, office building, stc. (Specify)				181. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dn the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER?					29c. LICENSE NUMBER	9	29d. DATE SIGNED (Month, Day, Year) April 8, 1993			
-	Susan Brinkley, M.D., 915 Tollhouse Avenue, Suite 203, Frederick, Maryland 21701										
	31. DATE FILED (Month, Day	Youll	32/ REGISTRAR'S SIG	NATURE	venue,	Suite 203,	rreder	ick, Ma	iryland 21/01		
į	APR	9 1993	Julia Drividso	n-Randell							



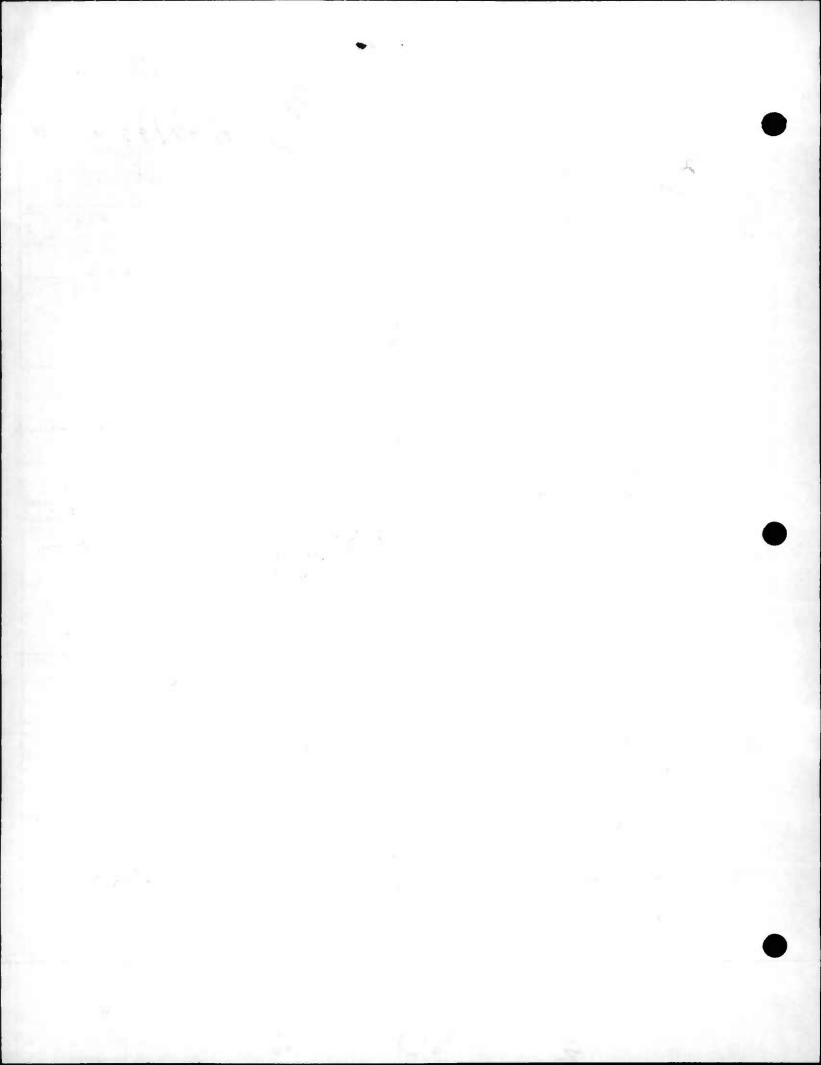
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT	OF H	EALTH DEAT	AND I	MENTAL HYGIEN		90	13/10	
	1. Decedent's NAME (First, Middle, Last) Dolly Sparks		Andrew					2. DATE OF DEATH MONTH DAY 4-21-1993			3. TIME OF DEATH 10:35PM M	
	218 - 16 - 7294			DAYS	IF UNDER HOURS	MIN,		1925	8. BIRTHPLACE (State or Foreign Marryland			
TOR	96. FACILITY NAME (If not institution, give street and number) Sent & Queen Anne's Hospital INC. Sesting the street of pecked and purpose of pecked and											
FUNERAL DIRECTOR	Maryland Queen Anne's Cen									10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
VERAL	Centre Park, Apt. 31				101. ZIP CODE 21617				10g. CITIZE	what country? ed States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D		it yes, spe	cify Cuban	F HISPAN I, Mexica Specify	IIC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	s or No- 1	- American Indian, i, White, etc. ly: nite			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest graide completed) Elementary/Secondary (0-12) 11 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) Sgt., Toll Facilities State of Maryland								land			
E COM	17. FATHER'S NAME (First, Middle, Lest) Wilmer Louis Sparks					Facilities State of Maryland 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edith Ella Holden						
TO BE	190. INFORMANT'S NAME (Type/Print) Daughter Janet Lynn Potter 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 500 Carmichael Rd., Queenstown, Maryland 21658											
	20a METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Capacitary, granditor), granditor, grandi											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Morris T. Barton Barton Funeral Home P.O. Box 222, Centr								al Home	11e. M	larv	land 21617	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata interval Between											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ruptured Aortic Abdominal Augustan. Onset and Death Onset and Death											
NOL												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in deeth) LAST											
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
HYS	1 YES 2 YOU 27. MANNER OF DEATH	1 Inpetient 2 FR/Outp	26b, TIM6	4 🗆 Nurs			idence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	PED		
ВУР	Natural 5 Pending Investigation	(Month, Day, Year) INJURY			WORK? 1 YES 2 NO			ISS. SECONDE NOW INSUIT OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	26e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)				26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner se stated.											
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/27/93											
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Eric F. Ciganek, M.D., Centreville, Maryland 21617											
	31. DATE FILED (Month, Pay, Mar) 7 93	32. REGISTRAR'S SIGNATURE Julia Davidson-Randell										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	bed in by the funeral director, page 5 should be detached for use as the burial-transit permit or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

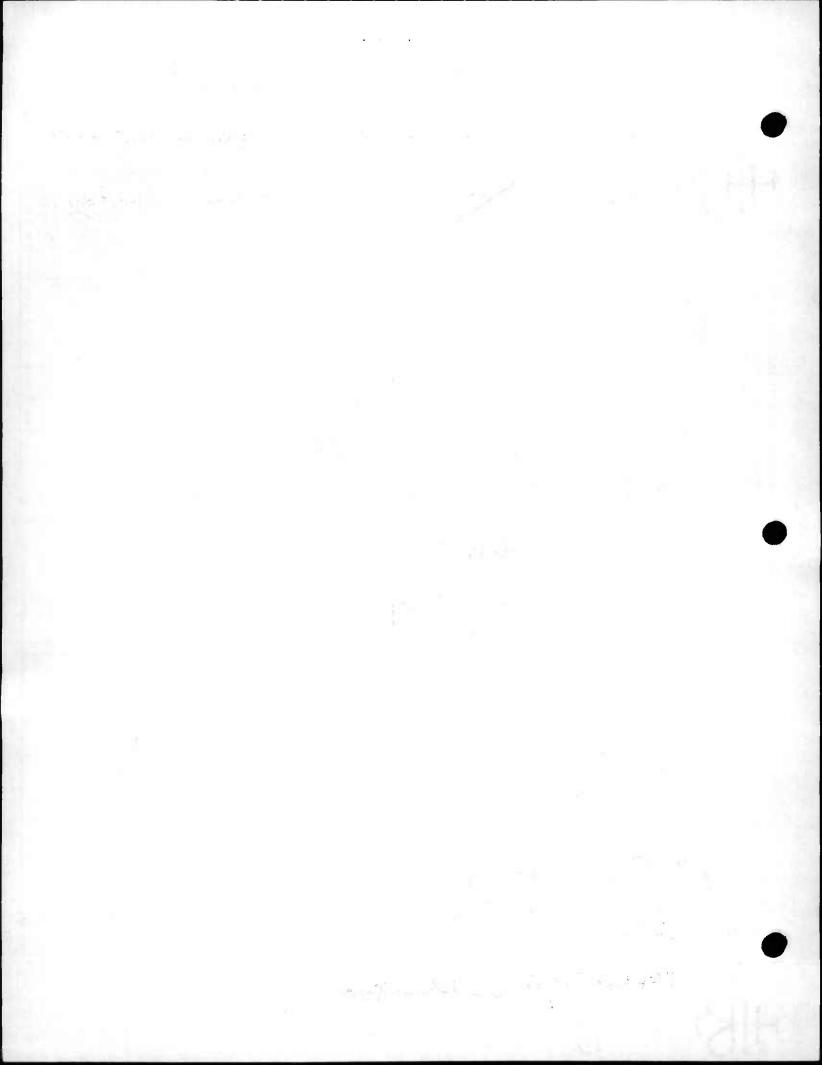
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH	DAY / YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Benson	(In yrs, lest birthday)	IF UNDER 1 YEAR	T	4/2	7/9	3 4:35 PM	
1	L 2-26-9654	1 M 2 TF	7 3 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 2.4 - 1	1 6	BIRTHPLACE (State or Foreign Country) Nesapeake	
1 3	On EACH ITY MARKE IN and Insulation of the same								
0	5 Biddle Street								
ځ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					TEA		ecil	
DIRECTOR		Cecil		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	CECII			ake Ci	ty	I son CITIZEN	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?	
FUNERAL	518 Biddle Str	eet			2191	5		.S.A.	
3	11. MARITAL STATUS	12. WAS DECEOENT EVER II	U.S. ARMEO		ENDENT OF HISPA	NIC ORIGIN? (Specify Ye		RACE — American Indian	
BY F	1 Never Married ZXXMarried 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES	If yes, sp	ecify Cuban, Mexico	nn, Puerto Rican, etc.) ly:		Black, White, etc. Specify: Tallo 1 4 6	
	15. DECEDENT'S EDUC	ATION	16. DECEDENT'S	USUAL OCCUPATION				White	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during mo	ost of working	16b. KING OF BU	SINESS/INDUST	RY	
교	11	Conege (1-4 or 5+)	Homema	aker		ā	t hom	e	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malder			
BE (Charles M. Pri	ce			My	rtle All	.en		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov			
-	Lee Custus Bens							Md. 21915	
	1 Burial 2 Cremation 3 Remo	val from State 20b	PLACE AND DATE of the setery, cremetory or o	ther place)			Sanea		
	4 U Donation 5 Uther (Specify) Bethel Cemetery CHESapeake C1								
	· Edul Ma	6		Gee	Funeral	L Home E_1	Kton,	Main St., Md. 21921	
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate								
П	IMMEDIATE CAUSE (Final							interval Between Onset and Death	
	resulting in death)	DUE TO (OR AS A	er Ca	ncer				10 mo.	
	_	DUE TO (OR AS A	CONSEQUENCE OF	F):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):					
3	cause. Enter UNDERLYING CAUSE (Disease or injury								
틸	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
띩	d.								
AL.	PART ii. Other aignificant conditions	contributing to death b	ut not resulting	in the underlying	g cause given in	Part i. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS	
						1 YES	200	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC								1 YES 2 NO	
ä									
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF GEATH (C)				
14S	1 YES 2 X NO 27. MANNER OF GEATH	1 Inpetient 2 ER/Outp	attient 3 DOA 26b, TIM			8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK?	28d. DEŞCRIBE HOW	INJUHY OCCURE	:0	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm, s			28f. LOCATION (Street		lural Route Number,	
COMPLETED	4 Homicide determined	building, atc. (Spec	жу)			City or Town, State)		
12	29a. CERTIFIER (Check only	IAN: To the best of my know	ledge, death occurre	ed at the time, date	and place, and due	to the cause(s) and me	nner as stated.		
o O								use(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIG	GNEO (Mogth, Day, Year)	
0 8	Henry Jorne	3/10			0153	14	> 4/	28/93	
-	30. NAME AND ADDRESS OF PERSON WHO					Ell	ton,	Md. 21921	
	Dr. Henry Fark		rn Ches	sapeake	Hospid	ce, 111 J	loward	St.	
	APR 29'93	32 REGISTRAR'S SIGN	~ Mandelle						



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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	9	ter
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
	Ė	Ė
	2	2

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Leat) 13-2551 4. SOCIAL SECURITY NUMBER	5. SEX & AGE (In yrs.	MONTHS		2. DATE OF DEATH DOWNTH DOWNTH DOWNTH 3	0 19	SIRTHPLACE (State or Foreign		
CTOR	RESIDENCE OF BECEDENT	street and number) M& Field Hospita	9b. CITY, T	OWN OR LOCATION OF D	JUNE 24	1910 9c. COUNTY	VIRGINIA		
AL DIRECTOR	MARYLAND 10e. STREET AND NUMBER	CECIL	10c. CITY, TOWN OR RISII	NG SUN	-	10g. CITIZEI	10d. RISIDE CITY LIMITS? RETYYES 2 □ NO N OF WHAT COUNTRY?		
Y FUNERAL	MCKINLEY APA	RTMENTS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2X IF YES, GIVE WAR OR DATES		21911 S DECENDENT OF HISPA ea, specify Cuban, Mexic YES 2 XNO Speci		US s or No- 14	. RACE — American Indian, Black, White, etc.		
LETED BY	Widowed 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION 16a. College (1-4 or 5 +)	DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	UPATION ing most of working	16b. KIND OF BU		Specify: WHITE TRY ACTURING		
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) JAMES W.	HAVENS	WING MACE	18. MOTHER'S N. ELIZ	AME (First, Middle, Maiden A PAF	Surname) RKS			
10	19a. INFORMANT'S NAME (Type/Print) MAXINE B. STET 20a, METHOD OF DISPOSITION	WART	217 SYLMA	R ROAD,	RISING SU	JN, MI	21911		
CAGILITIES III III	XX Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State cemetery s	E AND DATE OF DISPOSITI	HURCH CE	M 5-4 RI	SING	SUN, MD		
ATION	IMMEDIATE CAUSE (Final disease for condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A COME	DEQUENCE OF):	e mode of dying, suc	ch as cardiac or respi	ratory arrest	Approximate Interval Between Onset and Deat		
RTIFIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. Renal DUE TO JOH AB A COMS d. Aneum	tavlus	nl					
MEDICAL	PART II. Other significant condition	as contributing to death but no	t resulting in the unde	ertying cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3 DOM 4 Diversion	26. PLACE OF DEATH (C)	The state of the s				
D BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUSTY (Month, Day, Year)	28b. TIME OF 21	E. INJURY AT WORK? 1 YES NO	284. DESCRIBE HOW II	NURY OCCUR	ED		
, w	2 Actioner 3 Suicide 6 Could not be defermined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Seen, State)								
BE COMPLET		ER: On the basis of my knowledge,		nion, death occured at the	time, date and place, an	d due to the c			
TO BE	30. NAME AND ADDRESS OF PERSON W	T. Le	2 20-	29c. LICENSE NU	20661	29d. DATE 91	IGNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 0 4'93 Subject to the contract of the contr								



DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certibe filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 EAR 22 PAY 1:47 A. M ORL ANDO BATES **BRANDS** April 7. DATE OF BIRTH (Month, Day, Year) Sep. 10, 1912 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 143-09-0963 80 DAYS HOURS New York 1 X M 2 - F 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Ctr-Corsica Hills Centreville Oueen Anne RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE Talbot McDaniel Maryland 1 YES 2 X ND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 9223 Mallard Point Court 21647 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 \(\bigcite{\December{N}} \) YES 2 \(\bigcite{\December{N}} \) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

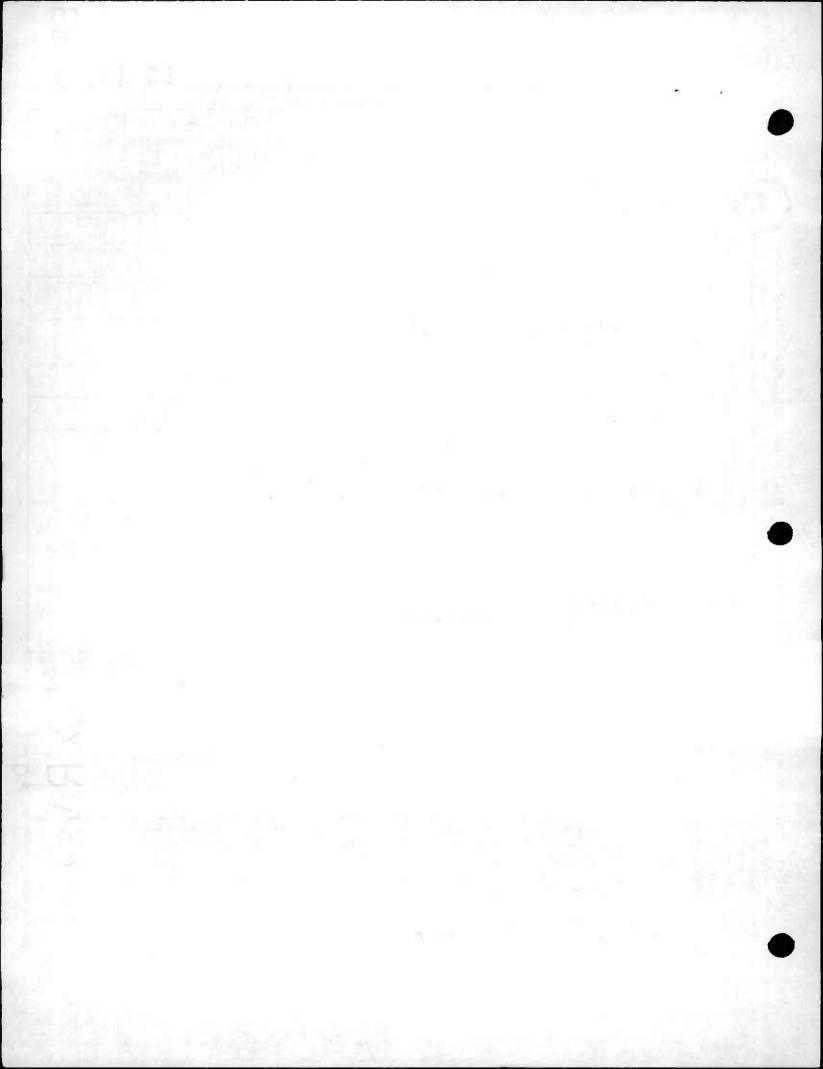
1 YES 2 X NO Specify: 1 Never Married 2 Married specMy: White 3 Widowed 4 Divorced WWII NAVY 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Sect ndary (0-12) College (1-4 or 5+) Independent Insurance Agency Insurance 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Bates Carl Brands 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Poute Number, City or Town, State, Zip Code)
9223 Mallard Point Court - McDaniel, MD 21647 Marion G. Brands 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 4/25/ 26c. LOCATION — City or Town, State 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) Capitol Crematory Services Dover, Delaware 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home Davison 6. 312 S. Talbot St. St. Michaels, MD 21663 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between **Onaet and Death** DUE TO (OR AS A CONSEQUENCE DF): IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the undariying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 ND g Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 ND 2 Accident 26s. PLACE DF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29e. CERTIFIER

(Chart cold): 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Do the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and of 296. SIGNATURE AND TITLE DE CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Chr. Year) 9 122 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM AT) (Type, Print)

JOHN R. SMITH JR. M.D. CENTREVILLE, MARYLAND

32. REGISTRAR'S SIGNATURE

21617

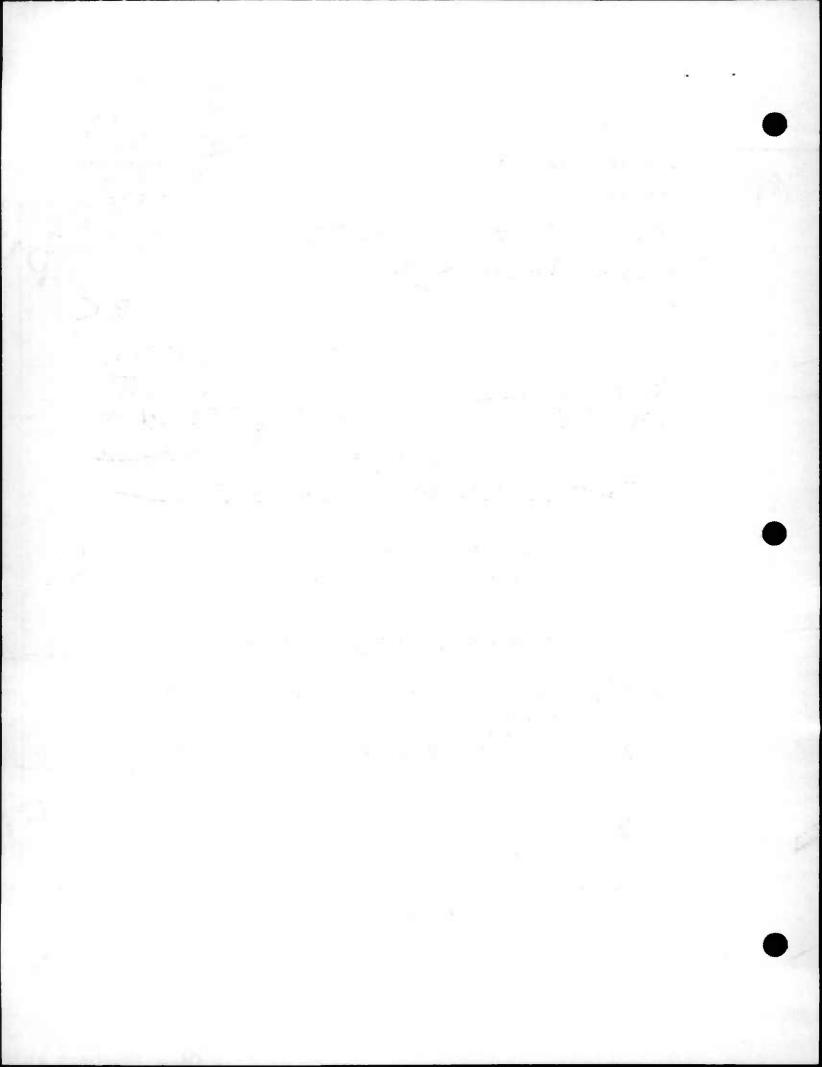


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	0 21215-0020	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	oital or attending physician.	30
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pure tiled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	d for use as the burial-transit permit. Pur	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

GOT Dutch
31. DATE FILEO (MONTH, Day, Year)
APR 22 1993

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND NTE OF DEATH	MENTAL HYGIENI REG. NO.		0 10120		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH DA		3. TIME OF DEATH		
1	ALICE	W.	BAKE	R	4 19	93	4:01 pm		
		72-2 14 17 17	1404	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)		
	2/3/10/01/0	□ M 2 1 F 8	5 YRS.	DATO HOURS WIN.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
· ·	9e. FACILITY NAME (If not institution, give stree			CITY, TOWN OR LOCATION OF D	HTA3	9c. COUNTY	OF DEATH		
DIRECTOR	Memorial Hospit	tal at Eas	ston	EAston		Tall	oot		
<u> </u>	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY		
a	my. No	Wast	6	antag			LIMITS?		
AL	10e. STREET AND NUMBER	0		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	10952 30	Mayord	W Kg.	,					
E	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENOENT OF HISPA If yes, specify Cuban, Mexic	NIC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, While, etc.		
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES 2 NO Spec	ty:		1000 M		
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KINO OF BUS	INCOR/INDUCT	IDLA		
ET	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	lone during most of working	IOU. KINO OF BUS	INESS/INDUST	нт		
₽.	10	55/15ge (1-4 5/ 5 7)	Seni	RESTAN	000	MIM	V/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden S	Sumprine) 1	X)		
BE (Lever Mor	Mer		Her	vietta-	Carl	Δ		
0	104 INFORMANT'S NAME (SOUPEN)	100	19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Town	Store Zip Cod	(a)		
	Calherina	Noone	100	52 Jun	MUTOODS	Ra			
	20 METHOD OF DISPOSITION 1 Description Burlet 2 Cremetton 3 Remova	of from State 20b.	PLACE AND OATE OF DE	POSITION (Name of	OATE 20c. LOG	ATION - City	or Town, Stand		
	4 Donation 5 Other (Specify)		Har	22. NAME AND ADDRESS OF F	CA.	DOY	1/25/		
	1961	().1.	\ // 'I	WE. NAME AND ADDRESS OF F					
_	,	Lasny	100	382	Eall 4	40			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final								
	IMMEDIATE CAUSE (Final	0		-			Interval Between Onset and Death		
		Cardiac	Arres	•			intarval Between		
_	iMMEDIATE CAUSE (Final disease or condition	Cardiac		•			intarval Between		
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Candiac DUE TO (OR AS A ASCUD	Arres	-			intarval Between		
CATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Candiac DUE TO (OR AS A ASCUD	ATTRS CONSEQUENCE OF):	-			intarval Between		
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Candiac DUE TO (OR AS A ASCUD AOUE TO (OR AS A Anging	ATTRS CONSEQUENCE OF):				intarval Between		
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CAL	iMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Candiac DUE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO (OR AS A CONDAIN Contributing to death by	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	y diseas	Part I. 24s. WAS AN A PERFORM	AUTOPSY AED?	Interval Between Onset and Daath Years 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO		
CAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	OUE TO (OR AS A ASCUD OUE TO (OR AS A CO CO CO CO CO CO CO CO CO CO CO CO CO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the	y diseas	Part I. 24s. WAS AN A	AUTOPSY AED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	Candiac DUE TO (OR AS A ASCUD A OUE TO (OR AS A OUE TO (OR AS A CO CONTRIBUTING TO death by Contributing to death by Cont	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not reaulting in the consequence of the consequence	28. PLACE OF OEATH (CI	1 Part I. 24e. WAS AN A PERFORM 1 YES 2	MUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODUE TO (OR AS A SCUD OUE TO (OR AS A CO ODE TO (OR AS A CO))).	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the consequence of the consequence	28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 heck only one) 6 Other (Specify)	MUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODUE TO (OR AS A SCUD OUE TO (OR AS A CO ODE TO (OR AS A CO))).	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the open consequence of the conseq	28c. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN A PERFORM 1 YES 2 heck only one) 6 Other (Specify)	JURY OCCURE	Interval Between Onset and Daath Constant Daath Constant Daath Constant Daath Constant Daath Completion of Cause of Daath 1 Yes 2 No		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A CO ODE TO (OR AS A CO ODE TO (OR AS A CO ODE TO (OR AS A OUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the consequence of the consequence	28. PLACE OF OEATH (CI	Part I. 24s. WAS AN A PERFORM 1 VES 2 Theck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street ar City or Town, State)	JURY OCCURE	Interval Between Onset and Daath Constant Daath Constant Daath Constant Daath Constant Daath Completion of Cause of Daath 1 Yes 2 No		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A OUE TO (OR AS A COMMITTED (CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the consequence of the consequence	28. PLACE OF OEATH (CI	24a. WAS AN A PERFORM 1 VES 2 6 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street ar City or Town, State)	JURY OCCURE	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A OUE TO (OR AS A COMMITTED (CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the consequence of the consequence	28. PLACE OF OEATH (CI	24a. WAS AN A PERFORM 1 VES 2 6 Other (Specify) 28d. DESCRIBE HOW IN 281. LOCATION (Street ar City or Town, State)	JURY OCCURE	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	ODE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A COMMITTED (OR AS A OUE TO (OR AS A COMMITTED (CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in the consequence of the consequence	28. PLACE OF OEATH (CI	24a. WAS AN A PERFORM 1 VES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar City or Town, State) 1 othe cause(e) end manner at time, date and place, and	JURY OCCURE Id Number or Ri Her ee stated.	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	OUE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not reaulting in the consequence of the consequence	28. PLACE OF OEATH (C) 28. PLACE OF OEATH (C) HER: 28c. INJURY AT WORK? 1 YES 2 NO Jactory, office	24a. WAS AN A PERFORM 1 VES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar City or Town, State) 1 othe cause(e) end manner at time, date and place, and	JURY OCCURE Id Number or Ri Her ee stated.	Interval Between Onset and Daath Comparison of Cause of Death? 1 Yes 2 No Interval Route Number, Interval Between Onset and Daath 24b. Were Autopsy Findings Awal. ABILE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No		
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	OUE TO (OR AS A ASCUD OUE TO (OR AS A OUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not reaulting in the consequence of the consequence	28c. PLACE OF OEATH (C) 1	24a. WAS AN A PERFORM 1 VES 2 1 Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street ar City or Town, State) 1 othe cause(e) end manner at time, date and place, and	JURY OCCURE Id Number or Ri Her ee stated.	Interval Between Onset and Daath Comparison of Cause of Death? 1 Yes 2 No Interval Route Number, Interval Between Onset and Daath 24b. Were Autopsy Findings Awal. ABILE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No		



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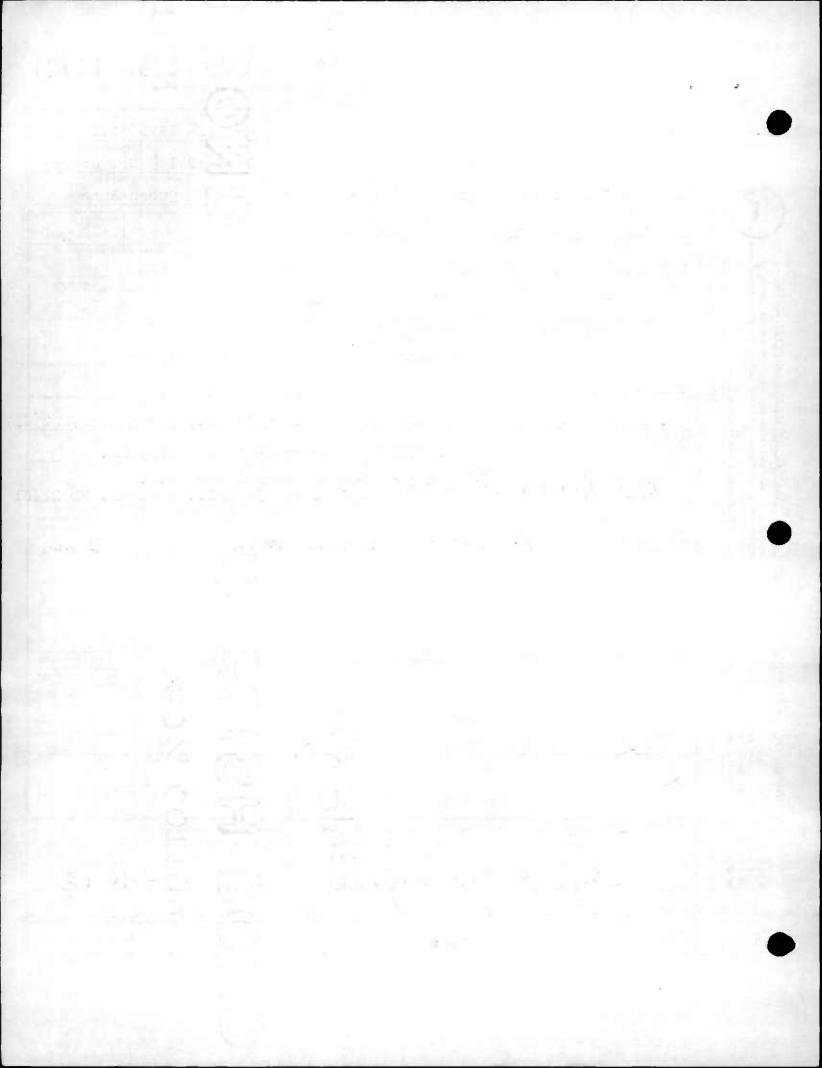
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MAR		EPARTMEN RTIFICAT				IENE . NO.		10761
1. DECEDENT'S NAME (First, Middle, Lest) CHARLES FR	ANCIS	BOYLE				2. DATE OF OEA		YEAR	TIME OF OEATH 2:30 AM M
4. SOCIAL SECURITY NUMBER		GE (in yrs. last t	oirthday) IF UNDS	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	Н		ACE (State or Foreign
216-36-2751		81	YRS.	DAYS	HOURS MIN.	7-19-	-1911		v Jersey
9e. FACILITY NAME (If not institution, give st	mirror or construction				OR LOCATION OF DE	EATH		UNTY OF OEA	
211 Charles I.	Boyle R	oad	Q	ueen	Anne		Qu	een 1	Anne
10a. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCAT	TION			:1	Od. INSIDE CITY
Maryland Que	en Anne		Queen	n An	ne			1	YES 2 XNO
10e. STREET AND NUMBER				101	. ZIP CODE		10g. Cf	TIZEN OF WH	AT COUNTRY?
211 Charles I.	Boyle R	oad			21657		U	SA	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2XX		If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	in, Puerto Rican, el		Black, \ Specify:	- American Indian, White, atc.
15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECI	EDENT'S USUAL	OCCUPATION OCCUPATION	ON ast of working	16b, KIND (F BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. C	oo NOT use retired.)		Agr	cicult	ure	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, A	falden Surname)		
Charles I. Boy	le				Marga	aret Eg	an		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	,		,	
M. Angela Boy	le	2	211 Ch	arle	s I. Bo	oyle Ro	l., Qu	een A	nne, MD21
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remote A Donation 5 Other (Specify)	oval from State		ND CATE OF CIS Tematory or other Joseph		etery		oc. LOCATION -		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	5 0 0	2	. NAME A	ND ADORESS OF FA	CILITY			
21. SIGNATURE OF FUNERAL SERVICE LIC	vuam "	4 (4	37.	200	S. Hari	rison S	ome,P.	A. astor	, MD 216
23. PART I. Enter the diseases, or o shock, or haert feliure. IMMEDIATE CAUSE (Finel	complications that ce List only one ceuse	used the dee on each line.	th. Do not ente	er the mo	ode of dying, suc	ch ss cerdiec or	respiratory e	rrest,	Approximete interval Between Onset and Death
disesse or condition resulting in death)	Ac	376		- EL	KEN	110			2 mg
resulting in death)		AS A CONSEQU							3 7.50
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQU	JENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	c								
that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSECU	JENCE OF):						
PART II. Other aignificent condition	s contributing to dea	ath but not re	suiting in the	underlyin	g csuee given in	Part I. 24e. W	AS AN AUTOPS		YERE AUTOPSY FINDINGS
							ERFORMEO?	C	MAILABLE PRIOR TO COMPLETION OF CAUSE
						1.			F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only one)	74.41		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER	/Outpetient 3	DOA 4 N	ER: ursing Hor	ne 5 Hasidence	6 Other (Speci	(y)		
27. MANNER OF OEATH	26a. DATE OF INJ (Month, Day,)		28b. TIME OF INJURY	28c. IN	JURY AT	26d. DESCRIBE	HOW INJURY O	CCURED	
Natural 5 Pending Investigation			M	1 🗆	YES 2 NO	126			5 L.T. V
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	JURY — At horr (Specify)	ne, farm, street, fo	ectory, offic	ba	26f. LOCATION (City or Town		per or Rural Ro	ute Number,
and and	CIAN: To the best of my								and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D01225 509 Stephen P carney, M.D., Adlewild Avenue, Easton, MD 21601 31. DATE FILED (Month, Day, Year)
APR 19 1997 32. REGISTRAR'S SIGNATURE 1993

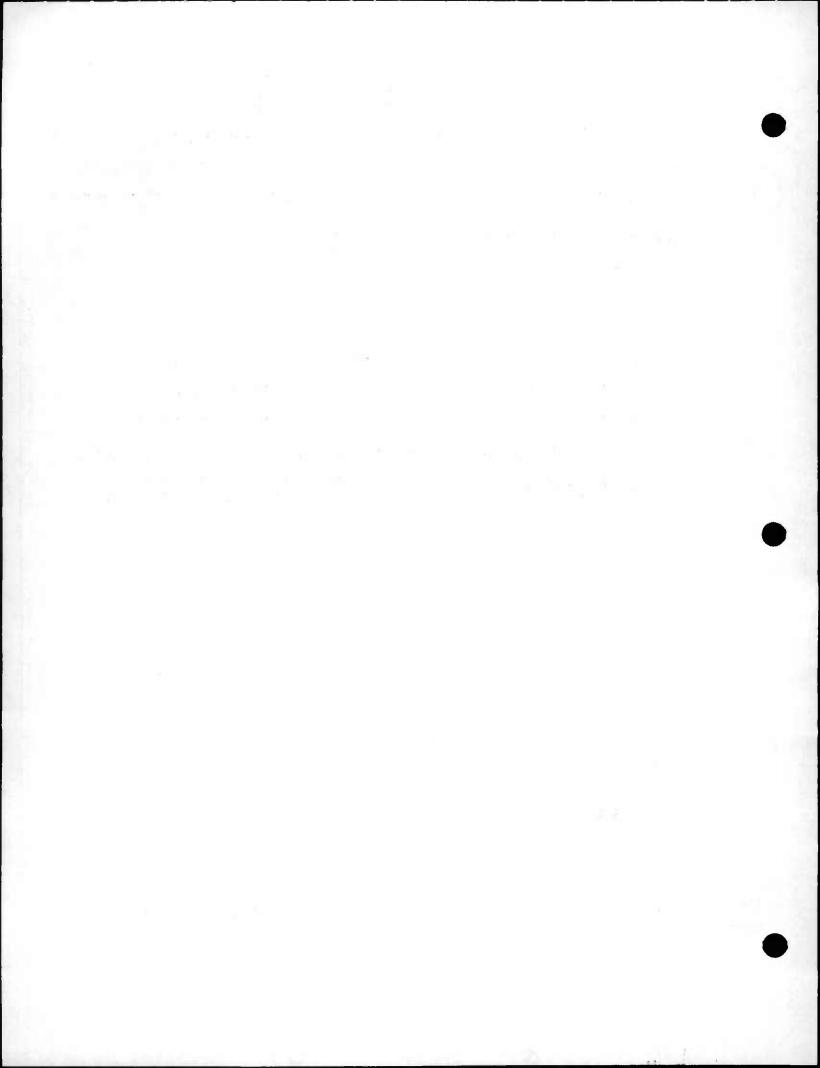


1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

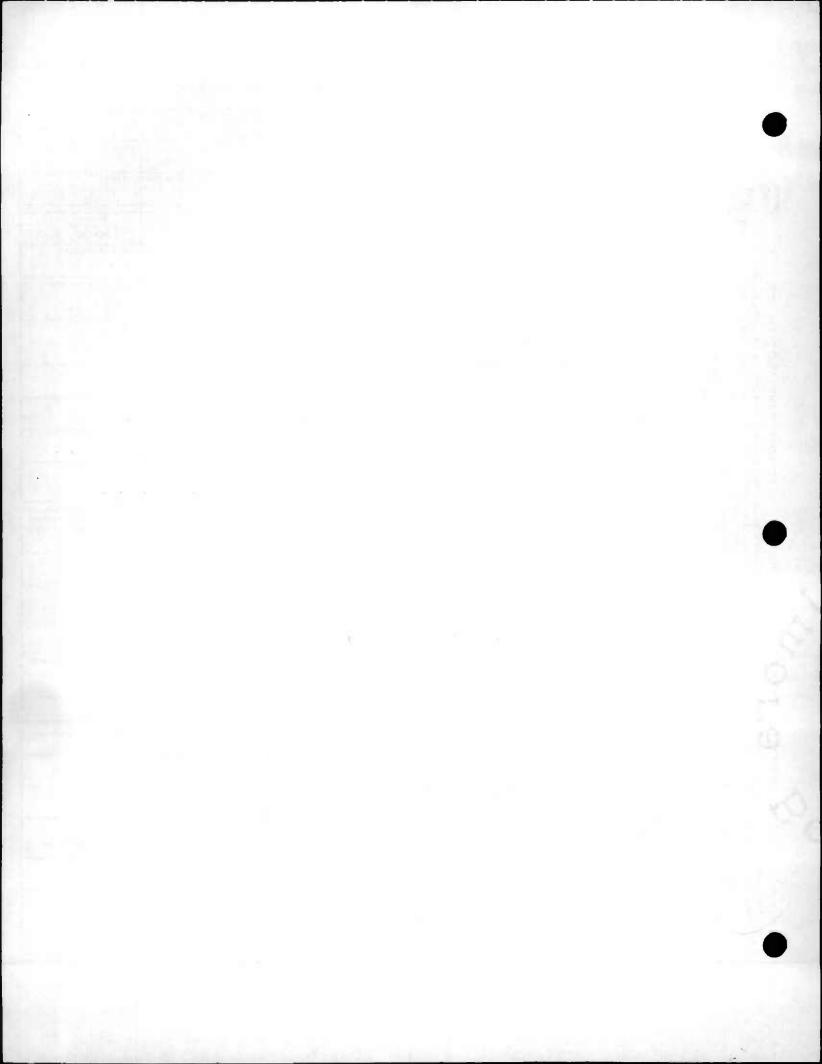
	REGISTHAR			CERTIF	ICALE	Ur	DEA	I H	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Ruth	E.	Brea	ads					MONTH			YEAR	1:44 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	April 7 DATE OF		1993		IPLACE (State or Foreign
	579-50-6540	1 🗆 M 2 🏋 👍	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D.	ay, Year)	_	Countr	γ)
	9a. FACILITY NAME (If not institution, give street and number)				at OUTH	701101				<u>-190</u>			York
œ										NTY OF O			
2	Fort Washington	Medical (Jenter		Fort Washington Princ					nce	George's		
낊	10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OF	LOCAT	HON						10d. INSIDE CITY
E	Maryland Pri	nce Georg	1										LIMITS?
5	100. STREET AND NUMBER	ice Georg	ge s		Oxon	_							1 YES 2 NO
FUNERAL DIRECTOR						101	. ZIP CODE				10g. CITI	ZEN OF W	VHAT COUNTRY?
H	7104 Loch Court						207	745				Ţ	JSA
豆	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMEO	13. W	AS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No —		— American Indian, t, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	-Ano	i	Yes, sp	2 XNO	Specify		n, etc.)		Specia	her
							ΛΛ						" White
臣	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a.	Give kind of	USUAL OCC	CUPATIO	ON est of workin	va	16b. KIN	D OF BUS	INESS/IND	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5 d	-)	life. Do NOT us	e retired.)		GC 07 W 07 107	¥					
A P	8th			Hot	ısewi:	fe				He	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Midd	le, Malden	Surname)		
BE	Anthony Ba	ulig						Eliz	zabeth	Fort	rune		
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS	(Street a	nd Number		Route Number, (Code)	
2	William J. Bread	ls							enna,				22
1	20a. METHOD OF DISPOSITION		20h BLA	CE AND DATE				, 1			CATION —		
- 1	1 Buriel 2 Cremation 3 Remains 1 Donation 5 A Other (Specify)	ivel from State	cemetery,	erematory or of UTTECT	ther place)	Com	o+ 0 **	. /.	21 02	C1 = -	ATION —	M.	wn, stats
- 1	21. SIGNATURE DE FAMERAL SERVICE ZIC		Wes	urrect			D ADDRES			CITI	iton,	Mai	yland
- 1	- Volent VII				Geo	orge	P.	Kala	is Fund	era1	Home	į.	
	- 10 W/ 1 Calo	2											.20745
	23. PART I. Enter the diseases, or c	omplications the	caused the	daeth. Do r	ot anter t	ha mo	de of dyl	na. suct	as cerdisc	or respir	retory srr	est.	Approximate
ļ	snock, or neart failura.	List only one ceu	se on each I	lne.			,				,		Interval Batween
	Open and Department of the Carlos (Single									Onset and Death			
1	resulting in death)		100 10 1 001	1000	7	MC	ter	7 4	11540	154	2		
		002 10	OH AS A CON	D 1	-): "		-1	`					
CERTIFICATION	disease or condition resulting in death) a. Our TO (OR AS A CONSEQUENCE OF): Pulmonany Edema Buff TO (OR AS A CONSEQUENCE OP): Due TO (OR AS A CONSEQUENCE OP):												
Ē	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):												
5													
Ë													
E		l											
	PART II. Other significent conditions	s contributing to	death but no	ot resulting i	n the und	ertvine	COUSE O	lven In I	Part i 24	. WAS AN	AUTOREV	246	WERE AUTOPSY FINDINGS
EDICAL		- 100-100-110-00	110000000000000000000000000000000000000	MINISTER OF A		,,	00200	,	244	PERFORI		240.	AVAILABLE PRIOR TO
<u> </u>								_	_ 10	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
Σ									_				1 TES 2 NO
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है	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF OR	EATH (Che	ick only one)				
ल् ।	1 TES 2 THO	1 Inputient 2	ER/Outpatient	3 DOA	OTHER:		• 5 🗆 Ra	sidence	6 Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. OATE OF (Month, Di		28b. TIMI	E OF 2	8c. INJ			28d. OEŞCRI	BE HOW IN	JURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation	(Monal, Di	ay, 1001/	****	M		RK? res 2	NO					
	3 Suicide 8 Could not be	28s. PLACE O	F INJURY — At	home, farm, s	treet, factor	y, office		_	281. LOCATIO	N (Street a	nd Number	or Rural R	oute Number.
Ē	4 Homicide determined	oullaing,	etc. (Specify)						City or To	wn, State)			
!! !!	29a, CERTIFIER												
COMPLETED	(Check only one)												
8 1	2 MEDICAL EXAMINER	t: On the basis of si	amination and	ur Investigatio	n, in my opi	inion, d	eath occun	ed at the t	time, dats and	place, and	dus to the	e cause(s)	snd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		V	1 0			29c. LICE				29d. DATE	SIGNED	(Month, Day, Year)
	Forwar W	Non	my	N	(1)		D	404	79			4/18	193
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEAT	TEM 27) (Type,	Print)		-	_					
	Robert W. Daviso		70			Hwv	301	, #1	LO4.Wai	ldorf	. Md	. 20	603
	31. DATE FILEO (Month, Day, Year)												
	APR 2 0 199	22 6	r's signaturi	son-Rang	dall								1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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y the	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TO HE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hydiene orior to burial, cemation, or removal.

	REGISTRAR		CER	HIFICAL	E OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Mabel	A. Bro	own				MO	DATE OF DEATH DAY YEAR 8:20 A. M				
-	4. SOCIAL SECURITY NUMBER 035-09-2994	5. SEX 6.	. AGE (In yrs. last birti 85 Y	PRS. IF UNDE	DAYS	IF UNDER 24 I	HRS. 7. DA	TE OF BIRTH onth, Day, Year)		Country)	E (State or Foreign Island	
OR	6567 Hil—Mar Dr.			9b. CIT	86. CITY, TOWN OR LOCATION OF DEATH FOR SC COUNTY OF DEATH Prince Geom							
ច [RESIDENCE OF DECEDENT											
BY FUNERAL DIRECTOR	Maryland Princ 100. STREET AND NUMBER	e George's		c. CITY, TOWN	For	estvi	11e					
VERA	6567 Hil-Mar Dr	. #103			101	, ZIP CODE	207	47		U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2V NO	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:					14. PACE — Ar Black, Whit Specify:	nerican Indian, le, etc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Chen kle	ENT'S USUAL C nd of work done NOT use retired. PCIONI	distance ma	at of modelma		Urban				
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Williams					16. MOTHER		t, Middle, Maiden				
10 B	19a. Informant's name (Type/Print) Ada L. Day (Daught	ter)	19b. MA 656	7 Hil-	s (Street a Mar	nd Number or Dr. #1	Rural Route No.	umber, City or Town restvil	le, M	code) Id. 20	747	
	20a, METHOD OF DISPOSITION 1 \$2 Burlal 2 Cremation 3 Rem 4 1 Donation 5 Other (Special)	1	206. PLACE AND D	ATE OF DISPO	tery	me of	4/	13/93	Washi	ngton,	D.C.	
	21. SIGNATURE OF TUNERAL SERVICE LIC	22	22 ROTTINS Funeral Home, Inc. 4339 Hunt Place, N.E. Wash. D.C. 20019						20019			
NO	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death CARCILLUDING R. LEFT BREAT. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A. C. B.E.B.A.t. V. A.S.C.W.A.R. PACEL DEW 1											
	PART II Other eignificent condition	o operalbustine to de	ash has and a side	At t- At-								
: MEDICAL	PART II. Other eignificant condition	s continuing to de	eath out not resur	ting in the u	nderiyin	g ceuse give	en in Part i.	24a. WAS AN PERFOR	MED?	AMAIL COMP OF DI	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
¥	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:											
¥	27. MANNER OF DEATH	28a. DATE OF IN.			_	e 5 🗆 Reside						
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,		b. TIME OF INJURY M	1 🗆 '	RK? (ES 2 N	0	DESCRIBE HOW IF				
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc	(Specify)	arin, acreer, rac	nory, orne			OCATION (Street a lity or Town, State)	nd Number (or Hural Floute N	lumber,	
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exam									manner as stated,	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ndubri	Ne n	D		29c, LICENS	SY-	-JC.	29d, DATE	SIGNED (Month	h, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)								
	270											
	31. DATE FILED AND PROS THE 199	3 32. REGISTRIAR'S	ENCHTUSE	andell						•		



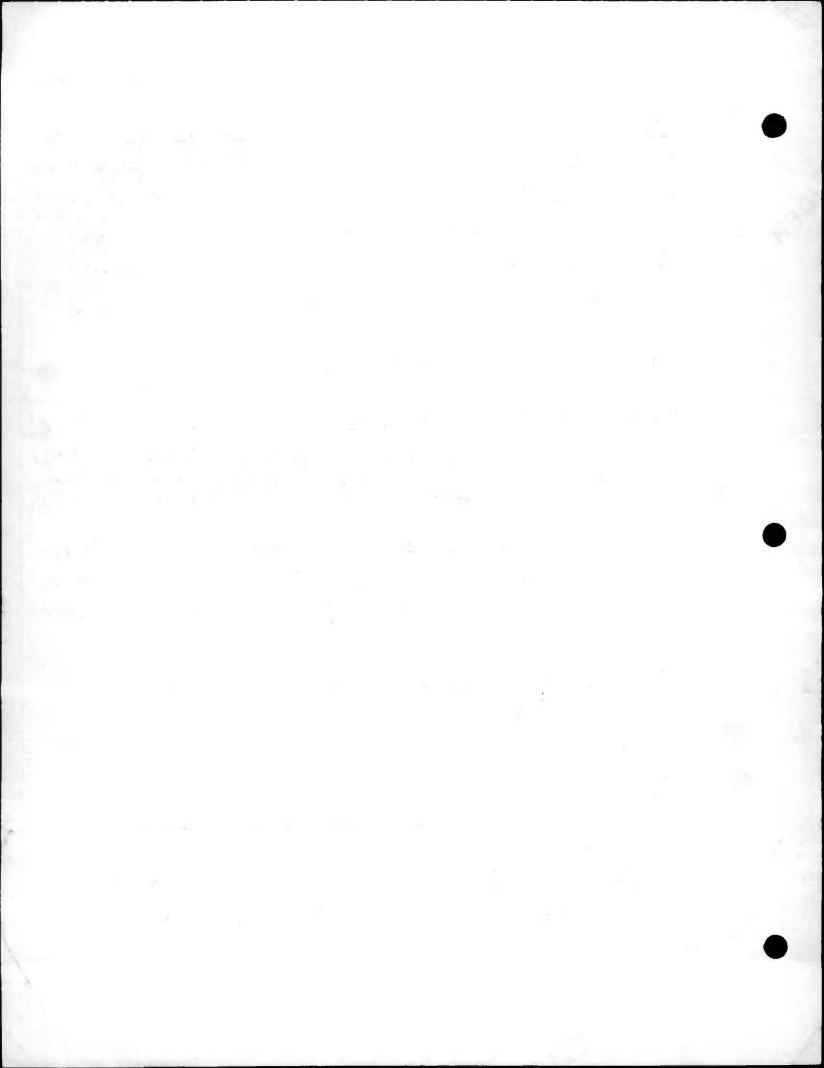
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and side the best of the best of the burial hygiene prior to burial, cremation, or removal.

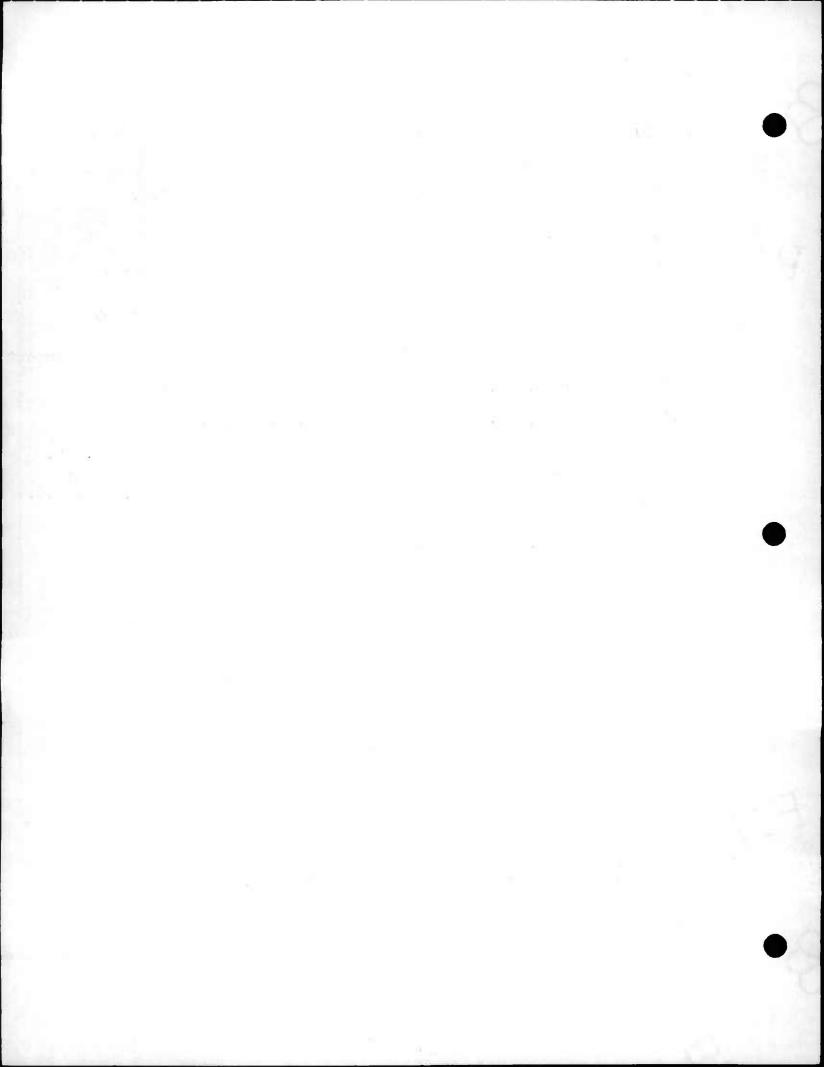
WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	0 10124
	1. DECEDENT'S NAME (First, Middle, Lest)	Burke			YEAR 1. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 578-58-8950		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
OR	9a. FACILITY NAME (If not institution, give st Holy CROSS	reet and number) HOSDITAL	96. CITY, TOWN OR LOCATION OF DE	>-	Y OF DEATH /
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION ASKINGTON	D 0	10d. INSIDE CITY
FUNERAL D	106. STREET AND NUMBER	Place, S.E.	101. ZIP COOE 2000		1 1 YES 2 NO N OF WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR DR OATES	13. WAS OECENOENT OF HISPAN It yes, specify Cuben, Mexican 1 YES 2 N NO Specify.	IC ORIGIN? (Specify Yes or No.— 14	I. RACE — American Indian, Black, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEOENT'S EOUC (Specify only highest grade	ATION 16s. DECEDENT'S U	SUAL OCCUPATION	16b. KIND OF BUSINESS/INOUS	BLACK STRY
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5 +) College (1-4 or 5 +)	rk done during most of working retired.) Scale +		
BE CO	17. FATHER'S NAME (First, Middle, Last)	JRKE	110	NE (First, Middle, Melden Surname)	E
٥	190. INFORMANT'S NAME (Type/Print) LESSIE BI	JRKE 1347	DDRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Co	D, C, 20003
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Remo	HARMON	or place Memoral		over, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	- O able	LIALL BRO	THERS FUNG	ERAL HOME WI WASH, D.C.
	enock, or neert reliure. I	omplications that ceused the deeth. Do not list only one ceuse on each line.	t enter the mode of dying, such		t, Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	OUE TO (OR AS A CONSEDUENCE OF)	Bruerial sepsi	(O	Onset and Death
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):	ulitis leg		SDAYS
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):	re Defering	Misinse	Zyears
	resulting in death) LAST		۵		
DICAL	Curvic Le	James C. March	the underlying couse given in F	Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 GNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDI		Years		-	1 TES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		28. PLACE OF OEATH (Checomber 2) OTHER: Nursing Home 5 Residence 8		
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year) 28b. TIME (INJUR		28d. DESCRIBE HOW INJURY OCCUP	RED
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE DF INJURY — At home, farm, stre- building, etc. (Specify)	eet, factory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES	IAN: To the best of my knowledge, death occurred On the bests of examination and/or investigation,	at the time, data and place, and due t	o the cause(s) and memor as stated,	Susses) and manner so stated
BE	296. BIGNATIONE AND TITLE OF CERTIFICATION	holle mo	29c. LICENSE NUM D Z2 83		IGNED (Month, Day, Year)
3		COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	rint)	Lunchain To	16/95
\vee	31. DATE FILED (Month, Day, Year) APR 2. 0	32. REGISTRAR'S SIGNATURE 993 Julia Davidson	PALST NE	VUNTUNNY ION (DC 20002



\circ	Ω	3
DIVISION OF VITAL RECORDS, P.O. BO	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	AL DIRECTOR: After this certificate has been signed by the attending physicil
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FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Hyattsville Manor Nursing RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. P.G. 10. STREET AND NUMBER 6500 Riggs Rd. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	Home 96.	YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 9b. CITY, TOWN OR LOCATION OF DEATH Hyattsville 10c. CITY, TOWN OR LOCATION Hyattsville 10d. INSIDE LIMITS? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
1 YES 2 NO Specify: 1 YES 2 NO Specify:						Inter	Lack				
TO BE	19a. INFORMANT'S NAME (Type/Print) Gilbert W. Bush, Sr. 20a. METHOD OF DISPOSITION 1-0 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE/SEE	5820	Eads sposition endor	ot and Number or Bural I St. N.E (Name of ial Park ANO ADDRESS OF FAC	OATE 20c. LOC	o, State, Zip Code 0019 CATION — City o Land o	over, Md.				
CERTIFICATION	Dunn & Sons 5635 Eads St. N.E. D.C. 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or reepiratory errest, interval Between Onset end Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Dunn & Sons 5635 Eads St. N.E. D.C. Approximeta interval Between Onset end Death Cause of Cause										
MEDICAL	PART II. Other significant conditions contributing to deeth but in Progressive multi-focal		Koel	ncephal	Oper Mit yes 2		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO				
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatien 27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the beat of my knowledge of the control of th	28b. TIME OF INJURY At home, lerm, street	HER: Nursing I 28c. M 1 [, factory, o	ate and place, and due	8 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street ar City or Town, State)	nd Number or Rui	ral Route Number,				
TO BE COI	2 MEDICAL EXAMINER: On the basis of examination and 29b, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 13. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	(ITEM 27) (Type, Print		29c. LICENSE NUM			NED (Month, Day, Year)				



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020	physician.	burial-transit permit
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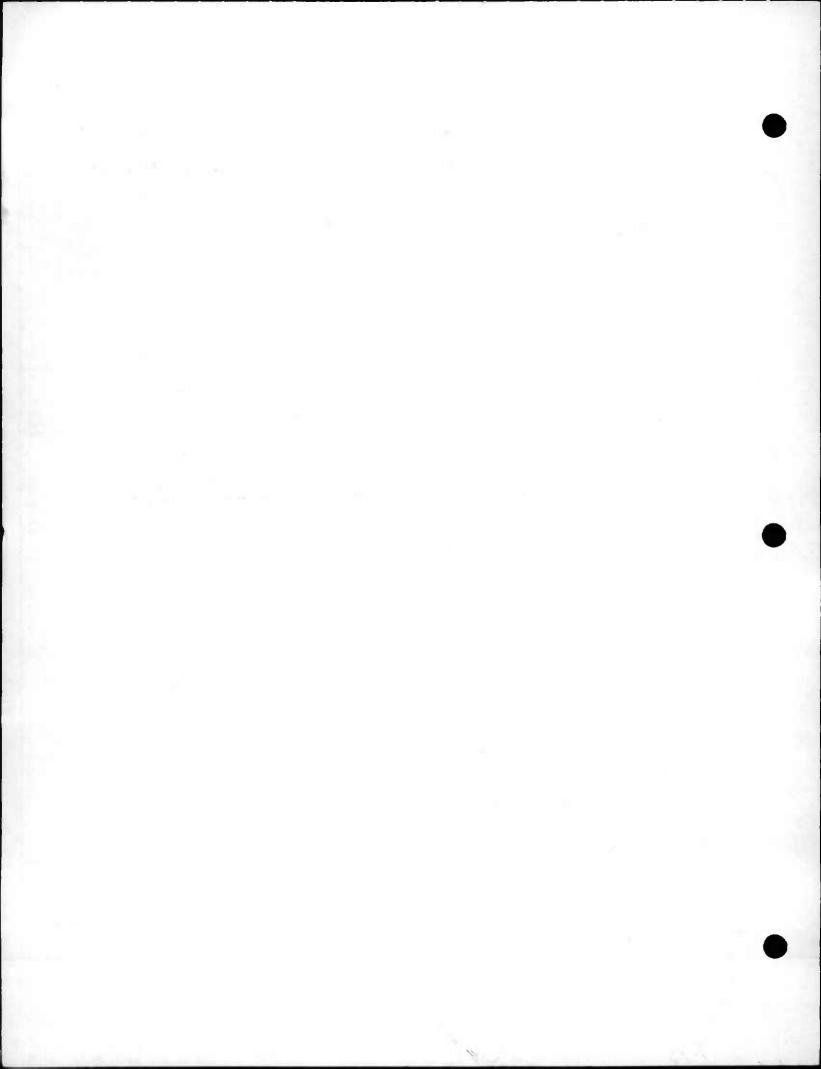
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 2121 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			CERTIF	ICALE	OF	DEA	IH .	F	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	2	- /						2. DATE OF MONTH	DEATH DA	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	977						4	_	2	93	SEP M
	579-09-1932	1 🔀 M 2 🗆 F	6. AGE (In yr.	s. lest birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I	v. Year)	1918	Counti	NPLACE (State or Foreign ny) ginia
~	9a. FACILITY NAME (If not institution, give st				R LOCATI					NTY OF O			
DIRECTOR	RESIDENCE OF DECEDENT			nei	rerly	1			L,	19			
E E	10a. STATE 10b. COUNTY 10c. C				Y, TOWN OF		NOI						10d. INSIDE CITY LIMITS?
		George'	s ———	Bro	entwo	-							1 YES 2X NO
FUNERAL	100. STREET AND NUMBER						. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
3	3804 38th Ave.	12. WAS DECEDEN	T EVER IN U.S	ARMED	13 W		2072		IC ORIGIN? (S	naalby Maa			States
BY FI	1 Never Married 2 KMarried 3 Widowed 4 Divorced	FORCES? 10 IF YES, GIVE W Vorld War	YES 2	□ NO	- 17	yes, spi	2 NO	n, Maxican	, Puerto Ricar	n, etc.)	or No-	Black	,
	15. DECEDENT'S EDUC	CATION		. DECEDENT'S	USUAL OCC	CUPATIO)N		16b. KIN	D OF BUS	INESS/IND	DUSTRY	White
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of a life. Do NOT us	se retired.)			g					
COMPLETED	8th		Ma	ainten	ance :	Man			St	ate	Educa	ation	n
	17. FATHER'S NAME (First, Middle, Last) Thomas Lee Bry	7ant							AE (First, Middl				
8	19s. INFORMANT'S NAME (Type/Print)	anc		19h MAILING	AOOBESS	(Street o			nt Bui			0.41	
유	Thelma J. Bryant								vood,				
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	cemetery	CE AND DATE	ther plecel				DATE			City or To	
ı	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Ari	ington			L Cer			Ar1	ingt	on, V	Va.
Ft Lincol						incoln Funeral Home, Inc Bladensburg Rd, Brentwood, Md 20722						36	
\dashv	23. PART I. Enter the diseases, or c	760			34	01	Blade	ensbu	irg Rd	. Br	entwo	ood.	Md 20722
	IMMEDIATE CAUSE (Fine)	Sed a	en C	line.	· /		,			or reapi	atory are	eat,	Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Infitieted events resulting in death) LAST	OUE TO	OR AS A CON	ISEQUENCE OF	m. Cm	m	e verz	en.	1	200	ne		
	PART il. Other eignificent conditione	contributing to	death but n	ot requiting i	n the und	loglula -		diam to f	Seat Lee			1	
EDICAL	Chronic a	Vende-	0	de a	in the dild	errynng	l cense d	iven in r		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
		Co- Mys							- 10	YES 2"	NO		OF DEATH?
≥									-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	EATH (Chec	ck only one)				
ž I	YES 2 NO	1 Inpatient 2	ER/Outpatien	t 3 🗆 DOA	OTHER:		5 🗆 Re	sidence 8	Other (Sp	ecify)			
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIM	E OF 2 URY	8c. INJU WOI	RK?		26d. DESCRIE	BE HOW IN	JURY OC	CUREO	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF	INJURY — A	t home, farm, s	treet, factor			-	28f. LOCATIO	N (Street a	nd Number	or Rural R	loute Number,
<u>"</u>	4 Homicide determined		ise. (opecity)						City or To	wn, State)			
COMPLE	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSI												and menner as stated.
ŭ	29b. SIONATURE AND TITLE OF CERTIFIER							NSE NUMI		7.002, 2			
	finds West	En MD						7/62			▶ A	1/2	(Month, Day, Year)
	30. NAME AND AGORESS OF PERSON WHO	96MPLETEO CAUS	E OF DEATH (ITEM 27) (Type,	Print)	,		1100		,/		/	15
-	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	73 3 6	E .	TIN H	my	/ (Spre	- MA	n/bo	10	MD	20772
	APR 2 9 1993	32. REGISTRAN	Davidson	- Rande	82								
		12											



1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

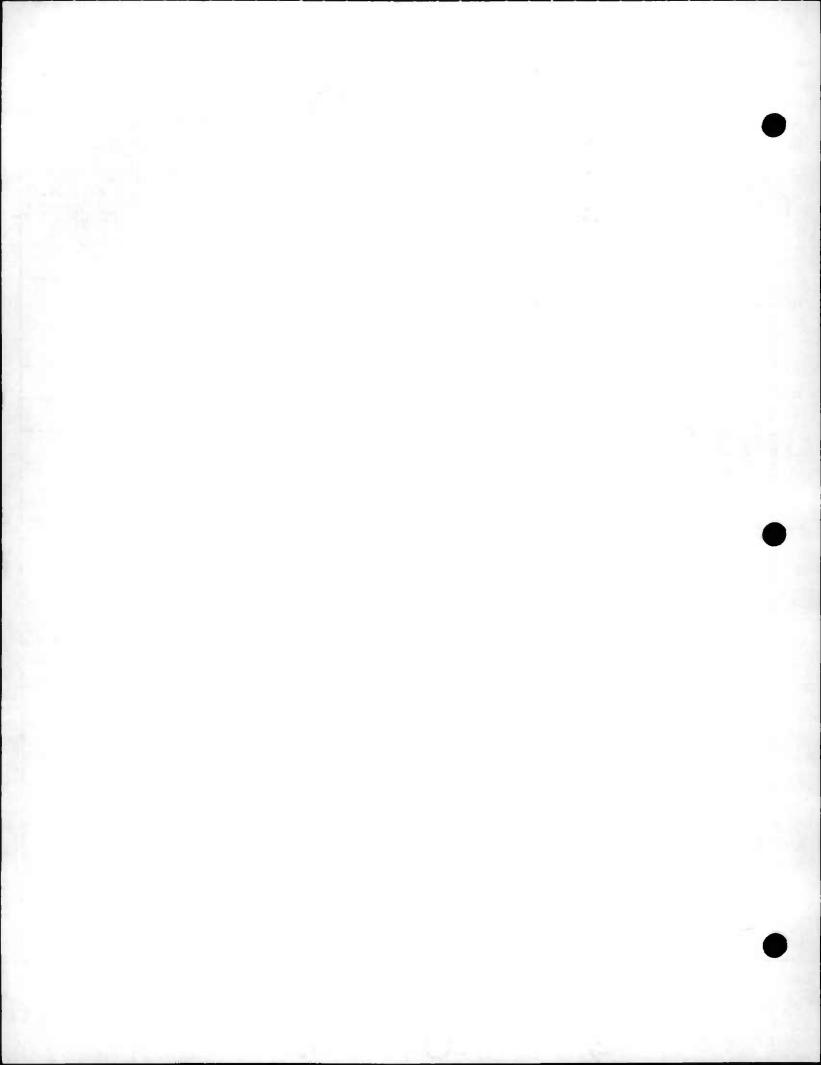
	1 - STATE REGISTRAR		CER	TIFI	CATE OF	DEAT	TH	WENTAL II	EG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DA	γ	YEAR	3. TIME OF DEATH	1
- 7	Bertis,	Virginia Is.sex		-)4	19		12:25	Рм
	019 30 1594	1 M 2 XX	6. AGE (In yrs. lest birt	" -	MONTHS DAYS	HOURS HOURS	24 HRS. MIN.	7. DATE OF B (Month, De)	y, Year)		Count	HPLACE (State or For	eign
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY											ey's,GA	
DIRECTOR	DOCTOR'S HOSPITAL Lanham, Md. Prince George											s	
RE	10e. STATE 10b. COUNTY			lc. CITY	, TOWN OR LOCA	TION	-					10d, INSIDE CITY LIMITS?	
	Maryland Princ	e Georges	I I	lour	nt Raini	er						1 XXYES 2	NO
FUNERAL	4211 34th St.,					20	712			Uni		States	
BY	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO NO DATES		If yes, sp	ENDENT O	n, Mexicar	IC ORIGIN? (S ₆ n, Puerto Rican	ocify Yes , etc.)	or No—	14. RACE Black Special BLA	*	n,	
Ī	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	(Give ki	ind of w	USUAL OCCUPATION done during mo		g	16b. KIN	D OF BUS	INESS/INC	PUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Uo	NOT USE	SECRETA	RY		MAR	VIAN	די ת	ΔΤΕ	GOVERNME	NT
OM	17. FATHER'S NAME (First, Middle, Last)				DEGREEN		IER'S NAI	ME (First, Middle			ALL	GOVERNIE	INI
BE (DAVID L. WALTER							A A. R					
0	19a. INFORMANT'S NAME (Type/Print)	TNO (111.			ADDRESS (Street a								
	RAYMOND J. BOWLD 20a. METHOD OF DISPOSITION	ING (nusp	7		34th St.		каі	nier,			City or To	ma State	
	1 Donation 5 Other (Specify)	oval from State	OAK GRO					4/25				,MASS	
	21. SIGNATURE OF PUNERAL SERVICE LIC	PASEE A	M859 ALEXANDER S. POPE FUNERAL HOMES 55 38 MARLBORO PIKE, FORESTVILI							OMES			
\dashv	23. PART I. Enter the diseases, or	complications that	caused the death.	Do no	t enter the mo	de of dvi	LBOR	O PIKE	or reapir	REST	VILL	E MD 207	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one caus	e on each line.	ē	E.							Interval Be Onset and	tween
	disease or condition resulting in death)	Azir	T Kes	pi	mya.	4 (in	red	-				
_	_	Constant to the	OW AS & CONSEQUEN		ichiall	Lie	4	2/			\mathcal{D}	*	
OF I	Sequentially list conditions, if any, leading to immediate	DUE 70 (1	OR AS A CONSEQUEN	ICE OF	· YOREY	een	()	e de d	25	200	-200	THE C	
S	CAUSE (Disease or injury	c. Cary	DA AS A CONSEQUEN	e e e	neces		-/			3	~ ·		
CERTIFICATION	that initiated events resulting in death) LAST	. Can	, ,	<	140	1	70	de	1	Lus	10	City	1)
	PART II. Other aignificent condition	s contributing to (leeth but not resul	Iting in	the underiving	ceuse o	iven in I	Part I. 24a	WASAN	UITOPSY	245	WERE AUTOPSY FIN	nuce
DICAL	Chame 1	Espon	for a	20	isthe	uses	· ·		PERFORI	MED?	240	MAJLABLE PRIOR TO	0
		0			00		J	_ ''	163 2	(IS) NO	1	OF DEATH?	0
PHYSICIAN: ME													
) 	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆 D		OTHER:			ick only one)					
ř.	27. MANNER OF DEATH	26a. OATE OF II	NJURY 28	b. TIME		URY AT	sidence	8 ☐ Other (Spe 28d. DESCRIB		JURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	y, rear)	INJU	4.0	RK? res 2 [NO						
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At home, te. (Specify)	farm, st	reet, factory, offic	•		281. LOCATION City or Tox	N (Street ar wn, State)	nd Number	or Rural F	Poute Number,	
<u>F</u>	29a. CERTIFIER (Check only	CIAN: To the best of n	ny knowledge, death o	occurred	d at the time, date	end place,	and due	to the cause(e)	and mane	ner as stat	led.		
S S	one) 2 MEDICAL EXAMINE		imination and/or inves	rtigation	, in my opinion, d	eath occur	ed at the t	time, data and	place, and	due to th	ne cause(a) and manner as sto	ted.
H	290. SIGNATURE AND TITLE OF CERTIFIER	e. m	n			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)	
٩	OR HAME AND ADDITIONS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITEM 27)	(Type.	Print)	1		de		-7	119	193	
	Menn June . 31. DATE FILEO (Month, Day, Year)	Ja) 94	S SIGNATURE	الرء	we .	=18	14	per	m	JR/	box	, me	7
	APR 2 2 19	98	a Davidson	Pan	dell					2	077	2.	

DITHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in any within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPDRTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

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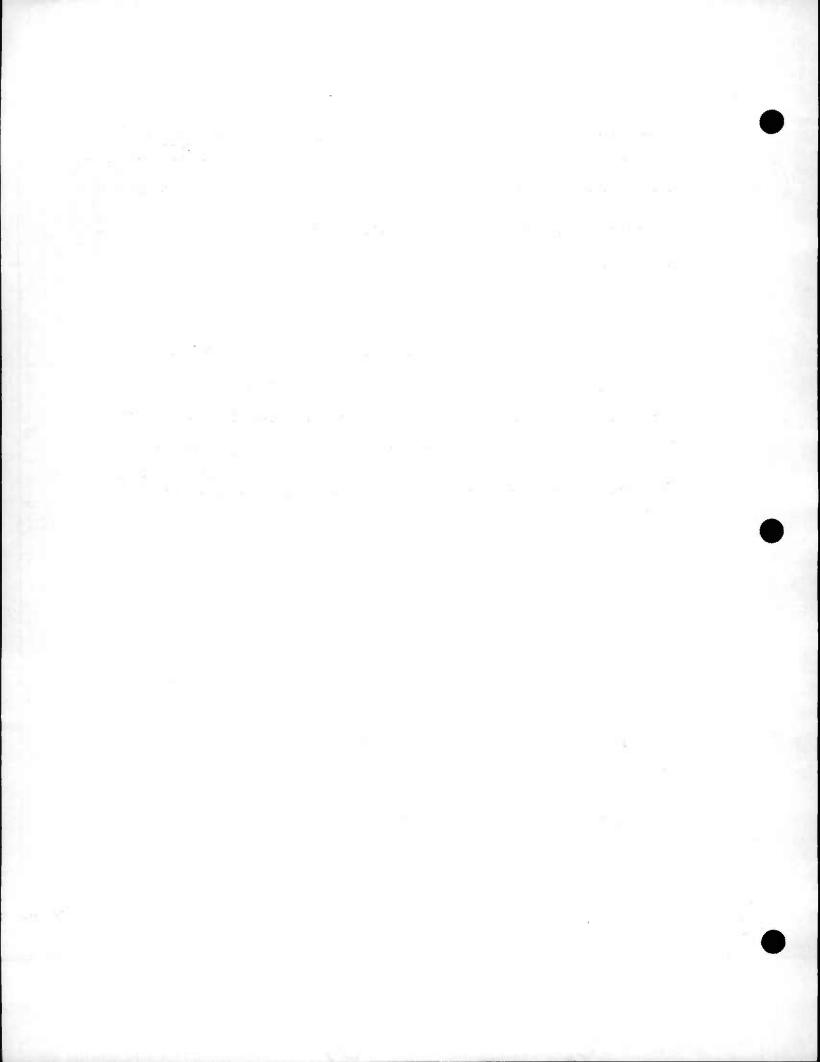


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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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- 8	1. DECEDENT'S NAME (First, Middle, Last)								OATE OF O	EATH DA	v	YEAR	3. TIME OF DEAT	Н
	ELSIE M. BRISCOE								RIL			993	3:26	Рм
	4. SOCIAL SECURITY NUMBER 579-70-3288		GE (In yrs. last 79	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D. (A	ATE OF B	RY 2	14	Countr	IPLACE (State or Forty) INGTON,	-
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	TOWN C	R LOCATION OF I		LILIUM	2		WASII NTY OF D		ъ.0.
DIRECTOR	FOX CHASE NURSING	GCENTER			SIL	VER	SPRING				MON	TGOM	IERY	
IREC	MARYLAND MONT	rgomery			, town o								10d. INSIDE CITY LIMITS?	1
ונ	10e. STREET AND NUMBER	LGOTEKI		51.	PARI		ZIP CODE				40- 0171	751.05.1	1 X YES 2	NO
FUNERAL	2015 EAST WEST H	5 EAST WEST HIGHWAY 20910									U.	S. A	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X N	MED O	1 0	f yes, spe	ENDENT OF HISP/ ecity Cuban, Maxic 2 X NO Spec	an, Pus	tiGIN? (Sp irto Rican,	ecify Yea , atc.)	or No-	Black	E — American Indi	en,
D BY	3 XWIdowed 4 Divorced											Spech BL	ACK	
ETE	15. DECEOENT'S EDUC. (Specify only highest grade of	completed)	(Gh	EOENT'S I TO KIND OF W DO NOT USE	rock done i	during mo	IN st of working		16b. KIND	OF BUS	INESS/IND	USTRY		
COMPLETED	12th GRADE	12th GRADE HOME MAKER							P	RIVA	TE			
							18. MOTHER'S N				Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		100				nd Number or Rura			•		,	-	
-	RALPH J. BRISCOE JR. 2202 MARK COURT SIL							ER	SPRI			209		
							ATION —							
21. SIGNATURE OF PUNERAL SERVICE LICENSÉE 22. NAME AND AGORESS OF FACILITY JOHNSON & JENKINS							INS INC.							
116 KENNEDY ST. N.W. W.D.C. 20011														
	23. PART /. Enter the diseesee, or co shock, or heert feilure. L	empfications that cause or let only one cause or	sed tha dea n eech line.	ith. Do no	ot anter	the mo	de of dying, su	ch es d	cerdiec d	or reepir	atory erro	est,	Approxime	
	iMMEDIATE CAUSE (Final disease or condition	mod	on On	M			0						Onset and	
	resulting in deeth)	DUE TO (OR A	S A CONSEO	UENCE OF		ese	ecos a						14	
NO O	Sequentially list conditions, b.	OUE TO (OR A	S A CONSECU	UENCE OF	١.			_						
CAT	if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	- 35 10 (On A	- n oonseu	LITTLE OF	,									- 1
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEQU	UENCE OF):									
# 	d.													
CAL	PART ii. Other aignificent conditione	contributing to death	but not re	euiting in	the un	deriying	ceuee given in	Part I	. 24a.	WAS AN A		24b.	WERE AUTOPSY FI	
EDIC										YES 2	-		COMPLETION DF CO	
Σ													1 YES 2 N	10
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (C	heck onl	y one)					
XSIC	HOSPITAL: 1 YES 2 DAO 1 Inpatient 2 ER/Outpatient 3 DOA 4 December 2 Recidence 8 Other (Specify)													
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1														
	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, atc. (S	IRY — At hom specify)	ne, ferm, st	reet, facto			281. [LOCATION City or Tow	(Street ar	nd Number	or Rural R	oute Number,	
<u>.</u>	on- Complete	40.7-0-1												
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the beal of my kn On the basis of examina											end manner as st	ated,
H C	296. SIGNATURE AND TITLE OF CERTIFIER	/,					29c. LICENSE NU		,				(Month, Day, Year)	\dashv
	organ of se	uku 1	W				DO 667	74			Þ 4	/19	7/93	
	MYRON L. LENK	COMPLETED CAUSE OF	2306	27) (Type, 1	Print) HORE	FIE	-40 R	. ת	W	HEL	TAN	m	n 209	Ø3
	APR 2 9 1993	32. REGISTRAR'S SH	GNATURE.	indell				· ·	3.7 /		1014	1.1.	2 409	Or Other
12	#11 IN & 1000	4	. (- 1



TO BE COMPLETED BY FUNERAL DIRECTOR

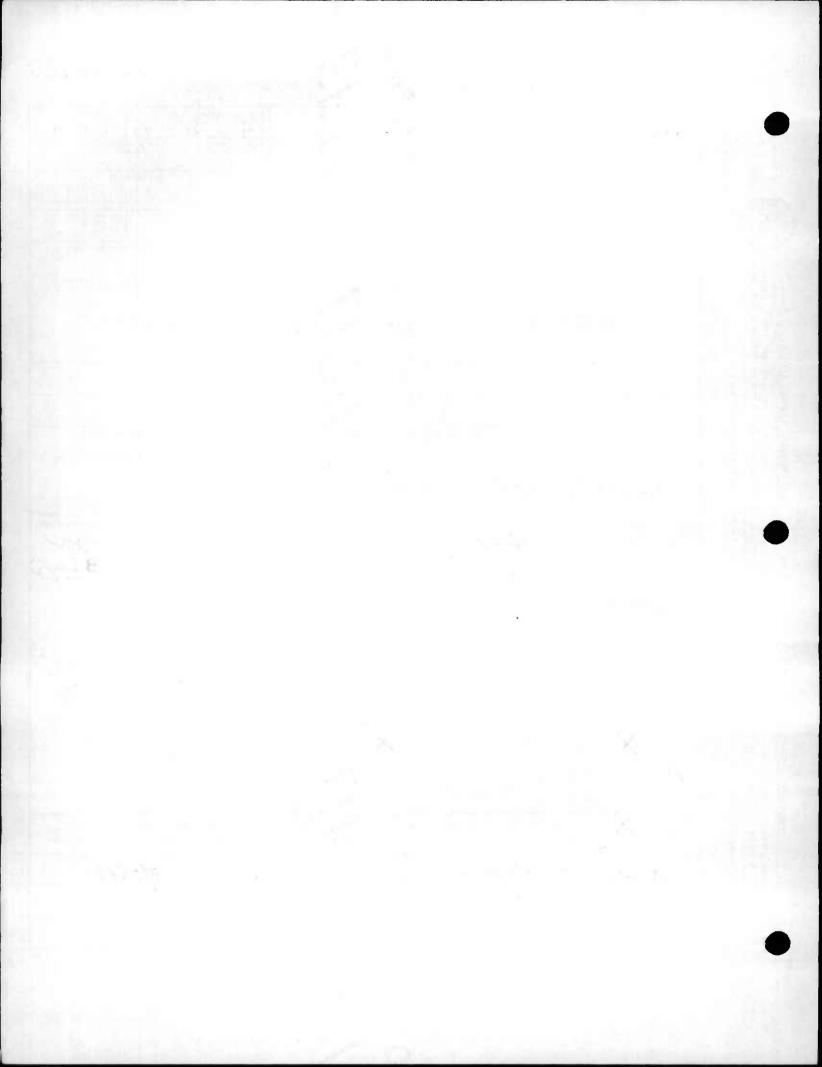
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

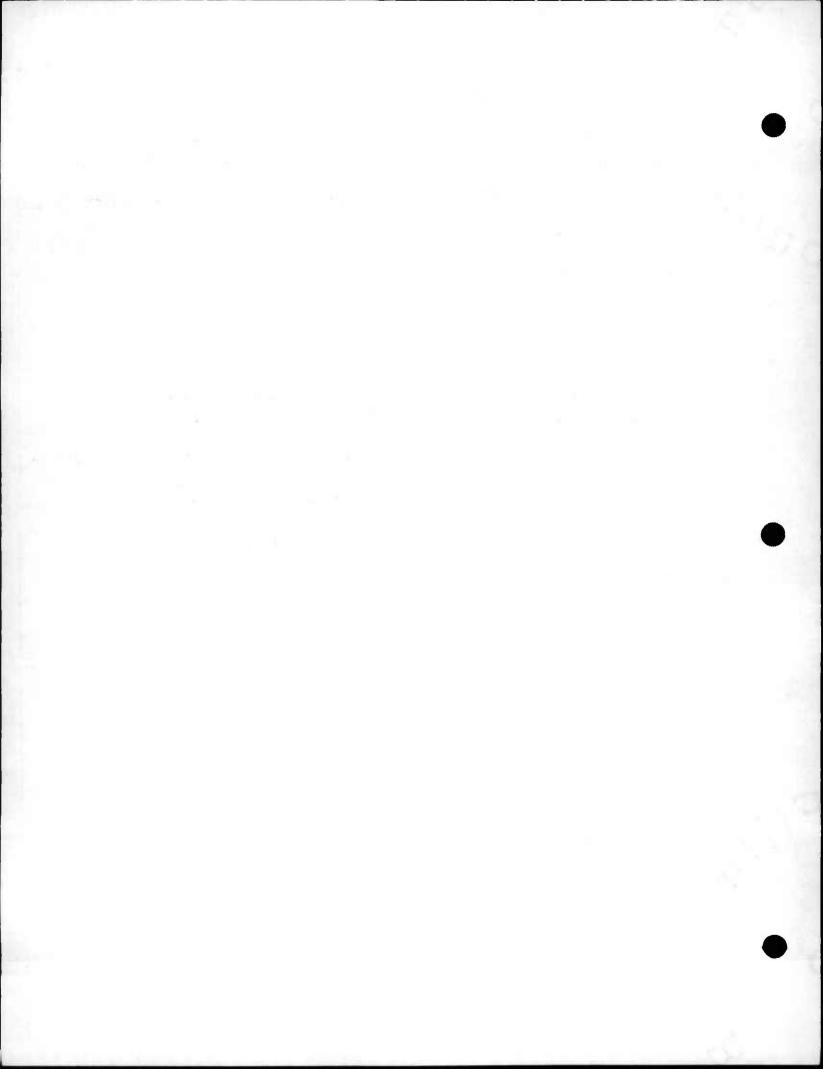
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AN		AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	Anna Mare				T	E OF DEATH TH DAY		73 3.	TIME OF DEATH
A, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 F	rs. 7. DATI	E OF BIRTH	_		NCE (State or Foreign
220-28-9076	1 🗌 M 2 🔯 F	83 YRS.	MONTHS DAY		12 (Mor	31 19		Country)	
e. FACILITY NAME (If not institution,	rive street and number)	03	9b, CITY, TOW	N OR LOCATION			9c. COUNT	Mary	
North Hampton N				derick					
RESIDENCE OF DECEDEN	ranor, inc.		rre	derick			rred	leric	K
Oe. STATE 10b. CO	UNTY	10c. CIT	Y, TOWN OR LO	CATION			_	10	d. INSIDE CITY LIMITS?
Maryland	Washington	ì	Maugans	ville				1	YES 2 NO
O. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEI	N OF WHA	T COUNTRY?
N. Nort	h Street			217	67			USA	
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 TYPES IF YES, GIVE WAR OR D.	2 NO	If yes,	DECENDENT OF H specify Cuben, N res 2 X NO	lexican, Puerto	IN? (Specify Yes o	r No- 14	Black, W Specify:	American Indian, Thite, atc.
Widowed 4 □ Divorced								1	White
15. DECEDENT'S (Specify only highest		16a. DECEDENT'S (Give kind of	WORL OCCUP. Work done during se retired.)	ATION most of working	16	b. KIND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 8+)								
8		Cafe	eteria	Worker		Scho	01		
FATHER'S NAME (First, Middle, Las				18. MOTHER	'S NAME (First,	Middle, Malden St	urname)		
William Smit	h, Jr.			M	aude S	howe			
a. INFORMANT'S NAME (Typo/Print) 1. Lorraine Lew	vis	196. MAILING 1373	ADDRESS STORES	age Mil.	Aural Route Num	nber City or Town. P. O. Na	State, Zip G BOX 3	42 d 21	767
, METHOD OF DISPOSITION	200	. PLACE OF DISPO	SITION (Name of				ATION — CIT		
X Buriel 2 ☐ Cremation 3 ☐ ☐ Donation 6 ☐ Other (Specify)	Removal from State	roadford	ing Cer	neterv		на	gerei	town	Marylan
. SIGNATURE OF FUNERAL SERVICE		~	22. NAMI	AND ADDRESS	OF FACILITY	Minnich	Funo	rol	Homo
5	+mm		1 /15	F 1341	con D1	rd Use	rune	lar .	Md. 21740
000	1/// les	rneep	C 713	D. WII	3011 DI	vu. nag	ersto	wii, i	Ma. 21740
Sequentielly list conditions, f sny, leading to immediate sause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events esuiting in death) LAST	DOE TO (OR AS A	A CONSEQUENCE O	DF):						310mg
ART II. Other significant cond	d.	out not resulting	in the underl	ying cause giw	en in Part i.	24s. WAS AN A PERFORM	ED?	Al CC	ERE AUTOPSY FINDING BALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2
S. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		QTMER:	B. PLACE OF DEAT	TH (Check only	one)			
1 - YES 2 0	1 Inpatient 2 ER/Out	patient 3 🗆 DOA		Home 8 - Resid	ience 6 🗆 Ot	her (Specify)			
7. MANNER OF DEATH 1 Natural 5 Pending Investiga	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	INJURY AT WORK?		EȘCRIBE HOW IN	JURY OCCU	RED	
3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, clfy)	street, factory,	office	281. LC	OCATION (Street an ty or Town, State)	nd Number or	r Rural Rou	te Number,
one) 2 MEDICAL EXA	PHYSICIAN: To the best of my know MINER: On the basic of examination TIFIER N WHO COMPLETED CAUSE OF DI	on and/or investigati	ion, in my opinio	29c LICENS	at the lime, de	nte end place, end	due to the	cause(s) e	nd manner ee stated.
368 W. DATE FILED (Month, Day, Year)	9 to St =	trede	rich,	md.	2170	7			
APR 29 1993	Len Sinden	fubet							



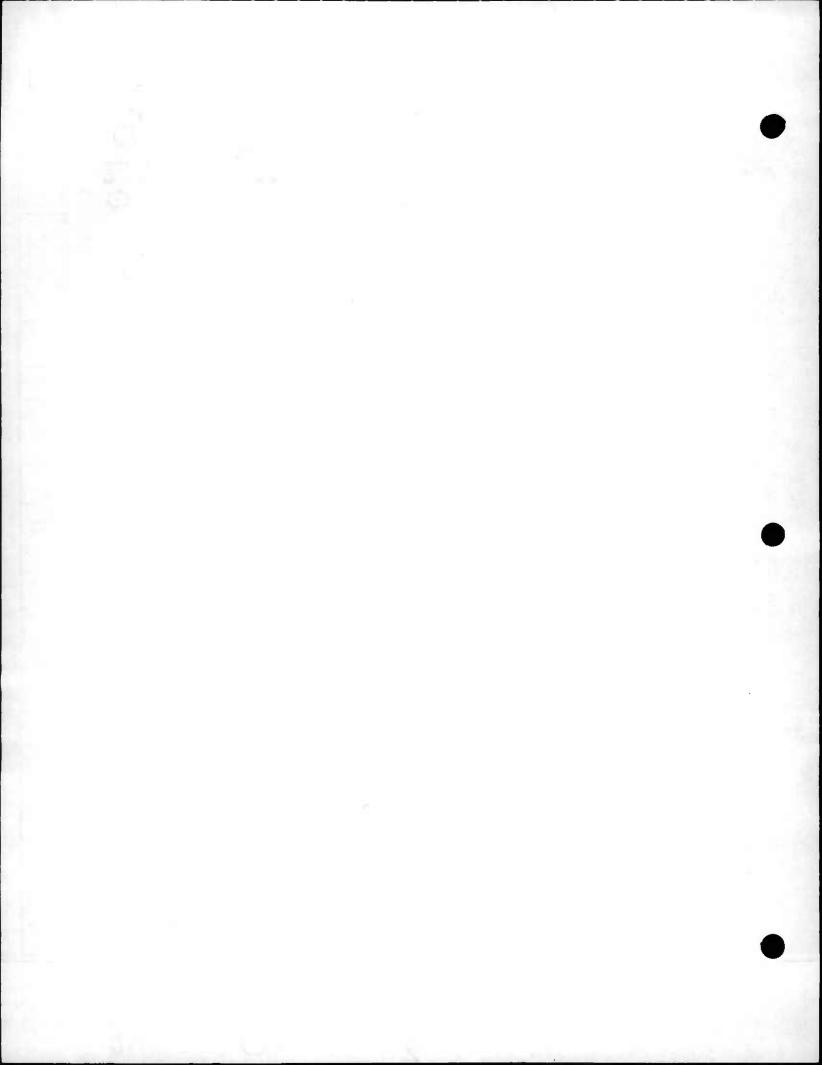
		1. DECEDENT'S NAME (First,	Middle, Last)			<u> </u>			<u> </u>	DLA		2 DATE	OF DEATH			3. TIME OF DEATH	-
		Grace Vio	la Bar	nhart.								May	1 0/		YEAR	. TIME OF DEATH	м
	1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last bin		F UNDER 1		IF UNDER		7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign	
ATTENDA		214-28-0824		1 ☐ M 2 🔀 F	87	_	YRS.	DNTHS	DAYS	HOURS	MIN.	Sept	. Day. Your)	1905	Mar	yland	
	-	# 17 1 1 0 1 TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1											COUNTY OF DEATH				
	DIRECTOR	Washington		Hospita	L			Hage	rst	.own				Was	hing	ton	
8	REC	10a. STATE	10b. COUNTY			10	Oc. CITY, T	TOWN OF	LOCAT	ION			-		1	IOd. INSIDE CITY	_
permit. P		Maryland	Wash	ington			Hage	erst								YES 2 NO	
	FUNERAL	100. STREET AND NUMBER 55 E. Washi	noton	Street						1740	E			10g. CITIZ USA	EN OF WH	AT COUNTRY?	
020 physician. burial-transit	ONE	11. MARITAL STATUS	rigeon	12. WAS DECEDEN	IT EVER IN U	J.S. ARMED		13. W			F HISPAN	NIC ORIGIN	? (Specify Yea		14. RACE -	- American Indian,	_
DOZ D phys e buri	ВУ Б	1 Never Merried 2 3 Nidowed 4 Divo		FORCES? 1	YES	2X NO		11	yes, sp	2 NO	n, Maxica Specify	in, Puerto F	lican, etc.)			White, etc.	
215-0020 attending physician. ise as the burial-trar	ED B		EDENT'S EDU	CATION		de DECED	ENTIR HR					1				white	
5 6 2		(Specify only Elementary/Secondary (0	r highest grade	completed) College (1-4 or 5		(Give k life. Do	and of work	k done di	iring mo	st of working	g	16b.	KIND OF BUS	SINESS/INDU	JSTRY		
O ig B	COMPLET	8 years				ho	mema	ker				h	ome				
the hos detach	00	17. FATHER'S NAME (First, M								16. MOTI	IER'S NA	ME (First, A	fiddle, Maiden	Surname)			
MARYLA retained by the 5 should be deta	BE	George Al		ells		1				Li]	llia	n Mae	Selle	ers			
40	욘	Nancy A.	Phela	1		101	. App	le i	Oriv	ve Gi	eend	Route Numb	e, chy or Town e, Per	n , State, z_p , n sy 1 v	vania	17225	
5 2 4		20a. METHOD OF DISPOSITI 1 G Burlal 2 G Crematio 4 Donation 5 Other	n 3 🗆 Reme	oval from State	20b. Pl cernete	PLACE AND Bry, crespeto Den La	DATE OF D	pisposin (place)	non/Na ria	_{me of} 1 Par	·k	5/4		CATION - C		Maryland	1
AL I IN death. Page tuneral dir L. examiner		21. SHIMATURE OF FUNERAL	1	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac													
		Gerald	N.	Meny	uch			F	une	ral H	lome		Hag	gerst	own,	ac Street Maryland	
\$ 5 E 3		23. PART i. Enter the di ahock, or he	seeses, or c	emplications that List only one cau	t caused to	the deeth.	. Do not	enter t	he mo	de of dy	ng, auc	h aa cerd	iac or reapi	ratory arre	est,	Approximate interval Between	en
24 h fille tion,		iMMEDIATE CAUSE (Fin disease or condition	ai	M	1000	00.	20	,	1	h	L					Onset and Deat	
ted within 24 completely fille ial. cremation,		resulting in desth)	disease or condition														
and o bur	NO.	Sequentially list conditi		b	DUE TO (OR AS A CONSEQUENCE OF):									-			
ficate be physician ne prior t	CAT	if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	NG	G												į	
	RTIFICATION	that initiated events resulting in deeth) LAS	*	DUE TO	(OR AS A C	ONSEQUEN	NCE OF):										-
7 5 5 5 0	CEF			1,													_
hat the deal by the att and Menta ny injury,	AL	PART II. Other algnifica	nt condition	s contributing to	deeth but	not resu	iting in t	the und	erlying	ceuse g	jiven in	Part i.	24a. WAS AN . PERFOR			ERE AUTOPSY FINDINGS	S
	MEDICAL											_	t 🗌 YES 2		0	OMPLETION OF CAUSE F DEATH?	
requires been sign of Hea												-			1	YES 2 NO	
AL NE he law requ thas been e Dept. of the	SICIAN	25. WAS CASE REFERRED TO	MEDICAL						26. PL	ACE OF D	EATH (Ch	eck only one))				_
SICIAN: The certificate hi the State hi the State hi to or item	SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpati	lent 3 🗆 E		THER:				6 🗆 Other					
PHYSICIAN: this certifical with the St.	PHY	27. MANNER OF DEATH 1 Natural 5 I	Donallan	28a. DATE OF (Month, D		28	b. TIME O	NF 2	ec. INJU	JRY AT			CRIBE HOW IN	JURY OCC	JRED		
DING PHYS After this death with	B	2 Accident	Pending nvestigation	200 DIACE O	E IN HIPPY	44.5		М		ES 2	NO						
TTEN TOR: after	ETED		Could not be setermined	28a. PLACE O building,	etc. (Specify)	- At nome, '	tarm, strac	et, factor	y, office			281. LOCA City o	TION (Street a r Town, State)	nd Number o	or Aurel Rou	te Number,	
AL DIRECTOR A TO HOURS IF I I I I I I I I I I I I I I I I I I	COMPLE			CIAN: To the best of													
THE HOSPITAL THE FUNERAL filed within 72 P	11	2 MEDI			xamination a	ind/or Inves	stigation, is	n my opi	nion, de				and place, and			nd manner as stated.	
TO THE TO THE De filed	TO BE	$\langle y \rangle$	40	· lc						29c. LICE	14	S		29d. DATE	SIGNED (M	fonth, Day, Year)	
		ABDUL L	VALL	EED. WI	SE OF DEATH	H (ITEM 27)	21-	nt)	44	Hi	()	AVIZ	HAC	EPK	700	r. Mg	
		31. DATE FILED (Month, Day, 1	101	32. REGISTRA	R'S SIGNATI	URE			1		(1/110	ردادع	. 000	/	
		MAY 031	993	Julia Der	Han-h												



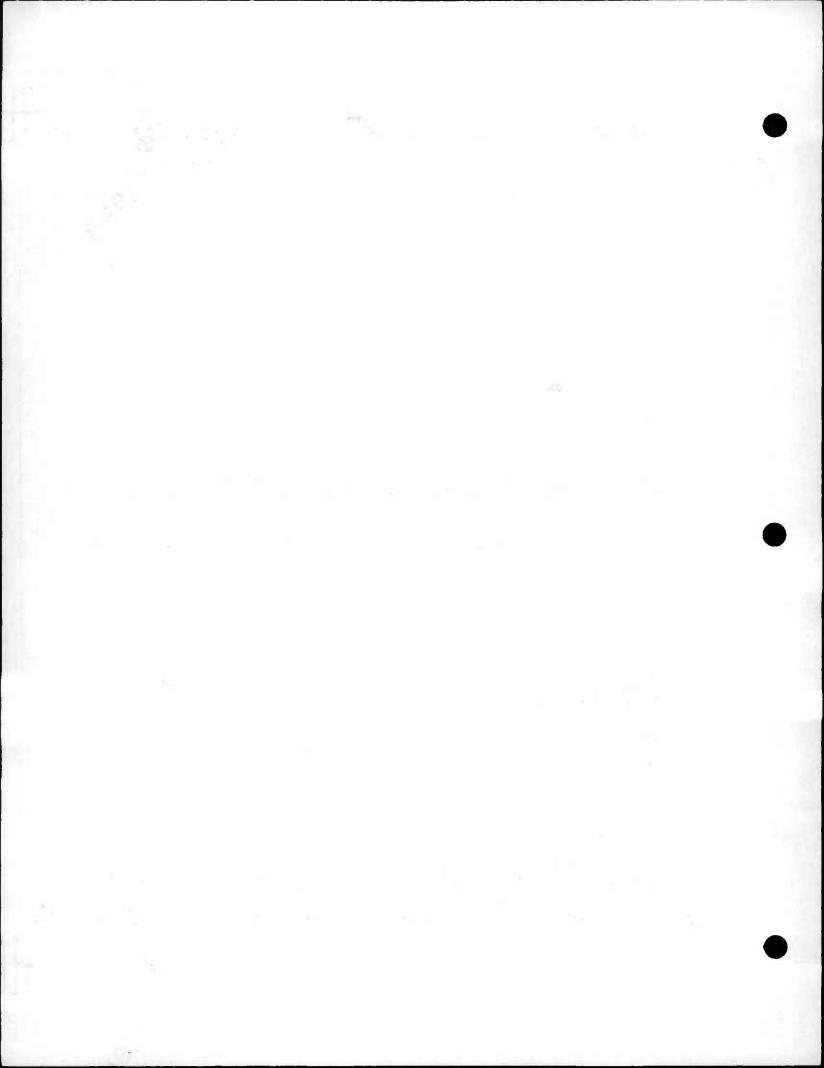
(3 85040
BALTIMORE, MARYLAND 21215-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the filed in by the funeral director, page 5 should be detached for use as the burial-transit perm. Pages 1.2.3
,	thin	stely

BALTIMORE, MARYLAND	death. Page 6 may be retained by the hosp	e funeral director, page 5 should be detached.	examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - REGISTRAR	CERTIFIC	CATE OI	DEATH	REG. NO						
125000	Bernaline M. BOWARD	adine Margu	erite .	BOWARD	2. DATE OF DEATN	9 3 ^{VEAR}	3. TIME OF DEATN				
-	214-09-4869 1□ № 2 汉 F		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) July 31,	Coe	ATHPLACE (State or Foreign untry) ennsylvania				
DIRECTOR	Avalon Manor Home Inc.	Avalon Manor Home Inc. 96. CTV, Town or Location of Death Hagerstown 96. COUNTY OF DEATH Washington									
EG	RESIDENCE OF DECEDENT										
	Maryland Washington		Hagers				LIMITS? 1 YES 2 NO				
FUNERAL	505 West Church Street		· ·	21740		U.S.	A.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR O	YES 2 XNO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Whit								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	ork done during n		16b. KIND OF BUS	SINESS/INDUSTRY	,				
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+)	Labor	retired.}		Laun	drv	ì				
် ဂြ	17. FATHER'S NAME (First, Middle, Last)	•		18. MOTHER'S NA	ME (First, Middle, Maiden						
BE	Guy Kemp			Elsie	e Mills						
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town						
	David Boward						land 21740				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cometery, crematory or oth Brown S Mi	PISPOSITION (lame of	DATE 20c. LO						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	brown s M1.	11 Ceme	ND ADDRESS OF FA	HOLLY Minnic	rim Town	nship, Pa.				
	SCATTOOM	nnick	415	E. Wilson	Blvd. H	n runera agerstow	vn, Md. 21740				
	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Sequentially list conditions b. Conquitions Longuitines Approximate interval Between Onset and Death Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due To (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Con gustine Wall the Wall to Faulth Faulth Consequence of: Due to (or as a consequence of): Due to (or as a consequence of): d.										
	PART II. Other significent conditions contributing to dear	th but not resulting in	the underlyl	ng cause given in			4b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	Stalits POSI- Pacemakely Dritte he lis						AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. (PLACE OF DEATH (Che	ock only one)						
اِيَّ	1 VES 2 NO 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER: Nursing No	me 5 - Residence	6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 28s. DATE OF INJU (Month, Day, Ye) 2 Accident Investigation		RY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE NOW I	NJURY OCCURED					
	2 Solicide 3 Suicide 4 Nomicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my k one) 2 MEDICAL EXAMINER: On the best of examination of examinat						e(s) end manner as stated.				
O BE	296. SIGNATURE AND TITLE OF CERTIFIER POLICY (Shy		29c, LICENSE NUM D 27 1	1594		ED (Month, Dey, Year) 2.6.93				
-	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF				^						
		0311 LAP	PANS	RPAD	BronsB	oro 1	nD 21713				
	31. DATE FILED (Month, Day, Year) A32, REGISTRAR'S	SIGNATURE.									



		REGISTRAR				CERTIF	ICATE	OF DEATH	ł	REG. N	iO.		
		1. DECEDENT'S NAME (First, Mid	-			MINBOWAR	D,			DATE OF OBATH		YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	-	Franklij 1s. sex la		yrs, last birthday)	Cl			4/2	2/5	15	1700
AND THE REAL PROPERTY.		215-20-8785		1 🔀 M 2 🗆 F	65	yrs. lest birthday) YRS.	MONTHS D		WIN.	Month, Day, Year)	027	Countr	
(海海)		9a. FACILITY NAME (If not institut	ion, give s	treet and number)			96. CITY, TO	WN OR LOCATION		Aug. 7,1	-	UHTY OF D	yland EATH
	0 B	Washington Co		y Hospital			Ha	gerstown	n		Wa	shin	gton
1.	DIRECTOR	RESIDENCE OF DECED 10e. STATE 10e	COUNT	Υ		10c. CIT	Y, TOWN OR I	OCATION					10d. IHSIDE CITY
F. Pag		Maryland	Wash	ington		Н	agerst	own				- 1	LIMITS? 1 XYES 2 HO
t per	RAL	100. STREET AND NUMBER						101. ZIP CODE			10g. Ci		VHAT COUHTRY?
U.Z.O. physiclan. burial-transit permit. Pages	FUNERAL	429 Cook Str	eet	12 WAS DECEDENT S	VED IN II	I C ADMED		2174				US	
		1 Never Married 2 Marr	ied	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES OR DATE	2 HO	If ye	DECEMBENT OF H s, specify Cuban, h YES 2X NO	dexican, F	ORIGIN? (Specify 'Puerto Rican, etc.)	Yea or Ho—	14. RACE Black Speci	— American Indian, , White, etc.
attending se as the	р Вү	3 🔀 Widowed 4 🗌 Divorced			WW 1	III			opeciny.				Lte
al or att	313	15. OECEDER (Specify only high Elementary/Secondary (0-12)		completed)	1	8e. DECEDENT'S (Give kind of a life. Do NOT us	vork done durir	PATION ng most of working		16b. KIHD OF E	USIHESS/IN	DUSTRY	
g g C	COMPLETED	8		College (1-4 or 5 +)			odial	work		educ	ation	1	
the hospit detached once.	ខ្ញុ	17. FATHER'S HAME (First, Middle,								(First, Middle, Maid	en Sumame)		
retained by the should be notified at	띪	Wesley Boward		<u> </u>						Stoner			
	임	Barbara Monga				429	Cook S	treet, F	Rural Roul Tage:	te Number, City or 1 rstown,	own, State, Zi Maryl	and	21740
ter death. Page 6 may be the funeral director, page yal.		20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3	□ Bem	oval from State		LACE AND DATE	OF DISPOSITIO				OCATION -		
Page 6 ma If director, p		4 Donation 5 Other (Special Signature of Fundamental Section 21. Signature of Fundamental Section 21.	cify)			ary, crematory or or agersto	wn Cre				gerst	own,	Maryland
death. Pag tuneral di i.		S A	A-/-	M			4	NICH FUN					
after de by the f moval.		22 PADT I Enter the disco	11	11/4	n	nuch							Md. 21740
in t			fellure.	List only one cause	on eacl	he death. Do r h ilne.	ot enter the	mode of dying,	, auch a	a cardiac or rea	piratory ar	rreat,	Approximata interval Between
24 tion tion		immediate cause (Final disease or condition resulting in death)		Arto	10	colors	tie	Carola	ニレ	Misch	lar	Pi	Onaet and Death
ted within completely fal, cremati event, t		resulting in dealtry		DUE TO (OF	AS A C	OHSEQUENCE OF	7:				1 -4		0-136
executed within and completely to burial, cremar	NO	Sequentially list conditione,		b. DUE TO (OF	AS A C	ONSEQUENCE OF							
ag cian	CATION	off any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
certificate ding physi lygiene pr	THE	that initieted events		DUE TO (OF	AS A CO	ONSEQUENCE OF	7:						
e H	CERTIFI	resulting in death) LAST											
the day		PART II. Other significent co	ondition	a contributing to de	eth but	not resulting i	n the under	lying ceuee give	n In Pai		N AUTOPSY	24b.	WERE AUTOPSY FIHOIHGS AWAILABLE PRIOR TO
es that gned by salth an	DICAL	- Osesty								_ 1 ☐ YES			COMPLETION OF CAUSE OF DEATH?
ne law requires that has been signed I Dept. of Health a	: ME	Hyperte	us	lon						-			1 TYES 2 HO
he law thas b e Dept.	SICIAN:	25. WAS CASE REFERRED TO ME	OICAL				2	8. PLACE OF DEAT	H (Check	only one)			
SICIAN: The certificate h the State [, or item	YSIC	EXAMINER? 1 YES 2 HO		HOSPITAL: 1 Inpatient 2 EF	l/Outpatie	ent 3 🗆 DOA	OTHER:	Home 5 Reside	ence 8 [Other (Specify)			
PHYSICIAN: The this certificate h with the State C	РНҮ	27. MANHER OF DEATH 1 Hatural 5 Pend	lna	28a. DATE OF IHJ (Month, Day,		28b. TIMI IHJ	OF 280 URY	INJURY AT WORK?	28	d. DESCRIBE HOW	HJURY OC	CURED	
VDING PHYS : After this r death with	B	2 Accident Invest	tigation	28e. PLACE OF II	JURY —	At home, larm, a		YES 2 No	_	t. LOCATIOH (Stree	d and Mumba	e oe Burel D	
TTEN TOR: after	E	_ Count	not be mined	building, atc.	(Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, Sta	le)	or Adras A	oute Number,
BIO DIR	PE	29a. CERTIFIER (Check only	IG PHYSI	CIAN: To the best of my	knowled	ge, death occurre	d at the time,	deta and place, and	d due to t	the cause(s) and m	enner aa ats	rted.	
THE HOSPITAL THE FUNERAL filed within 72 I	COMPLET			R: On the basis of axem									and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	BE (29b, SIGNATURE AND TITLE OF C		416		1		29c. LICEHSE	E HUMBE	P CC	29d. DAT	TE SIGNED	(Month, Day, Year)
₽ ₽ 2 X	5	30. NAME AND ADDRESS OF PER	SOH WH	COMPLETED CAUSE O	F DEATH	(ITEM 27) /Time	Print)	100	6	500		4/4	22/75
		Allew Dil-	ND	12821	0	KAG	1/A.	e-Hr	SOF	Nocia	0	10	2174)
		31. DATE FILED (Month, Day, Year)	4	32. REGISTRAR'S	SIGNATU	JRE		174)(7)	الماليات	A 19 10		01110
		APR 26 1993	0		1								

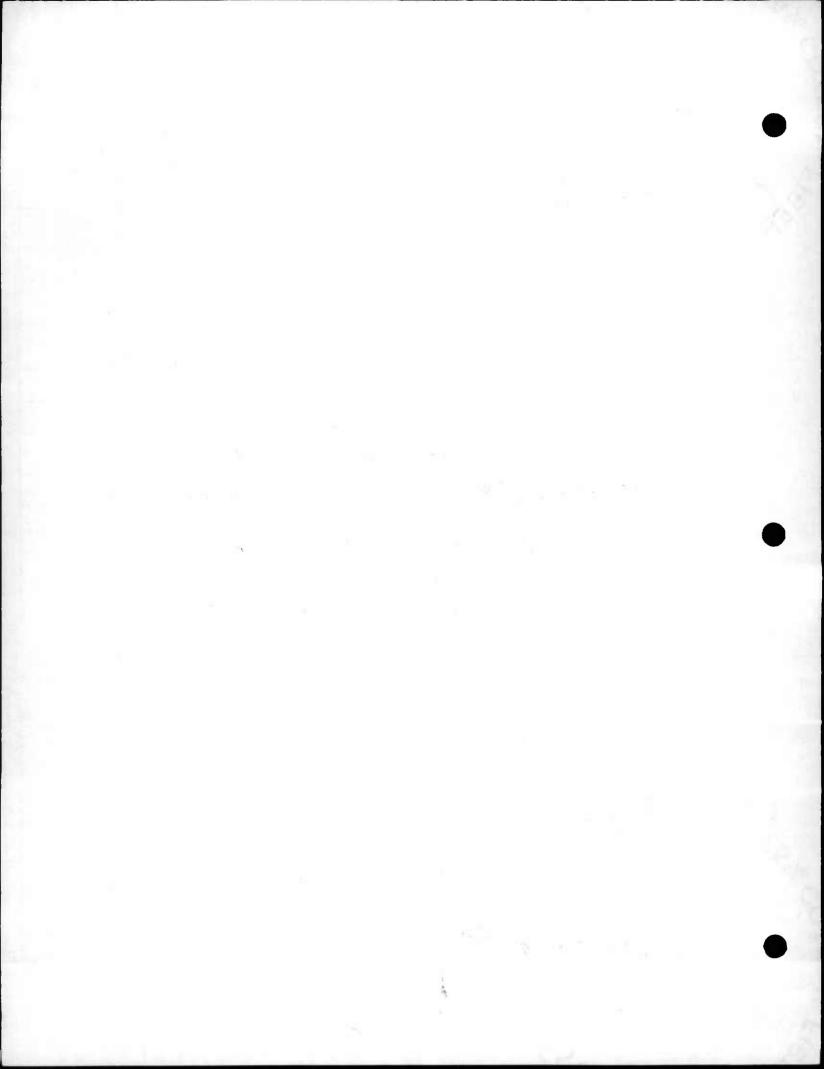


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7	-	15
BALTIMORE, MARYLAND 21215-0020	e retained by the hospital or attending physician.	e 5 should be detached for use as the burial-transit permit.
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LIM	Page 6	al direct
3AL1	r death.	ne funer
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	4 ho	lled
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, we

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

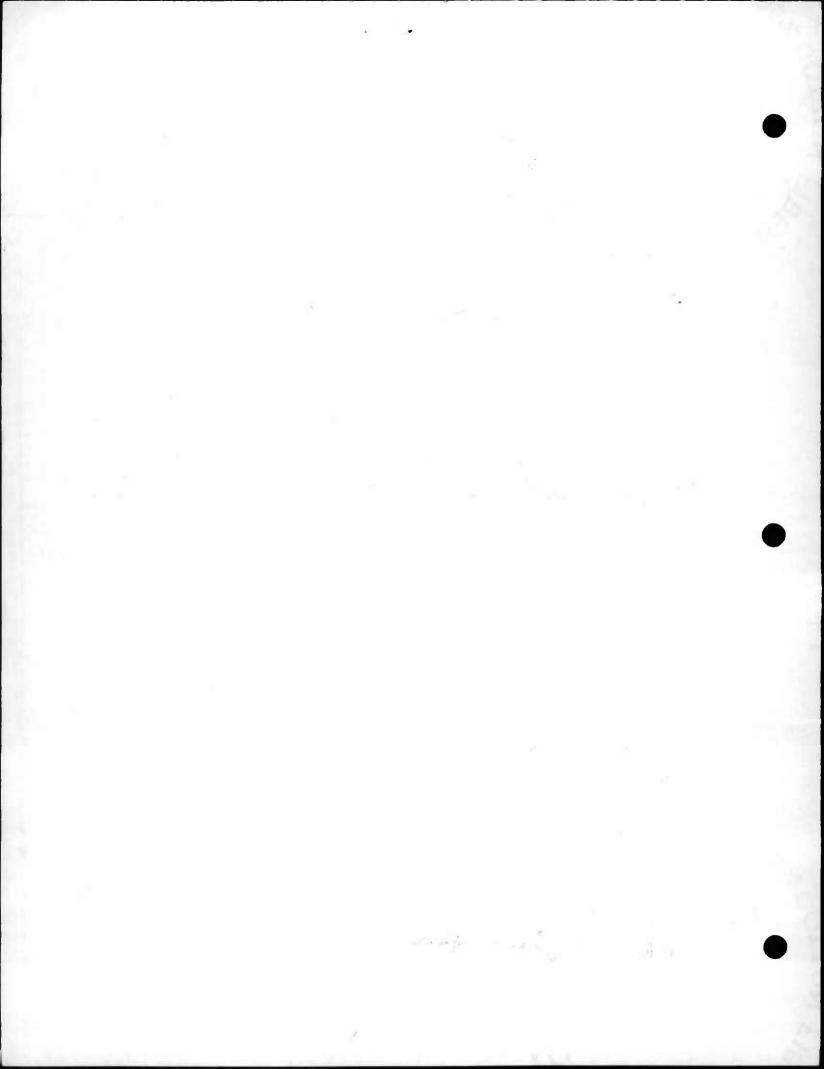
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAN			- NI IFI	CALE OF	DEATH	REC	B. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ro	11/1/1	4			MONTH , DAY / YEAR			3. TIME OF DEATH	
	1 UTA	ANCI	7		4 24 93				10:02 Ru		
	4. SOCIAL SECURITY NÚMBER 237–14–1799	5. SEX	8. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIR (Month, Day, 1 Oct. 2	(bar)	Count	HPLACE (State or Foreign ry) Lrlotte, NC	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN	OR LOCATION OF D			UNTY OF C		
E I	HOLY CROSS HOSPITAL					Spring				2	
5	RESIDENCE OF DECEDENT		DITTYCI	OPLING		Mol	ntgom	lery			
2	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
◌				Wash	ington	, D.C.				1X YES 2 NO	
₹ I	10e. STREET AND NUMBER				1	01. ZIP CODE		10g. Ci	TIZEN OF	WNAT COUNTRY?	
FUNERAL DIRECTOR	4209 East Capito					20019		Uni	lted	States	
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1	EVER IN U.S. ARI				NIC ORIGIN? (Spec	Ify Yas or No-	14. RACI	E — American Indian, k, White, etc.	
BY	3 🕅 Widowed 4 🗋 Divorced	IF YES, GIVE WA	R OR DATES		1 TES 2 X NO Specify:					ny: ck	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade		16a. DE(CEDENT'S L	ISUAL OCCUPAT ork done during in retired.)	TION nost of working	16b. KIND (OF BUSINESS/IN	IDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1		retired.) Ceacher		D C	D., b. 1 d.	Cab	0010	
MO	17. FATNER'S NAME (First, Middle, Last)		Jen	001 1	eacher		ME (First, Middle, A	Public	: Sen	001S	
	John Summersette						ne Price	reiden Surieme)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS (Street	and Number or Rural		or Town State 7	(n Code)		
2	Victorea Alexande	er	9			ven Dr.			2078	5	
	204, METHOD OF DISPOSITION		20b. PLACE A	NODATEO	DISPOSITION (Vame of		Oc. LOCATION -			
	1 ⚠ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	nd-	ALA 1	natory or oth	Nat.	Cem. 5	3/93				
	21. SIGNATURE ON FRINGS AL SERVICE LIC	PASEE /	11		22, NAME	ano address of fa					
	1/al4	HM			7400	Georgia	Ave. N.	W. Wash	ic.	C. 20012	
	23. PART I. Enter the diseases, a complications that ceused the desth. Do not enter the mode of dying, such as cardiac or reapiratory streat, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. CARDIORESPITORY ARREST										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST b. SEPSIS OUE TO (OR AS A CONSEQUENCE OF): C. EREBRO VASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): d.										
	PART ii. Other significant conditions	contributing to d	eeth but not re	sulting in	the underlyi	ng cause given in		AS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS	
2	HYPER	TEN	510 N	/				ERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	DIABE						— ''''	ES 2 W NO		OF DEATH?	
	SEIZIN	RF								TO TES ZONO	
₹	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatlant 3		OTHER:						
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF th (Month, Day,		28b. TIME	OF 28c. IN	JURY AT			INJURY OCCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(month, buy,	/our/	INJU		YES 2 NO					
COMPLETED 8	3 Suicide 6 Could not be determined	INJURY — At hor c. (Specify)	Y — At home, farm, street, factory, office ecity)		261. LOCATION (Street and Number or Rural Route Number, City or Town, Stere)						
ÿ.	29a. CERTIFIER 1 DEPTIFYING PAYER	TAN: To the heat of or	u bassaladas dab			000000000000000000000000000000000000000					
Ř	(Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER					T					
TO BE	Tom P. Kar	mak	at			D-J	0062		41.	(Month, Day, Year) 27/93	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, F	820	1 16"	ist s	ILVE.	RSF	RING, MD	
	31. DATE FILED (Month, Day, Year)	32 AGGISTRICA	9 SIGNATURA	della			1		\ _/	20010	
- 41	APR 3 0 1993	Julian	LINCON - P	-						50110	



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	Q 1 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
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	_	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D		3. TIME OF DEATH		
		FREDERICK	IAMES	RATIFY			APRIL 26.	1993	9:30 p M		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)		
. 1		296-36-9675		48 YRS.			AUGUST 9,		FORT DEVINS, MA		
	стов	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 99. COUNTY OF DEATH MONTCOMERY									
	딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCATION	ON					
	DIRE		GOMERY		INGTON				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 20895 USA									
	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D. DESERT ST	2 NO ATES	If yes, spec	INDENT OF HISPAN city Cuban, Maxica 2 NO Specify	NC ORIGIN? (Specify Yea in, Puarlo Rican, etc.)	or No 14	4. RACE — American Indian, Black, White, atc. Specify: WHITE		
	9	15. DECEDENT'S EDUC (Specify only highest grade	ATION	18a. DECEDENT'S U	ISUAL OCCUPATION	N t of working	16b. KIND OF BUS	INESS/INDUS			
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use	ork done during most retired.)	. or working	BELL	HELT	COPTER		
at once.	ğ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		OOT TER		
	BE	FREDERICK BAILEY	JR				T (NMN) SH				
be notified	임	MARGARET BAILEY					Route Number, City or Town WASHINGTON				
HUST.		20a. METHOD QE DISPOSITION 1 Burlal 2 \(\) Cremation 3 Removal from State 4 Donation 5 Other (Specify) \(\) Other (Specify) \(\) Other (Specify) \(\) ALEX., VA									
ехатіпег	,	21. SECHATURE DAFUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOS GAWLERS SONS INC. 5130 WI AVE NW WASHINGTON, DC. 20016									
		23 PART I Enter the diseases or o	The state of the same	10-1-0-2							
the medical	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										
event,											
	CATION	s. Clifby Devidence of: Sequentially list conditions, ff any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
er trau	FICAT	CAUSE (Disease or injury C.									
or of	CERTI	that initiated events resulting in death) LAST d									
		PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	enues etuas la	B				
vs any in	EDICAL	PERFORMED? AMAILABLE PRIOR							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
١٤	Σ						_ `		1 - YES TOTHO		
п 23	NA.	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Che	ack only one)				
or item	SICI	1 TYES 2 NO	HOSPITAL: 1/Onpatient 2 - ER/Outp		OTHER:		8 Other (Specify)				
ed, o	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT	28d. DESCRIBE HOW IF	JURY OCCUP	RED		
	8	Natural 5 Pending Accident Investigation			M 1 NE	S 2 NO					
28	ETED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	At home, farm, str	aat, factory, offica		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
= = = = = = = = = = = = = = = = = = =	COMPLI		IAN: To the best of my knowl : On the basis of examination						cause(a) and manner as stated.		
퇴	w II	296. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUM			IGNED (Month, Day, Year)		
IMP	8 2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	CAL ASS	OCIAR	1455	64460	14	27/93		
		MARY LEE I	1D 9000 RO	CKVILLE I		THESDA.	MARYLAND	20894			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE							



-	-	1	
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Progremoval.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Propose the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FUNERAL OIRECTOR: Att within 72 hours after dea RTANT: If Item 28 Is n

IMPORTANT:

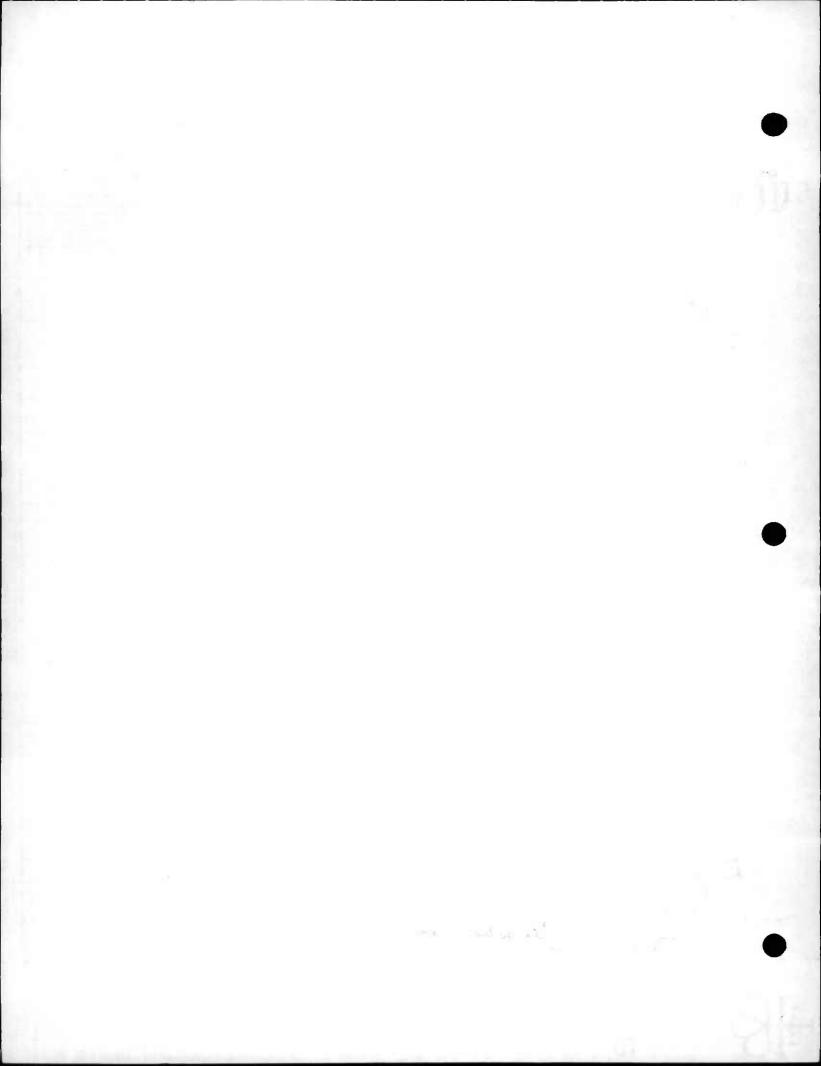
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BLAND Robert L. Bland, Jr. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN ROBERT 04 3:00 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTN (Month, Day, Year HOURS 1 X M 2 - F 218-24-0551 1-29-1929 64 YRS. Wash. D.C. 9s. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Montgomery Gaithersburg 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 405 West Diamond Avenue, # T3 20877 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: B 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 11 Mechanic Heating/Air Conditioning 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert L. Bland, Sr. Julia Lewis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Shirley A. Bland 405 West Diamond Ave., # T3, Gaithersburg, MD. 2087 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 September 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) cemetery, cremetery or other place)
Ft. Lincoln Cemetery 4/29 Brentwood, MD. IL SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 E.Deer Park Dr., Gaithersburg, MD. 20877 23. PART I. Enter the diseeses, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Preumonia Chila disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): mohusema PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING Right pres CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY hemmorko hastroin teolize TYES 2 | NO perforation 1 YES 2 NO gastrie when 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month) Day. MD 04/2 9 0 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MIBN PERE K m.O 31. DATE FILED (Month, Day, Year) 32. MEGISTRAR'S SWAATURE AZ



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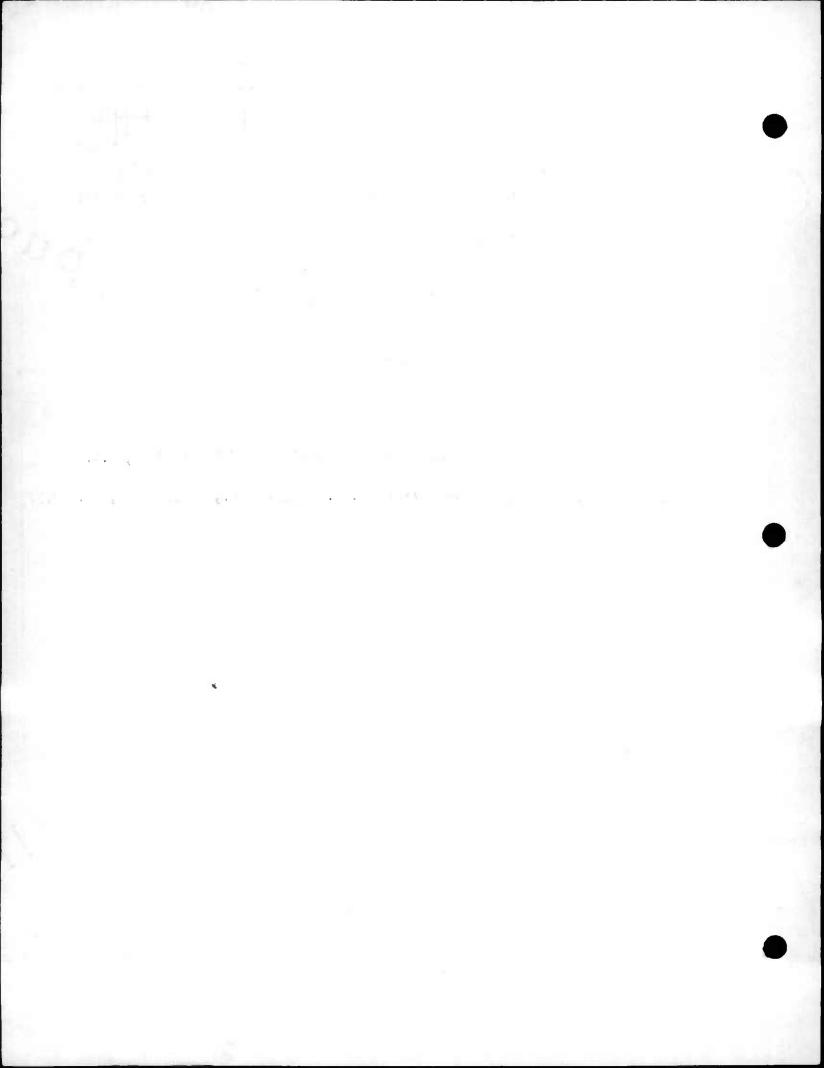
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page 1, 2, a should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CENTIF	ICALE	OF DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH	
- 8	CHARLOTTE HOPE	BRADFORD				APRIL 24.	1993	7:02 p M	
9	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	1		
- 0	124-74-5697	1 □ M 2 XXF 4	YRS.	MONTHS DAY	TS HOURS MIN.	DECEMBER	8 10	Country)	
	Se. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOY	VN OR LOCATION OF DI			TTY OF DEATH	
Œ	NIH, THE CLINICA				SDA, MARYL			ONTGOMERY	
DIRECTOR	RESIDENCE OF DECEDENT	- CHILLIN		DETIIL	DDA, PIARTE	AND	M	JNIGOMERI	
Ä	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY	
5	ORTH CAROLINA TR	RANSYLVANIA	BR	EVARD				LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	ZEN OF WNAT COUNTRY?	
3	615 Country Clu	b Road			28712			S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 148 6		NIC ORIGIN? (Specify Ye			
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 TYES	2 X NO	It yes	, specify Cuban, Mexica	in, Puerto Rican, atc.)	or No-	14. RACE — American Indian, Black, White, atc.	
A	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 NO Specifi	y:		Specify: WHITE	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	CIMEGO/INDI	LICTON	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of v	work done during	most of working	IOU. KIND OF BO	SINE S\$/IND	791RT	
7	C Elementary/Succendury (U-12)	College (1-4 or 5+)	NO	AVIE:			NONE	7	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	1123				4	
	JOHN P. BRADFOR	D				ME (First, Middle, Malden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	<i>D</i>				FERGUSON			
2	JOHN P. BRADFOR	D			eet and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)	
.			(SAI						
	20e METHOD OF DISPOSITION 1 ABurtal 2 Cremation 3 Rem	oval from State C6	b. PLACE AND DATE (OF DISPOSITION		4 - 4		Olty or Town, State	
	4 Donation 5 Other (Specify)		GILLESP		METERY 4		BREVAF	RD, N.C.	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER /	1	22. NAM	E AND ADDRESS OF FA	CILITY			
	1 M.M. ()	cambresse	M0009	1 W. 1	J. CHAMBER	S CO. F	THEFT	DALE, MD. 20737	
	23. PART i. Enter the diseases, or o	complications that cause	ed the death. Do n		mode of dving, suc	h as cerdiac or rean	icatory arm	est, Approximate	
- 1	snock, or neart tellure.	List only one ceuse on	each iine.		,,,,,,,		natory arre	intervel Between	
ł	iMMEDIATE CAUSE (Final disease or condition	7-00	- · · ·					Onset and Death	
Н	resulting in death)	a. Keyploop	A CONSTRUCTION	Lyre				12495	
		DUE TO (OR AS DUE TO (OR AS PUENTO COT AS	A CONSEQUENCE OF	ρ.			974		
8	Sequentielly list conditions,	DUE TO (OR AS	STIS CITTO	INILIM	er mon A			1 chins	
	If any, leading to immediate			,				177	
FA	cause. Enter UNDERLYING	411/1/1	Dens.				4		
FICATI	cause. Enter UNDERLYING CAUSE (Disease or injury	a HIV IN	A CONSEQUENCE OF	F):				Typs	
RTIFICATI	cause. Enter UNDERLYING	a HIV IN	A CONSEQUENCE OF	F):				Type	
CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS						Typs	
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS			ying ceuse given in	Part i. 24s. WAS AN		74Rs	
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS			ying ceuse given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS			ying couse given in	Part I. 24a. WAS AN PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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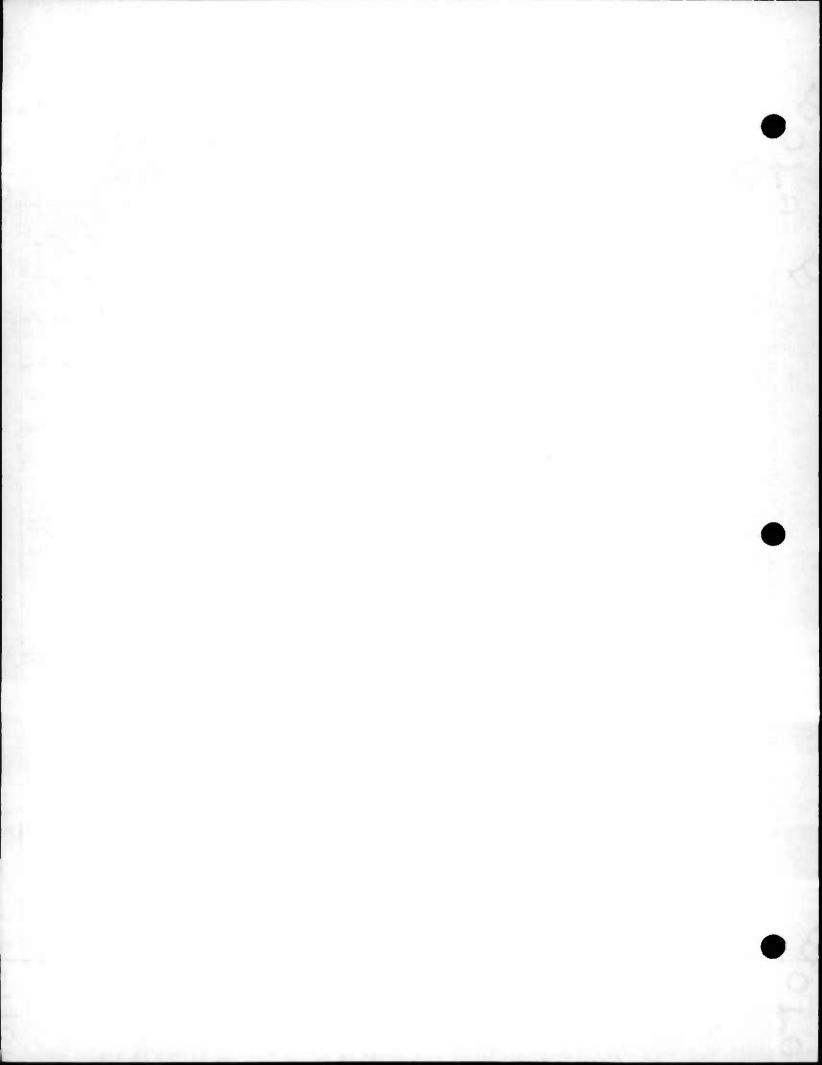
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) YEAR April 26, 1993 3:00 P Sigrid Berryman 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAVS HOURS 1 🗌 M 2 😿 F 93 056-38-7807 Nov. 18,1899 New York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Panorama Drive Derwood Montgomery RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. Montgomery Derwood 1 🗌 YES 2 🔯 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7117 Panorama 20855 Drive U.S.A. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—
If wes assetly Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Put 1 YES 2 X NO Specify: B 3 Widowed 4 Divorced Specify: White 15. DECEDENT'S EDUCATION pecify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) COMPL 6 Housewife Own Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) notified at BE Thomas R. Reber Laura Reber 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Michael O'Bovle 7117 Panorama Drive, Derwood, MD. 20855 must be 20a. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State John's Cemetery 4 Donation 5 Other (Specify) 4/29 Ridgewood, New York examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME ANO ADDRESS OF FACILITY DeVol Funeral Home ans 10 E.Deer Park Dr., Gaithersburg,MD. 20877 removal. medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, Approximata shock, or heart feilure. List only one cause on each line. interval Betw 9 the attending physician and completely filled Mental Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Death \$ disease or condition Preumonia DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) traumatic event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Lung Cancer CERTIFICATION Sequentielly list conditions, DUE TO (OF AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury that initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY by t been signed by pt. of Health and 3 shows any le 1 YES 2 100 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State HOSPITAL:
1 | Inpettent 2 | ER/Outpettent 3 | DOA OTHER: 1 YES 2 NO 0 4 ☐ Nursing Home 5 🕅 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO B After 1 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 ED 6 Could not be DIRECTOR: A 4 Homicide Item 28 datermined Ш COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If It HOSPITAL

29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 031840 11/1lyn M3 April 27, 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wayne L. Meyer, M.D., 9715 Medical Center Dr., #214, Rockville, MD. 20850 102, REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) APR 97 1993



31. DATE FILED (Month, Day, Year)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH BRADY M. YEAR ernar 93 10:45 6. AGE (In yrs. last birthday) 89 YRS. 4. SOCIAL SECURITY NUMBER 4 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 181-10-428' 1 M 2 - F APRIL 11 1904 PEN<u>NSYLVANIA</u> 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4507 RANDOLPH ROAD detached for use as the burial-transm 20906 USA retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No-**BALTIMORE, MARYLAND 21215-0020** 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican, atc.)

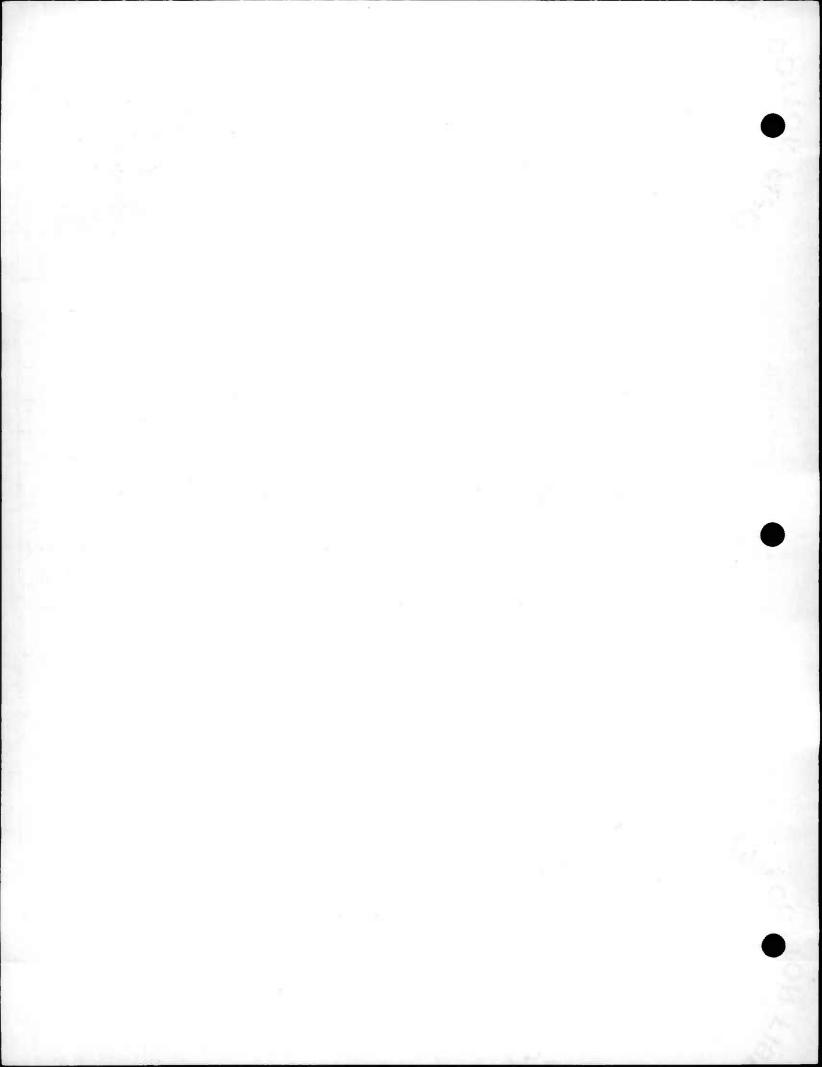
1 ☐ YES 2 NO Specify: BY Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16h. KINO OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 RETAIL SALES once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 8 76 BERNARD BRADY ELLEN KELLEY BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LORETTA SWANSINGER (FRIEND) 12415 FLACK STREET WHEATON MARYLAND 20906 hours after death. Page 6 may be pe 20a METHOD OF DISPOSITION 1 D Burlal 2 Cremation 3 -20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must director, GATE OF HEAVEN CEMETERY 4 ☐ Donation ☐ Other (Specify) 4/27 SILVER SPRING, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY
FRANCIS J. COLLINS FUNERAL HOME, INC. funeral (500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 completely filled in by the rial, cremation, or removal, medicai 23. PART i. Enter the diseases, or icetions that caused the deeth. Do not enter the mode of dying, such se cerdlec or reepiratory arrest, Approximate ehock, or heart fallure. Dut Interval Betw inding physician and completely filled in Hygiene prior to burlal, cremation, or IMMEDIATE CAUSE (Final Onset and Death of SMALL INTESTINE the disease or condition_ 20 HRS HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

DESENTERIC ARTERY THRUMBOSIS traumatic CERTIFICATION Sequentially liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician ARTERIOSCLEROTIC cause. Enter UNDERLYING 10 YRS CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten in uny PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE been signed by thot, of Health and M 3 shows any injection 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATN? 1 TES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) Hem EXAMINER? certificate h HOSPITAL: OTHER: Inpatient 2 - ER/Outpatiant 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE NOW INJURY OCCURED this c marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 1 death 2 Accident TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: If item 28 is m 26s. PLACE OF INJURY — Al home, larm, street, factory, office building, atc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide detarmined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINED on the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and manner as stated. 296. SYCHATORE AND TITLE OF CENTRESS BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, MO 100 71-93 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

11120 New Homp.

32 REGISTRAR'S SIGNATURE

md 20906

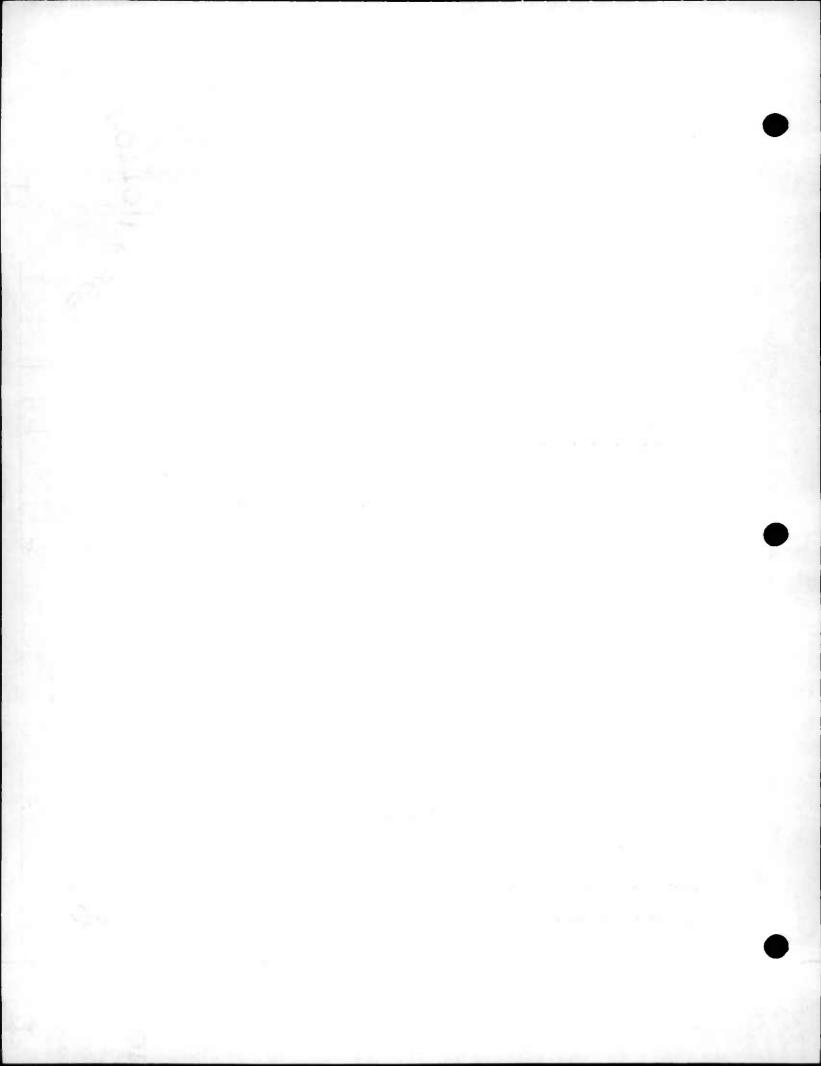


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

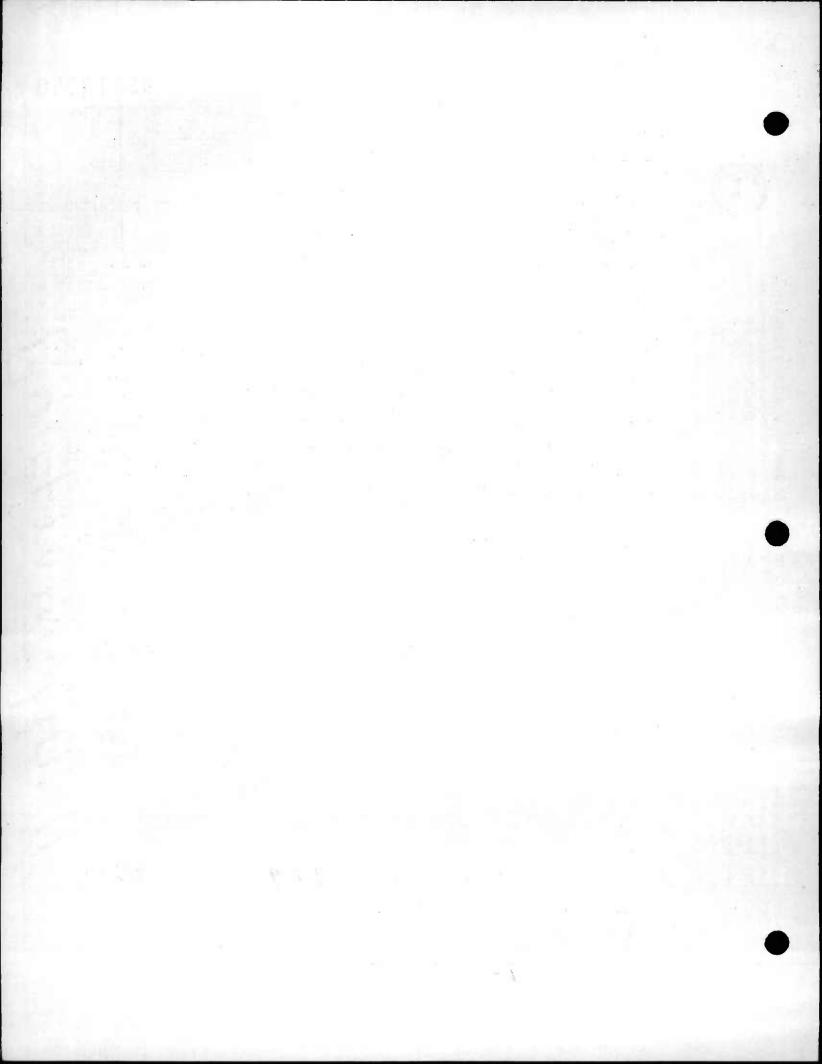
ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. The state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED BY FUNERAL DIRECTOR	1 9e. S FRE 10e N 10e. N 10e. 11. 1 1 2 2 2 2 2 2 2 2 2 3 .
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: II ITEM 28 IS MARKED, OF ITEM 23 SHOWS any INJUTY, OF OTHER TRAINER WENT, THE MEDICAL EXAMINER MUST DE NOTITIED AT OCC. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. IMI dis res

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

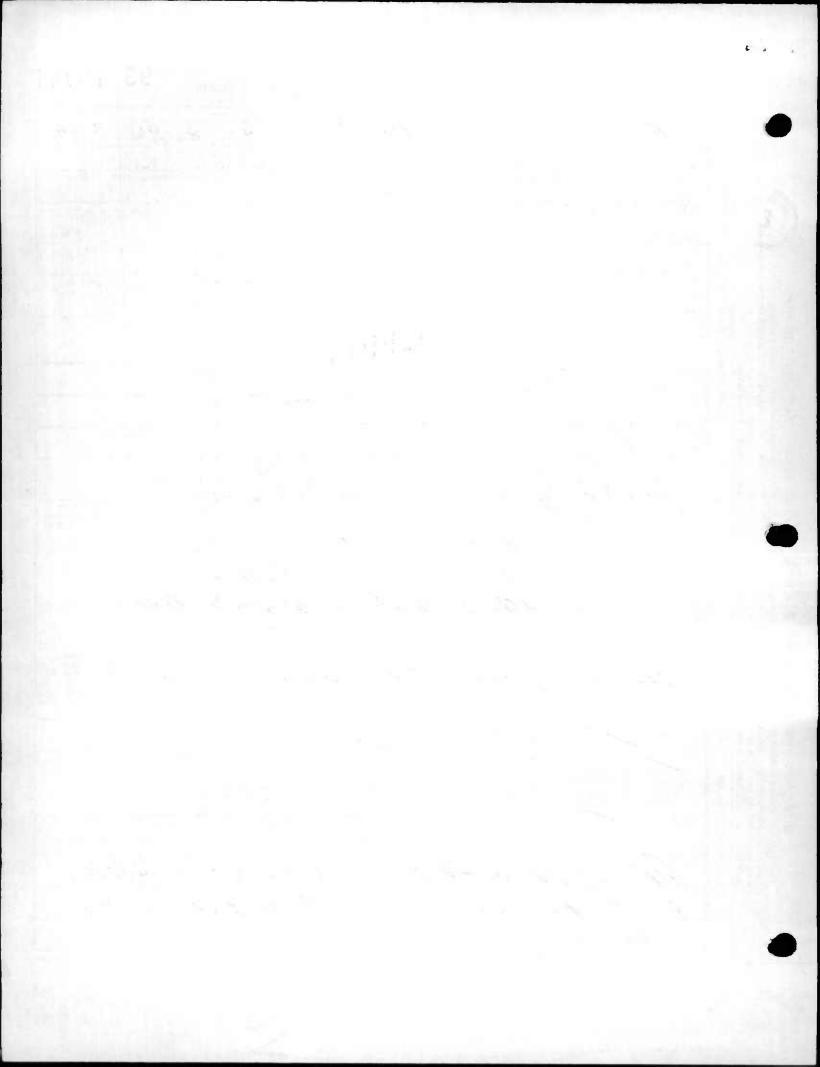
	1 - FOR STATE REGISTRAR		STATE OF MAI			TMENT OF		MEN	TAL HYGIEN			10705
- 6	1. DECEDENT'S NAME (First, M.	fiddle, Last)							ATE OF DEATH			3. TIME OF DEATH
	Elizabeth B	adescu	1						ril 22,	1993	YEAR	10:05A M
	4. SOCIAL SECURITY NUMBER	R T	5. SEX 6.	AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	Ī	6. BIRTH	IPLACE (State or Foreign
	123-42-4326		1 🗆 M 2 🔀 F	101	YRS.	MONTHS DAYS	HOURS MIN.		v · 14,	1891	Count	mania
- 1	9e. FACILITY NAME (If not instit	tution, give stre	et and number)			9b. CITY, TOWN	OR LOCATION OF D		v. 14/	9c. COU		
R	Suburban Hos	pital				Bethes	e fo			Mont	~~~	
DIRECTOR	RESIDENCE OF DECE	DENT								Mont	.qome	ery
뿔		Ob. COUNTY			10c. CIT	r, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
		New Yo	ork		New	York						XX YES 2 NO
₹	10e. STREET AND NUMBER					1	of. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	21 East 94t						10128				ed S	States
교	11. MARITAL STATUS 1 Never Married 2 Ma		12. WAS DECEDENT EN	YES 2			CENDENT OF HISPA pecify Cuban, Mexico			s or No—	14. RACI Black	E — American Indian, k, White, etc.
ਨੂ	3 Widowed 4 Divorce		IF YES, GIVE WAR	OR DATES		1 🗆 YE	S 2 XNO Specif	lly:			Spec	
	15, DECED	ENT'S EDUCA	TION	16a.	DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESCUMO	HETOW	White
ETED	(Specify only hi	1	College (1-4 or 5+)	_	(Give kind of w life. Do NOT us	vork done during n	ost of working		TOUR RUND OF BU	SINESS/IND	USINI	
7	Committee y occordant y (0-12)	"	4	H	omemak	or			Orm IIa	m a		
COMPL	17. FATHER'S NAME (First, Middle	fle, Last)		1 11	Omeman	<u> </u>	16. MOTHER'S NA	AME (Firs	Own Ho			
	Caesar Trit	ten							nristod			
H	19e. INFORMANT'S NAME (Type			T	19b. MAILING	ADDRESS (Street	and Number or Rural					
임	Lucia Giurg	iu					Street,					10120
į.	20a. METHOD OF DISPOSITION	N		20b. PLA	CE AND DATE O	F DISPOSITION (lame of 4/26			CATION —		
	1 ☐ Buriel	3 ∐ Removi pecify)	al from State	cemetery.	crematory or of	her place) V Crema	torium	Tnc	Do	- h d		(47.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	21. SIGNATURE OF FUNERAL S	SERVICE LICER	NSEE			22. NAME	AND ADDRESS OF FA	ACILITY	Robert	A. P	umph	rev Funeral
	* K \ a	18	200		W0000	nome/	betnesda.	-une	evv cha:	se. T	nc.	7557
	23. PART I. Enter the dise	BESS OF COL	molications that ca	4	death Don	3 Wisco	nsin Aver	nue	Bethe	sda.	Mary	land 20814
	shock, or hear	rt fallure. Lis	st only one cause	on each li	ine.		out or tynig, suc	UII 88 C	ardiac or reap	natory arr	oot,	Approximate interval Between
ľ	IMMEDIATE CAUSE (Final disease or condition		1 000	al. in a		1 00	1					Onset and Death
ł	resulting in death)	8.	LAC O	AS A CON	SEQUENCE OF	<i>DP</i>	LIVER					28 DAY
z	the the contract		Fot 1			•						1
CATION	Sequentially list condition if any, leading to immedia		DUE TO (OR	AS A CON	SEQUENCE DE):						
გ	cause. Enter UNDERLYING CAUSE (Disease or injury	G										
	that initiated events		DUE TO (DR	AS A CON	SEDUENCE OF):						
m .	resulting in death) LAST	d										
C	PART II. Other algnificant	conditions	contributing to dea	th but no	t resulting i	n the underlyic	ng cause given in	Part I	24a, WAS AN	ALITTOPSY	245	WERE AUTOPSY FINDINGS
<u>5</u>	CHRINIC O	BETTLE	CTIVE	Pul	what.	ARU	DISEA		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					40.00		-1001	EJE:	1 TYES	NO [X]		OF DEATH?
								_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M	MEDICAL.				26. 1	LACE OF DEATH (CA	hack only	(one)		_	
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È	27. MANNER DF DEATH		28m. DATE OF INJ	JRY	28h TIM	F OF 28c III	JURY AT	_	DESCRIBE HOW	NJURY OCC	URED	
> I	1 Natural 5 Per	nding estigation	(Month, Day, Y	(GZ	INJ		ORK? YES 2 NO	17	7/1	47	Han	175
9	2 Cutatta	uld not be	28e. PLACE OF IN	JUNY - AI	home, farm, s	treet, factory, offi	co Co	201. L	OCATION (Street	and Number	or Rural F	Route Number,
COMPLETED		termined	building, etc.	-	tomi	12		7/0	by or Town, State	. 61	R	THESEAD
7	29e. CERTIFIER 1 CERTIFY	YING PHYSICIA	AN: To the best of my	-	-		e and place, and due	to the				, Masp.
3) and manner as stated.
	290. BIGINATUME AND TITLE OF		11	_	-0	Maria Constitution	29c. LICENSE NUI		AREA STATE OF THE			
4	4	601	Mund	11	0	S	Same	0	0	> .	1-	(Morth, Day, Year)
2	30. NAME AND ADDRESS OF PE	ERSON WHD	COMPLETED CANSE O	F DEATH (I	TEM 27), (Type.	Print)	00 10	17		4	12.	3193
	FRANCIC C	12/4	11 10	215	FFRA	(W) mai	A B		THES	Xx/	21%	2817
	31. DATE FILED (Month, Day, Year	vr)	2. REGISTRAR'S	SIGNATURE	23/\/	1 -000	3 1	-6	11162	11/1	100	16)
	APR 26 19	993	Julia David	son-Ma	ndelle							



	1. DECEMENT'S NAME (First, Middle, Last) Annie	Jane	Brande	white				2. DATE OF April	F DEATH DAY	1993	EAR 3.	11ME OF OEATH 2:45p.
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPL	ACE (State or Foreign
	215-36-6895	1 🗆 M 2 💢 F	96	YRS.	MONTHS	DAYS	HOURS MIN.	July 1	23, 18		Country)	
108	Pa. FACILITY NAME (If not institution, give Vindobona Nursin RESIDENCE OF DECEDENT						PREDCATION OF D			9c. COUNTY	of DEAT	
DIREC	10s. STATE 10b. COUNT	lerick			v, town on Middle							d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 8405 Myersville R	load				101	21769			-	S.A.	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorcad		ENT EVER IN U. 1 YES 2 WAR OR DATE	2 X NO	H y	yes, sp	ecify Cuban, Mexico 2 NO Specia	en, Puerto Ric		or No — 14	RACE — Black, W Specify:	American Indien, This, atc. White
COMPLETED	15. DECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	JCATION completed) College (1-4 or 9		Give kind of the Do NOT u	work done dui se retired.)	UPATIO	ON sst of working		1 Home		TRY	
ш	17. FATHER'S NAME (First, Middle, Lest) John Calvin Wat	ers					16. MOTHER'S NA		idle, Malden S			
TO B	190. INFORMANT'S NAME (Type/Print) Bruce M. Brandent	ามห.ด					end Number or Rural					d 21769
	20e, METHOO OF DISPOSITION 1X Burtel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)		20b. PI		SITION (Name	a of car	metery cometany or		20c. LOC	ATION - Cit	y or Town,	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	71,)				no address of Fi	R,	ickett			
	23. PART I. Enter the diseases, or ahook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Complications to	euse on sect	1 line.	not enter the			ch as cardia	c or respire	atory arres	t,	Approximate Interval Between Onset and Deet
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
: MEDICAL CE	PART II. Other significent condition	PERFORMED? 1 □ YES 2 X NO							CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION OF CAUSE OBATH? YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PI	LACE OF DEATH (C	heck only one)				
PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	1 Inpetient 2		28b. Til		Bc. IN.	JURY AT DRK?		(Specify)	JURY OCCU	RED	
ED BY	Accident investigation 3 Suicide 8 Could not be 4 Homicide defarmined	28e. PLACE buildin	OF INJURY — ig, atc. (Specify)	A1 home, farm,	street, factor		YES 2 NO	281. LOCAT City or	ION (Street ar Town, State)	nd Number or	Rural Roul	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best										nd manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENTRAL	afn	~	במתן)		29c. LICENSE NU	MBER 7/		29d. DATE	FIGNED IM	onth, Day, Year)
Ĭ.	30. NAME AND ADDRESS OF PERSON W Robert L. Kaufma	hn, 300	West 9:	th Stre		rec	derick, 1	Maryla	nd 21	701	7	
	31. DATE FILED (Month, Day, Year) APR 7 19		RAR'S SIGNATI	ure n-Mandal	e.							

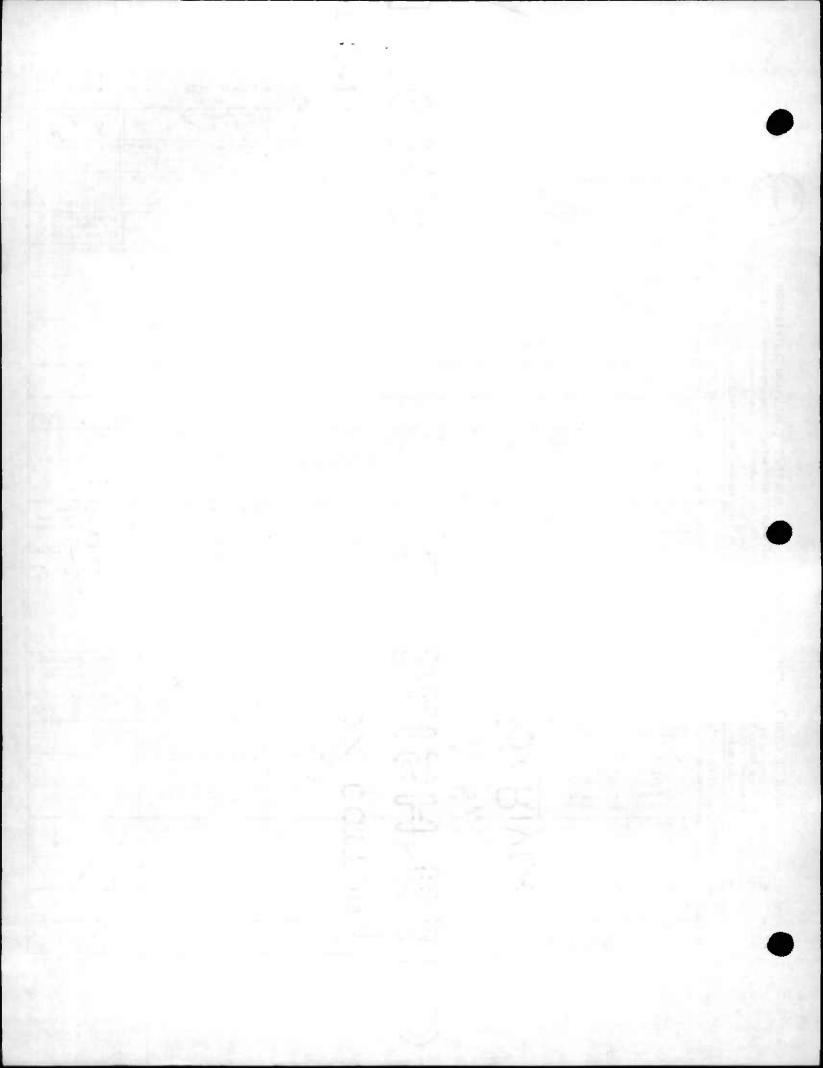


	1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE		RTMENT OF				YGIENE EG. NO.		0 10	1 12 1
	1. DECEDENT'S NAME (First, Middle, Last)				0			2. DATE OF D		VE	3. TIME OF DEA	тн
	Mary	Etta			1305	T		4	8	- 9	3 3:5	DAM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. lest	birthday)	IF UNDER 1 YE		24 HRS. MIN.	7. DATE OF B (Month, Day	(, Year)		BIRTHPLACE (State or F Country)	oreign
	219-01-7382 9e. FACILITY NAME (If not institution, give s		89	ina.	Ob CITY TO	VN OR LOCATI	ON OF DE		16, 190	COUNTY	lary land	
Œ					1.1	erick	ON OF DE	AIN				
6	Meridian Nursing									rreu	erick	
DIRECTOR	10e. STATE 10b. COUNT				TY, TOWN OR LO						10d. INSIDE CIT LIMITS?	
	Maryland Washi	ngton		<u> </u>	<u>(noxvil</u>	101. ZIP COD	e			De CITITEN	1 TYES 2 X	NO
RA	1347 Weverton Ro	ad				217				og. Offizen	USA	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. AR	MED		DECENDENT (OF HISPAN	IIC ORIGIN? (Sp		No- 14.	RACE - American Ind	len,
BY F	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	YES 2 X N	10		, specify Cubi		n, Puerto Ricen	, etc.)		Black, White, etc. Specify:	
	15. DECEDENT'S EDU	CATION	I the DE	CEDENTIS	USUAL OCCU	ATION		105 KINI	D OF BUSINI	ee (INDUE)	White	
	(Specify only highest grade	completed)	(GI	ve kind of Do NOT u	work done during	most of world	ng	100, KIN	D OF BOSINI	:55/INDUS	rs (
2	6	College (1-4 or 5		sewi	fe			Ho	memak	er		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle				
BE	Martin Edgar	Miller						ell Ho				
10	19a. INFORMANT'S NAME (Type/Print) Betty B. Gaither		198		ADDRESS (Str							
	20a METHOD OF DISPOSITION		20b. PLACE		Wever			KIIOXV			or Town, State	
	1X Buriel 2 Cremetion 3 Rem	oval from State	other ple	rce)	Of God		-			etts		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1,7,000		22. NAM	E AND ADDRE	SS OF FA	er Fun	owal i	llomo	THE THE	
	PRI XI	Low						, WV 2		поше		
	23. PART I. Entar the diseeses, or shock, or haert fellure. IMMEDIATE CAUSE (Finel	Compilections the	et caused the de use on each line	eth. Do						Dry arreat	Approxin	Between
	disease or condition resulting in death)	a. DUE TO	(OR AS A CONSEC	QUENCE O	orle	1		1				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO c. DUE TO d.	OR AS A CONSECUTION AS	DUENCE C	e he	Carl	lio	ala.	lar o	lese	Puse	
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to	death but not r	nte.	In the under	lying cause	given in		YES 2	07	24b. WERE AUTOPSY AMILABLE PRIDI COMPLETION OF OF DEATH? 1 YES 2	CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF E	DEATH (Ch	eck only one)				_
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			5 Other (Sp	ecify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF		26b. TH	JURY	WORK?	□ NO	26d, DESCRI	BE HOW INJI	JRY OCCUR	EO	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he , etc. (Specify)	me, ferm,	street, factory,	office			N (Street end wn, Stele)	Number or i	Rural Route Number,	
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYS										ause(e) end menner se	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Phon	let	n	D	29c. LIC	ENSE NUI	_			4/8/9=	2
10	30. NAME AND ADDRESS OF BERSON WI	FOO LE	SE OF DEATH (ITE	M 27) (Typ	Print)	, 91.	× 5	518 H 1	rede	rick	-, MD	
	APR 9 199	44	AR'S SIGNATURE	and a Di	,							



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	REGISTRAR			>LNIII	ICALE	OI.	DEATH	HE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OI	EATH DAY	ve	3. TIME OF DEATH
1	Robert Lee Bl	unt						April			" 810 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8.1	BIRTHPLACE (State or Foreign
	220-32-8094	1XXM 2 □ F	55	YRS.	MONTHS D	AYS	HOURS MIN.	Sept.	16ar) 1	937	Country)
- 8									MARYLAND INTHPLACE (State or Foreign ountry) Maryland OF DEATH I Anne's 10d. INSIDE CITY LIMITS? X—YES 2 — NO OF WHAT COUNTRY? A. RACE — American Indian, Black, White, etc. Specify: White RY Aryland OF MARYLAND OF JEFF MARYLAND OF J		
	9a. FACILITY NAME (If not institution, give					OWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					1017-1011
Ö	at home Rte. 4 437 Griffin Court					creville Queen Anne's					n Anne's
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	nv.		T 40 - 017	Y, TOWN OR I		100				I program a series
DIRECTOR											LIMITS?
		en Anne's	Cei	ntrevi	_						
A	10e. STREET AND NUMBER					101	ZIP COOE			-	
FUNERAL	Rte #4 437 Gr	iffin Cou	rt				216	17		U.S.A	A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WA	S DEC	ENDENT OF HISPAN	NIC ORIGIN? (Spe	ecify Yea or	No- 14.	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	AH OR DATES	NO			2 NO Specifi		atc.)		
ВУ	3 Widowed 4 Divorced	7/19/61	thru	8/13/	64		-				
O.	15. DECEOENT'S ED	UCATION	16a.	DECEDENT'S	USUAL OCCI	JPATIC	DN	16b. KIND	OF BUSINE	ESS/INDUST	
H	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	work done duri se retired.)	ng mo	st of working				
PLI	12	College (1-4 or 5 a	,	Corre	ection	al	Officer	S	tate	of Ma	arvland
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			COLL	SCCION		18. MOTHER'S NA				ar y rana
		n Dlunt								marrie)	
BE	William Wrightso	ii Brunt						nor R.			
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural		,,	,	/
-	Mrs. Ruth Blunt			Rte.	4 4	37	Griffin	Court,	Cent	revi.	lle, Md. 21617
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	manual from Chat-			E OF OISPOS		(Name	OATE	20c. LOCAT	ION — City	or Town, State
	4 Donation 5 Other (Specify)	noval from Stata	Md of cemen	Voto:	y or other plac	e) Ome	atom 1	/21/03	Hur	lock	Marriland
	21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE /)	22. NA	ME A	D ADDRESS OF FA	CILITY		114.6	Mai V I alli
	· '7/	V(//	///		T	om	Helfenbe	ein Fun	eral	HOmes	s, P.A.
	Laumao K	· Tale	proper	~							Md. 21619
-	23. PART I. Enter the diseases, or	complications tha	t causad the	death. Do	not anter th	a mo	da of dylng, suc	ch aa cardiac d	or respirate	ory arrest.	, Approximata
	ahock, or heart failure	. List only one cau	iaa on aach i	ine.		-					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		0	20	21/						511
	resulting in death)	a	(OR AS A CON	TECHENICE (, U 2		/ 1				years
		500 10	Curon	1-1	, , , , , , , , , , , , , , , , , , ,	1	Ilc.	CIO		5 um +	
NO	Sequentially list conditions,	b DUE TO	Ju	als	MIL		LCI	acre	Ren		
Ĕ	if any, leading to immediate	DOE 10	(ON AS A COM	SECULINCE (r):						
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury	C	(OD 10 1 00)								
H	that initiated events resulting in death) LAST	DUE 10	(OR AS A CON	SEOUENCE (OF):						i
E	resolving in death) CAST	d									
	PART ii. Other significant condition	one contributing to	death but no	ot resulting	in the unde	rivin	a cause alven in	Part I 24a	WAS AN AU	maev	24b. WERE AUTOPSY FINDINGS
EDICAL	Train a distribution de la contraction de la con	- contracting to	duadi but iid	or readiting	III the diag	y	g cause given in	240.	PERFORME		AVAILABLE PRIOR TO
ă								15	YES 2	NO	OF DEATH?
ME											1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PI	LACE OF DEATH (C)	heck only one)			
5	EXAMINER?	HOSPITAL:	ES/Outputter	2 DO4	OTHER:		2.				
¥	27. MANNER OF DEATH	28a, DATE OF		28b. TII	1		HURY AT	28d. DESCRIB		18W COCIE	ED.
古	1 Netural 5 Pending	(Month, E			JURY M	WC	PRK?	280. DESCHIB	E HOW INJU	JHT OCCUR	EU
BY	2 Accident Investigation			100			YES 2 NO				
	3 Suicide 8 Could not b	28e. PLACE C building,	OF INJURY At atc. (Specify)	t home, farm,	street, factor	, offic		281. LOCATION City or Tox		Number or I	Rural Route Number,
E	4 Homicide determined										
쁘	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge	death occur	red at the tim	e. data	and place, and du	e to the cause(s)	and manne	r an stated	
COMPL	CONSTRUCTION -										ause(a) and manner as stated.
8				/				time, and and			1
M	29b. SIGNATURE AND TITLE OF CERTIF	(A)	()x	An			29c NICENSE NU	MBER U.S	2	9d. DATE S	(Month, Ody, Year)
0 8	Aluvi	Am	We.	110.	7		0/2	-545		7	120/90
2	30. NAME AND ADURESS OF PERSON V	VHO COMPLETEO CAU	SE OF DEATH	YEM 27) (Typ	e, Print)					- /	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	ARDS SIGNATUR	E, >	à						
	APR 2 1	'931 \$	Tuna Lau	ndsen-V	unacoca	J.					
	m	1	,								



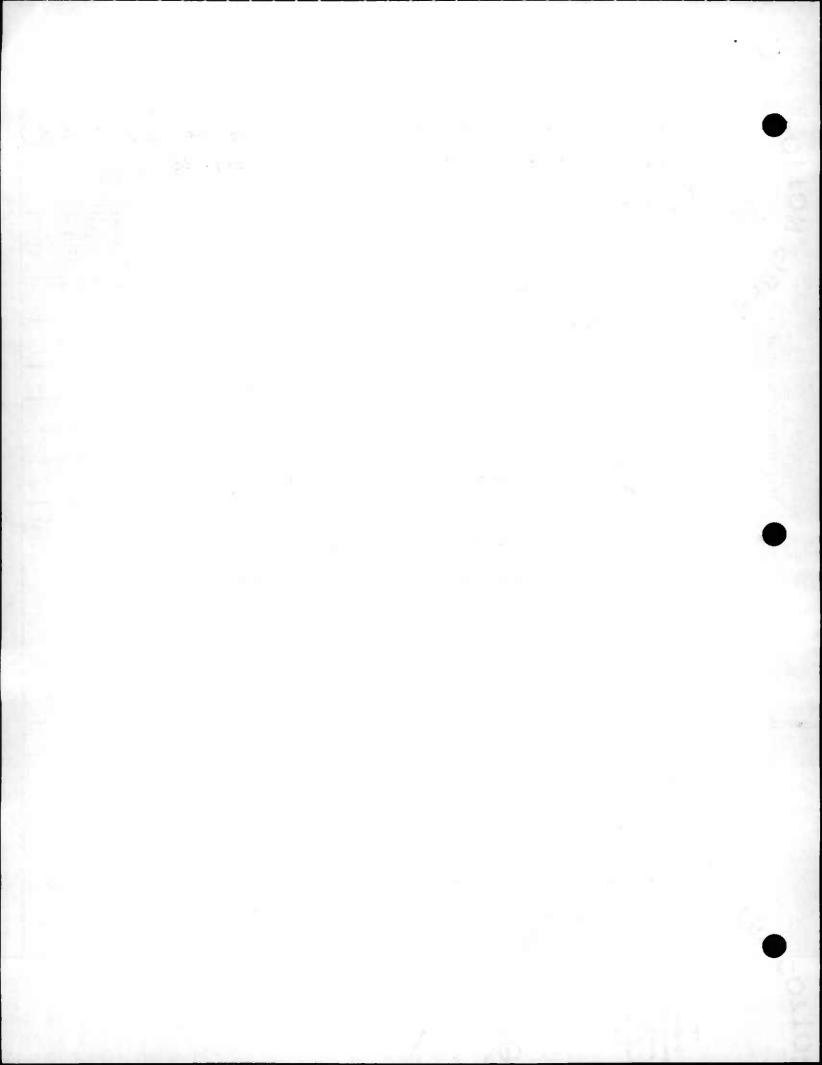
FOR

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG, NO.											
	1. DECEDENT'S NAME (First, Middle, Last) WESLEY William87	ACKHUS	5		2. DATE OF DEATH MONTH	3AY (8:45 (A m)			
		AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS					ACE (State or Foreign			
В	9a. FACILITY NAME (If not institution, give street and number) Baltimore Co. General F	Hospital	96. CITY, TOWN C	UNTY OF DEAT	TH						
اظ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CII	Y, TOWN OR LOCAT		<i></i>	1 Do		Id. INSIDE CITY			
L DIRECTOR	Maryland Baltimore		Slyndon			10					
FUNERAL	4414 Worthington Ave		100	21071			.S.A.	T COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 FYES, GIVE WARY ATMY	YER IN U.S. ARMED YES 2 NO OR DATES	II yes, sp		NIC ORIGIN? (Specify Wan, Puerto Rican, etc.) fy:	es or No—	Black, W	American Indian, Thita, etc. White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2 College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.) Enance	st of working	Bais			chool			
COM	17. FATHER'S NAME (First, Middle, Last) Fred Backhaus			18. MOTHER'S NA	AME (First, Middle, Maide.	Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or To	vn. State. Z	io Code)				
2	Kathaleen Backhus	4414	Worthi	ngton .	Ave, Gly	ndon	, Md.				
	1 № Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, cremetory or of Meadow	of disposition (Na ether place) Branch	ime of			minst	er, Md.			
	21. SIGNATURE OF PUNERAL SERVICE (CENSSEE)	1	Thoma 254 E	s D. F. Main	letcher a St. West	& Som	n F.H ster,	·Md.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about or heart failure. List only one ceuse on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ■ SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF):										
NO NO	Sequentially list and tales The BOWG	AS A CONSEQUENCE OF	RFOR		N						
ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	AS A CONSEQUENCE O	F):								
DICAL C	PART II. Other significant conditions contributing to des	th but not resulting	In the underlying	g cause given in	Part I. 24s. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS AILABLE PRIOR TO			
PHYSICIAN: MEDIC					1 _ YES		OF	MMPLETION OF CAUSE DEATH? YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (C)	hack only one)						
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER	/Outpatient 3 DOA	OTHER:		6 Other (Specify)						
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Ye		JURY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW	INJURY OC	CCURED				
	Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my light one) CERTIFYING PHYSICIAN: To the best of my light one) CERTIFYING PHYSICIAN: To the best of my light one)				id manner as stated,						
BE C	296. SIGNATURE AND TITLE OF CERTIFIER HOL	SE	4 - 1	29c. LICENSE NU	MBER	29d. DA	TE SIGNED (M	onth, Day, Year)			
2	296. SIGNATURE AND TITLE OF CERTIFIER HOLE SOLUTION 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF AVTAR S. BASSIN	F DEATH (ITEM 27) (Type	Print) R	C. G.	U		4.2	0.73			
	AVTAR S. BASSIN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S		12.0	U.	П .						
APR 2 9 '93 gile their doon Pandalle											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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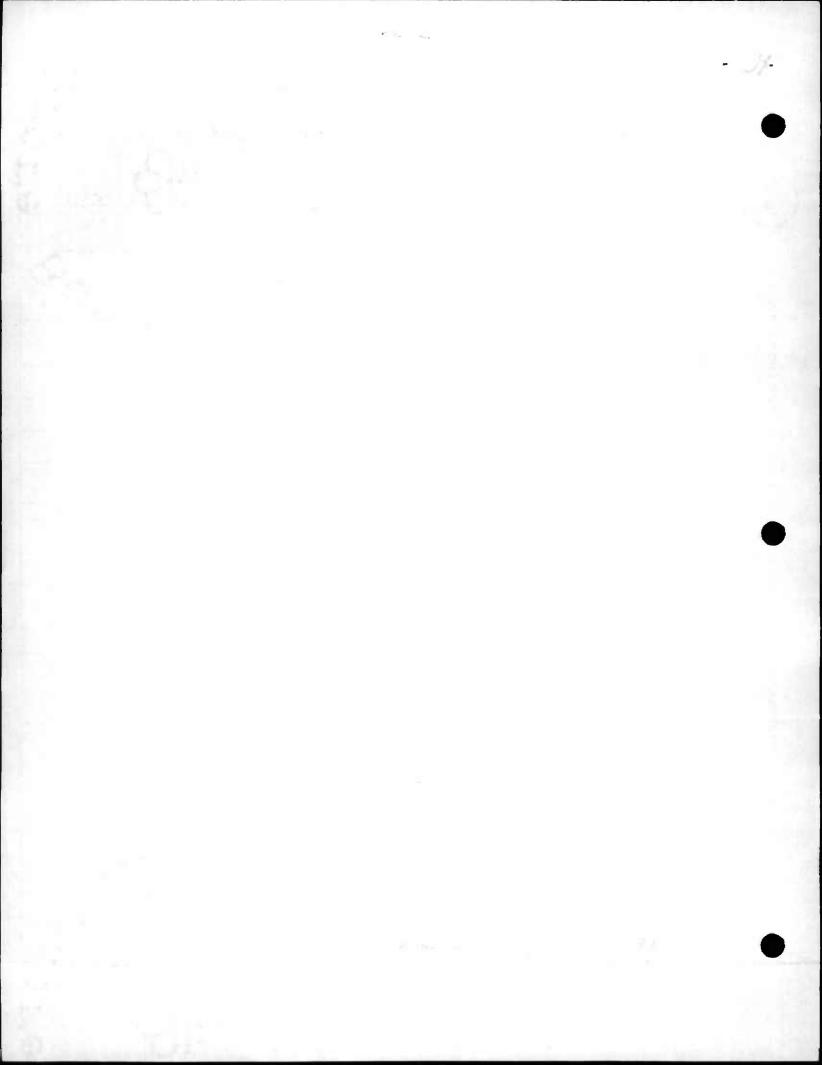
1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-18 Rev 1/89

	HEGISTHAH		CERI	IFICA	IL OL	DEAL	п	REG. NO.				
Å	1. DECEDENT'S NAME (First, Middle, Lest)	Veron	ica.						2. DATE OF DEATH PAY YEAR 3. TIME OF DEATH PAY ON M			
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. last birthde		VDER 1 YEAR	IF UNDER 2	4 HRS.	7 PATE OF BIRTH		. BIRTHPL	ACE (State or Foreign		
ļ,	218-26-7486	1 □ M 2XXF	63 YRS	S. MONT	HS DAYS	HOURS	MIN.	(Month, Day, Year) 10/24/29	A 6	Marvl		
	Sa. FACILITY NAME (If not institution, give a		9b. (CITY, TOWN	OR LOCATION	N OF DEA		9c. COUNT	1			
8	HarFord M	emorial	Haroita	114	0.103) A =	0	RACE	. 1	-	ORD	
5	RESIDENCE OF DECEDENT		11030130		ALKE	11 =		KACE	111	ukl	000	
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOW	VN OR LOCA	TION				10	Dd. INSIDE CITY	
	4	ford		Aber	deen					1	X YES 2 NO	
₹	10e. STREET AND NUMBER			10	r. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?		
FUNERAL	316 Chestnut Stre				210	01		U.	S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	VER IN U.S. ARMED YES 2 XNO		13. WAS DE	CENDENT OF	HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No- 14	4. RACE — Black, W	American Indian, Thits, stc.		
B	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIYE WAR				S 2 (2KNO				Specify:		
	15. DECEDENT'S EDUC	2477041						Test extended		Blac	k	
COMPLETED	(Specify only highest grade	completed)	16a. DECEDEN (Give kind life. Do NO	of work do	one during m	ION ost of working		166. KIND OF BUS	INESS/INDUS	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			•							
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		Data	Proc	essor			U.S. C				
	Richard Adams					18. MOTHE	R'S NAM	F A	.,	L. L.		
H	19a. INFORMANT'S NAME (Type/Print)		anh aran	INO ADD	NEGO (0)		. D. 15	CEATIAR				
2	Joyce Scott							oute Number, City or Town			02044	
1	20a. METHOD OF DISPOSITION						ave.	, Fort Ord				
	1 Durial 2 Cremation 3 Rame	oval from Stats	20b. PLACE AND DA cemetery, cremetory	or other pla	POSITION (N	lame of		y5/4 Arli	CATION — CH	ty or Town	, State	
	4 Donation 5 Other (Specify)	ENGEE	Artingto	n Na	tiona	L CEME	eter	y5/4 [Arli	.ngton	, Vi	rginia	
	Y O	10		,					iomo.	Dλ		
	Dary K.	Dille	orann	u	Aber	deen,	Mar	Funeral H yland 210	01-33	597		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart failure. List only one cause on each lina. Immarval Between Onset and Death											
	disease or condition resulting in death)	Con	aprimin	2	Vana	N	1	Ellen			141251112	
	resorting in death)	DUE TO (OF	A CONSEQUENCE	E OF):	V Ca	111	A	o work				
z		Caro	Entras 1	200	New)	1 //1	in	>			! 1	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO YOU	AS A CONSEQUENCE	On:	1 18	1						
₫	cause. Enter UNDERLYING CAUSE (Disease or Injury		D. D.	D	100	1.					1	
늗	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE	E OF):		1.		0				
#	resoluting in dealth EAST	. 1	JUD	1	the	rowo	m	gall				
	PART II. Other significant condition	s contributing to de	ath but not resulting	na in the	underlylr	ng cause giv	ven in F	Part I. 244 MAS AN	NITTOREY	1 24h W	ERE AUTOPSY FINDINGS	
EDICAL					1170	3		PERFORMED?			AILABLE PRIOR TO	
								1 YES 2	□ NO	Of	DEATH?	
≥								_		11	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
를 다	EXAMINER?	HOSPITAL:			IER:	LACE OF DEA						
¥	27. MANNER OF DEATH	1 Inpetient 2 I El		TIME OF			_	8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day,		INJURY	W	JURY AT		28d. DEŞCRIBE NOW INJURY OCCURED				
ĕ I	2 Accident Investigation	28a PLACE OF III	NJURY — Al home, far			YES 2 🗌	-					
	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	. (Specify)	m, street,	iactory, orn	50		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Rout	e Number,	
<u> </u>	29a. CERTIFIER											
린	(Check only											
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of axam	instion and/or investig	ation, in r	ny opinion,	death occured	d at the ti	lme, data and place, and	dus to the	cause(s) ar	nd manner se atated.	
ш	29b. SIGNATURE AND TITLE OF CHITTIPLE					29c. LICEN	ISE NUME	BER / /	29d. DATE	SIGNED (M	onth, Day, Hear)	
8	X F	Lee	2			127	20	66/	D 4	121	787	
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM 27)	ype, Print))/,	1	1	PA		1012	
		EE M.	11.36) /	. >.	Um	Non	1 811/2-	Hav	ne !	de grace	
1	21. DATE-FILED (Month, Day, Worl)	32. REGISTRAR'S		- 1				67	+			
	APR 28'93	greha Davi	door Pandelle	<u></u>								
		0										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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BALTIMORE, MARYLAND 21215-0020

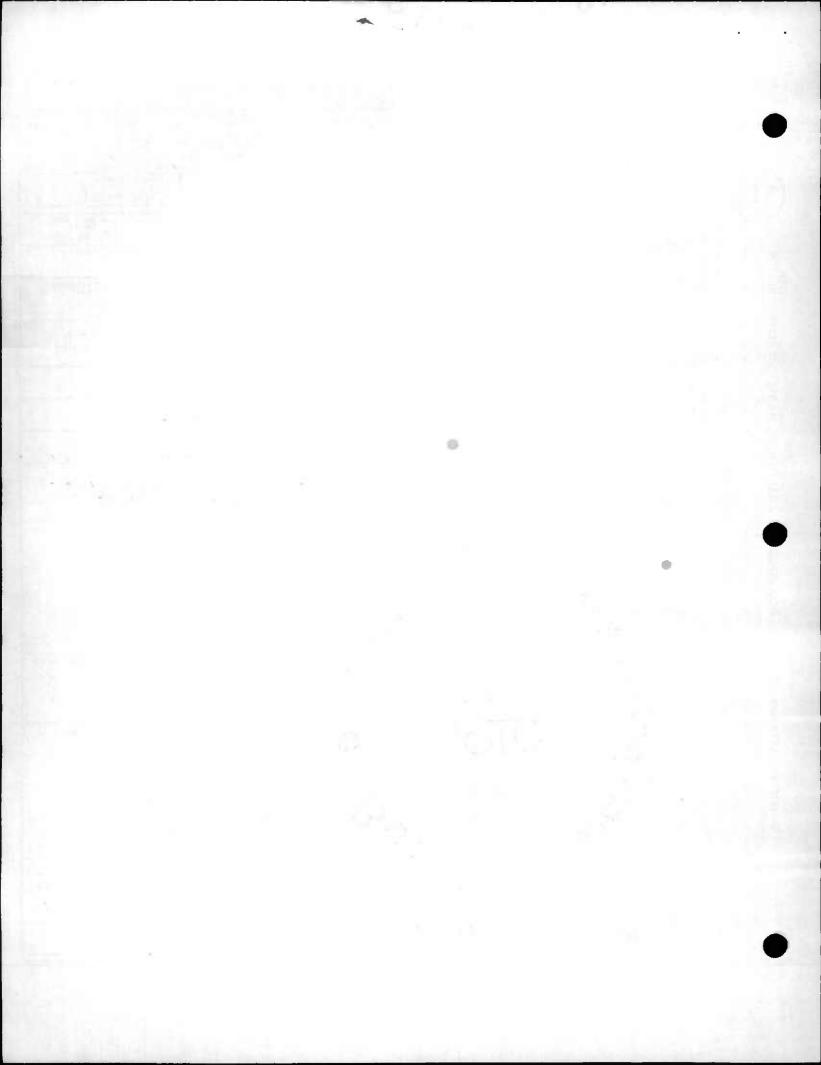
		FOR 1 STATE	STATE OF MARY!	.AND / DEI	PARTMEN	IT OF H	IEALTH AND	MENTAL HYGIEN	9	3 3745	
Γ		REGISTRAR		CERT			DEATH	REG. NO.		3. TIME OF DEATH	
	3	JAMES	James (nmr	DA	KN	ES		MONTHY DA	5 9	3 0317AM	
		4. SOCIAL SECURITY NUMBER 263-12-8776	5. SEX 8. AGE	1 R YE	day) IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAYE OF BIRTH (Month, Day, Year) October 11	.1914	BIRTHPLACE (State or Foreign Country Florida	
	or.	Sa. FACILITY NAME (If not institution, give st	reet and number)		9b. CI1	TY, TOWN O	OR LOCATION OF I			Y OF DEATH	
1	CTO	RESIDENCE OF DECEDENT	1105p.		170	2115	ston		Ha	irtord	
	DIRECTOR	Maryland Harf			Edgew		TON			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO	
	FUNERAL	100. STREET AND NUMBER 1145 Chipper Dri	ve			101	21040		10g. CITIZE	N OF WHAT COUNTRY?	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	3 "	4. RACE — American Indian, Black, White, etc. Specify: Black	
1	밀	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEOE (Give kin	NT'S USUAL d of work done OT use retired	OCCUPATIO	ON st of working	16b. KIND OF BUS			
٠	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		e Ope:			Stee	el Mar	nufacturing	
t once		17. FATHER'S NAME (First, Middle, Last)	arnoc					AME (First, Middle, Maiden :	-		
Ilfled a	TO BE	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
De no	٦	Cora Barnes 20e. METHOD OF DISPOSITION			-			Edgewood, M			
must		20b. PLACE AND DATE OF DISPOSITION 1 Burla! 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of out to the complete of the complete									
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	Mc Cam	0177	H	OWAY	K. McC	omas III Fu	meral	Home, P.A.	
shows any Injury, o	V: MEDICAL CERTIFICATION	23. PART I. Entar the diseases, or cahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS OUT TO (OR AS OUT TO (OR AS OUT TO (OR AS OUT TO (OR AS OUT TO (OR AS	A CONSEQUENCE	CE OF): CE OF): CE OF): CE OF): CE OF):	est.	m Fai	June S least For	Jen Den reme	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only one)			
9	높▮	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. OATE OF INJURY		TIME OF	28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	LJURY OCCU	RED	
Is mari	ED BY P	1 Staturel 5 Pending 2 Accident Investigation 2 Recident Investigation 2 Recident Investigation Inve								Rural Route Number,	
2		4 Homicide datarmined						City or Town, State)			
=======================================	COMPL	(Check only	CIAN: To the best of my known. R: On the bests of examination							cause(e) and manner as stated.	
POR	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Sun. cu	R			29c, LICENSE NU			SIGNEO (Month, Day, Year) 071/25, 193	

MPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

1. M.D. 1800 HARFORD RD.,

32. RESEARCH MARKET RENDERS.

FALLSTON, MD 21047



296 SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FILEO (Month, Day, Year)
APR 26 '93

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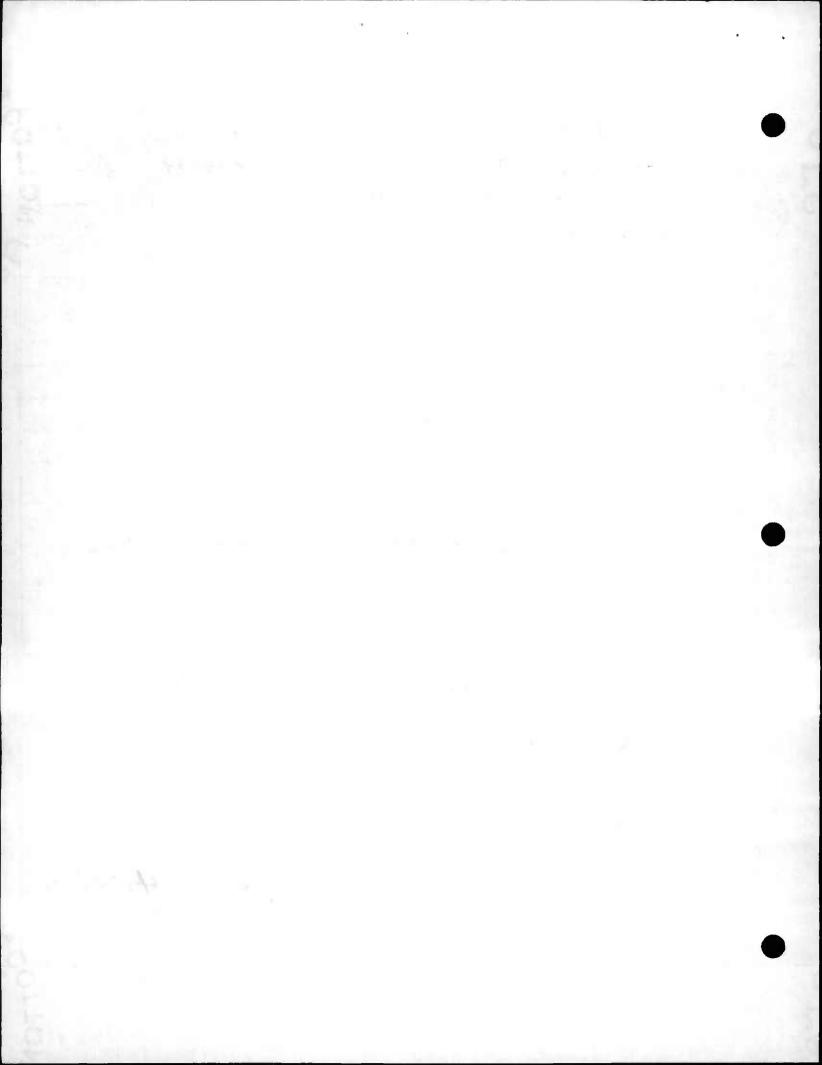
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permenent of the strong burial profession or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 13746 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3. TIME OF OEATH 50 1. DECEDENT'S NAME (First Middle, Last Barnes ELMIra BILDICE М 6. AGE (In yrs, last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State of 34-66 1 - M 2 0 F 3 39 / 9b. CITY, TOWN OR LOCATION OF DEATH Harre FUNERAL DIRECTOR pita dar toro 10a. STATE 10c. CUY, TOWN OR LOCATION 10d. INSIDE CITY Ha 1 -01 de Grace 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13 George 21078 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ABMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-RACE - American Indian, Black, White, etc. 1 Never Married 2 Married В Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life._Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY (Specify only high College (1-4 or 5+) Home maker 17. FATHER'S NAME (First, Middle, Last) 113 AM HARRIS BE 19a. INFORMANT'S NAME (Type/Print) 2 BARNES Grace. 343 mp 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Cem ARNOID BEARD Haurede Grace MO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart fellure. List only one cause on Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition ____ DUE TO (OR AS A CONSEQUENCE OF) ARTEPUOS CIEROSIS COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE ALITOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO Heart 1 YES 2 NO College to S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: tient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural
2 Accident 5 Pending Investige 1 YES 2 NO 26a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion.

> WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ON AKIL, Julia Davidson Bondon



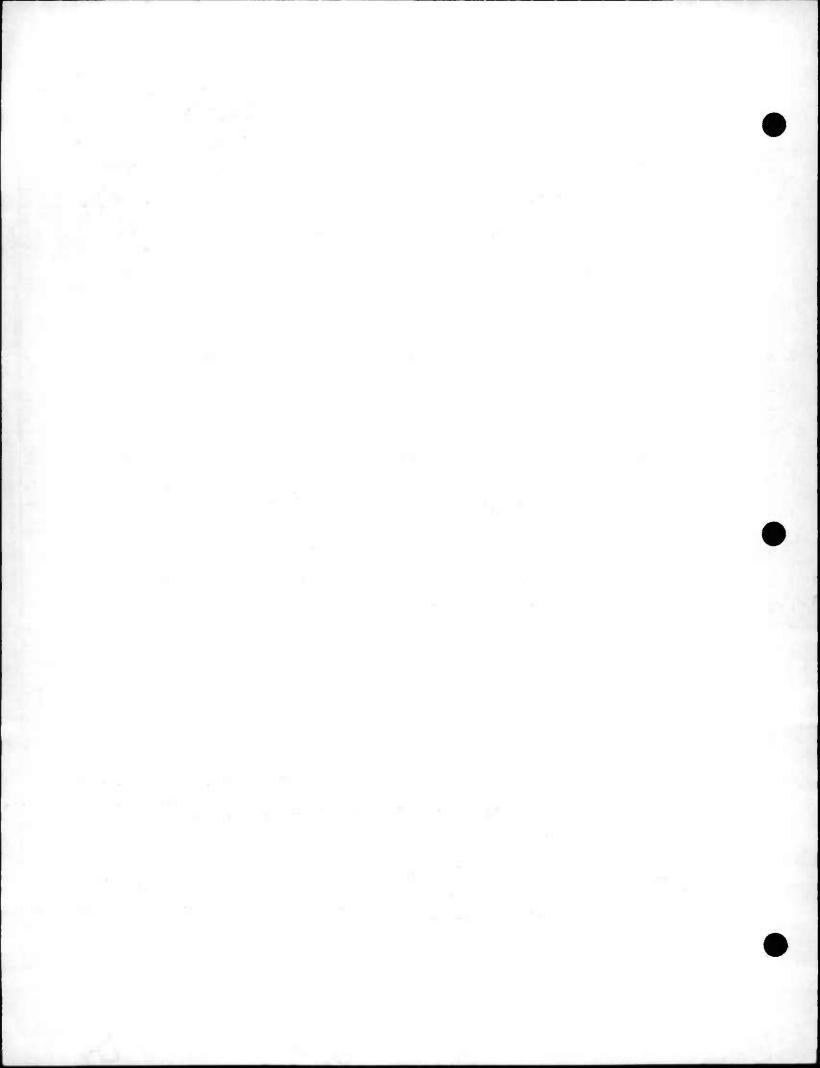
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William Curry M.D

1	1. DECEDENT'S NAME (First, Middle, Last)			TE OF		2. DATE	OF OEATH			3. TIME OF DEATH
	Mildred E	Elizabeth	Ваз	rvinc	hak		AD		AY 14 1	YEAR 1993	10:20 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last b	irthday) F U	DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH th, Day, Year)		S. BIRT	HPLACE (State or Foreign
1	220-03-9547	1 □ M 2 🙀 F	85	YRS. MONT	HS DAYS	HOURS MIN.	Apri	1 10,	1908	Mar	yland
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. (CITY, TOWN	OR LOCATION OF D				UNTY OF I	
CTOR	Memorial Hosp	ital at Ea	ston	- 1	Easton				Ta	1bot	
	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									T	
DIRE	Maryland	Caroline		100. 0111, 101		.1sboro					10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER	Caronine				ZIP CODE			100 00	TIZEN OF I	1 YES 2 NO
12	MD Route 404		100	21641							
FUNERAL	11. MARITAL STATUS	n I	13 WAS DEC		NIC OBIGI	M2 /Sacatta Van		U.S.			
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Pual 1 YES 2 XNO Specify:			ORIGIN? (Specify Yea or No— 14. RACE Black		E — American Indian, k, White, atc.	
B	3 Widowed 4 Divorced		1 U YES	Z ANU Speci	ary:			Cauc	asian		
ETED	15. OECEDENT'S EO (Specify only highest grad		CEDENT'S USUAL OCCUPATION we kind of work done during most of working			168	. KINO OF BUS	SINESS/IN		castan	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Alfa Da A			use retired.)					
COMPL	12 yrs.	None	Hom	nemaker				Home			
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Malden	Surname)		
BE	Galluf W					a Ross					
TO B	190. INFORMANT'S NAME (Type/Print)		nd Number or Rural								
-	Gerald Reilly			2390 B1	ades	Road, Co	ordov	a, Mar	y1an	id 21	625
	20s. METHOD OF DISPOSITION 1 Dunstlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, cometery, crematory or other place)									own, Stata	
	4 Donation 5 Other (Specify)	1	Greenm	ount C	emete		4/1	9 Hill	sbor	o. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE PICENSEE 22. NAME AND ACCRESS OF FACILITY MOORE Funeral Home, P.A.										-
	Drawer B, Denton, Maryland 21629										
	Dancelle	014 116	we		Moor Draw	e Funera er B. De	al Ho	me, P. Marv	A.	21	629
	23. PART I. Enter the disesses, or	complications that cau	sed the death	h. Do not en	Draw	er B, De	enton	, Mary	1and	21	629 Approximate
	23. PART I. Enter the disesses, or ehock, or heert failuie	complications that cause of	sed the death	h. Do not en	Draw	er B, De	enton	, Mary	1and	21.	Approximate Interval Between
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	IMMEDIATE CAUSE (Finel	e. HIGH OUT PUT	DON CESTA	2 HEART ENCE OF):	Draw	er B, De de of dying, sue	enton	, Mary	land	rreat,	Approximate Interval Betwe
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. HKH OF POT	DON CESTA	2 HEART ENCE OF):	Draw	er B, De de of dying, sue	enton	, Mary	land	rreat,	Approximate Interval Between
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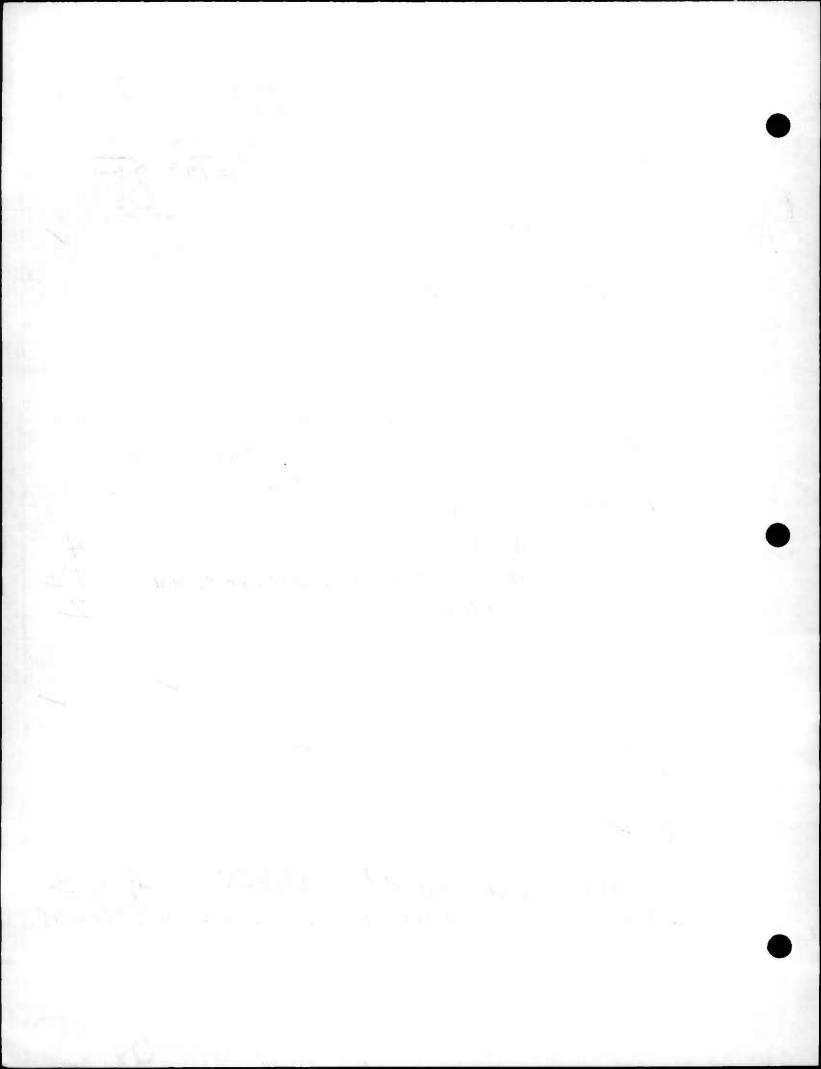


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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNCENDISCORE Material trait certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit page 6.5 should be detached for use 6.5 shoul	to meet writing to hours after death with the state begin, or read and whenta in yielde prior to begin and well	IMPUHANI I HIBM 26 IS MARKED, OF HEM 23 Shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
	6	1	- 1	

FOR STATE REGISTRAR		STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93 13748		
ì	1. DECEDENT'S NAME (First, Middle, List)	Joseph	Channelle Sr	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH 8'.30pm	
ĺ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. F 3T	HPLACE (State or Foreign,	

	1. DECEDENT'S NAME (First, Middle, Last)								MONTH DAY YEAR Q'3				3. TIME OF DEATH
	4. SOCIAL SECURITY HUM	BER	Joseph T	6 AGE (In see	Cha	PP81		ST IF UNDER 24 HRS.		7. DATE OF BIRTH 6. 5 2THPLACE (State			8.20pm
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									13	131/4	3	KH	ODF
S S											ne A	rundel	
اظ	RESIDENCE OF DE												
DIRE	100. Proper 100. Applying Arundel 10° Town or Location Applied												10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100 STREET AND NUMBER Drive						101	. ZIP CODE 21 [12		10g. Cl7	izen og v	VHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED		If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 1 NO Specific	en, Puer	GIN? (Specify Yee to Rican, etc.)	or No—	Black	— American Indian, White, etc.
	15. DEC	EDENT'S EDU	CATION	16e.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BUS	INESS/IN		
	Elementary/Secondary (College (1-4 or 5+)		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of working					
COMPLETED					Sales					Hardwa	re C	hain	
8	17. FATHER'S NAME (First, M							18. MOTHER'S NA	AME (Firs	t, Middle, Malden	Surname)		
BE	Harold Cha		e					Olive					
2	19e. INFORMANT'S NAME (,, ,						and Number or Rural	Route N	umber, City or Town	n, State, Zip	Code)	
	Mrs. Dolo		abbelle					Drive		Arnold		ME	21012
	20e. METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem		20b.PLA	CEAND DATE	of bispos other place) emat(DITY	nme of		29 Cato	nsvi.	City or To	wn, State
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					ND ADDRESS OF FA	CILITY	495 R	itch.	ie Hu	JY.
	1000	1.	Savo	20									ck MD 21146
	23. PARTyl. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, shock, or heer failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CEI		-	d									_	
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									-				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF DEATH (Ch	eck only	one)			
\SI	1 TES 2 7 HO		1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER 4 Nun		• Sla Residence	6 🗆 01	ther (Specify)			
	27. MANNER OF DEATH 1 Natural 5	Pending	26e. DATE OF III (Month, Day		28b. TIM	E OF JURY	28c. INJU		28d. 0	EŞCRIBE HOW IP	JURY OC	CURED	
ĕ I	2 Accident Investigation M 1 YES 2 NO												
TEO	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, streef, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streef, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, ferm, streef, fectory, office City or Town, Stete)												
COMPLETED			CIAN: To the best of m										end menner es stated.
BE C	29b. SIGHLYURE AND TITLE		h		11	10		29c. LICENSE NO		,_			(Month, Pay, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type.	Print)		1)180	06	5	> (4/2	9193
	C. WEST	RICK	2, mD	317	2005	Pa	ul	54.5	ui	te 5,	Bal	to. A	1D 21218
	31. DATE FILED (Month, Day.	1993	32. REGISTRAR	S SIGNATURE	علاك								



	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /						MENTA		NE	13	13749		
	AEG. NO.											TIME OF DEATH			
1 8	Ray Franci	s Chapr	nan						MONT		-	YEAR J.	6:15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDERLYEAR			N VEAR	IF UNDER	24 HIDS	_	OF BIRTH		DIOTUDI I	ACE (State or Foreign		
	121-03-4207	M 2 DF		YRS.	MONTHS DAVE		HOURS	MIN.	(Mont	h. Day, Year)		Country)			
	9e. FACILITY NAME (If not institution, give :	1 2 1	80	THO.					June 2 1912 Washington						
m	A STATE OF THE STA	131	2 #8			,	R LOCATIO	ON OF DI							
ΙĒ	6208 River Cresc		Annapolis Anne Aru								indel				
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y. TOWN	OR LOCAT	ION	_	1 0.00			140	d. INSIDE CITY			
E	MD Anne Arundel												LIMITS?		
	10e. STREET AND NUMBER	e runue	<u></u>		Annapolis 101. ZIP CODE						T		YES 2 XXNO		
A.		0.1	и с												
FUNERAL	6208 River Cresc 11. MARITAL STATUS						2140					_	tates		
5	1 Never Married 2 MMarried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1		13.	If yes, spi	ENDENT O	r HISPAI n, Mexica	NC ORIGIN	f? (Specify Rican, etc.)	Yes or No- 14	Black, W	American Indian, hite, etc.		
B√	3 Widowed 4 Divorced	IF YES, GIVE N	AR OR DATES			1 TYES	2 100	Specif	y:			specity: White			
	15. DECEDENT'S EDU			CEDENT'S	HOUAL	VOCI IBATIC			1 401				white		
	(Specify only highest grade	completed)	(G	live kind of a	work done	during mo	st of workin	g	160	KIND OF I	BUSINESS/INDUS	INY			
1 2	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	arme						Į.	arming				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4		- Count	-	_	40 04000		NT 45	_					
	I remaind the same of the same						HIL MOTH				en Sumame)				
BE	Harmon A. Chapma	n								Ducke					
2	The state of the s	ma u	19	6. MAILING	ADDRES	S (Street e	nd Number	or Rural i	Route Num	ber, City or 1	own, State, Zip Co	ode)	UD 01101		
- 7	Erna Riedel Chapman 6208 River Crescent Drive #8 Annapolis, MD 21401														
	20e. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Line of Li														
	4 Donetion 5 Other (Specify)	- 19	Cedar	Hil	e ce	mete	ry	04-	2 9- 9	3 Su	itland,	, Mar	yland		
	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Hom														
	Vertig X.	147 Duke of Gloucester St. Annapolis, MD													
$\overline{}$	23. Past I/Emer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,														
1 1	interval Between											interval Between			
	IMMEDIATE CAUSE (Fine) disease or condition 6500 1+eAd										Onset and Death				
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
F	If any, leading to immediate cause. Enter UNDERLYING	, , , , , , , , , , , , , , , , , , ,													
일	CAUSE (Disease or injury	e	(OR AS A CONSE	OUENCE O	D.										
Ē	that initiated events resulting in death) LAST	502 10	(On AS A CONSE	JUENCE O	r):										
以		d													
1 - 1	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL	PERFORMED? A										MLABLE PRIOR TO MPLETION OF CAUSE				
									- 1	1 TYES	2 (1)/10		DEATH?		
						_			- 1			1 (YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL														
ত	EXAMINER?	HOSPITAL:	LENCE.		OTHE		ACE OF DI	EATH (Ch	eck only or	10)					
≥	1 N YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2				rsing Hom		sidence	6 Othe						
표	1 Natural 5 Pending	28a. DATE DF (Mogth, D	ay, Yeary	26b. TIM	URY	28c. INJ	PIC?	,	28d. DES	SCRIBE HON	INJURY OCCUI	RED _	210		
☆	2 Accident Investigation	4/2	5/93		, M	1 🗆 1	-	NO		01	NT	7 3815			
Ω.	3 Suicide 6 Could not be								281. LOCATION (Street and Number or Flural Route Number, City or Town, State)						
Homicide determined									H	NN	12011	15	mel		
1	29e. CERTIFIER 1 CERTIFYING PHYS	ath occurr	ed at the	time, date	end place,	and due	to the car	se(s) and n	nanner as stated.	· ·					
COMPLET	One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
- 1	296. STONATURE AND TITLE OF CERTIFIE			7							_				
98	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)										/ /C, 3				
0	30. NAME AND ADDRESS OF PERSON WH	1		40	110	- 4	~	-	uc.	1	1 7	1	-4/1/		

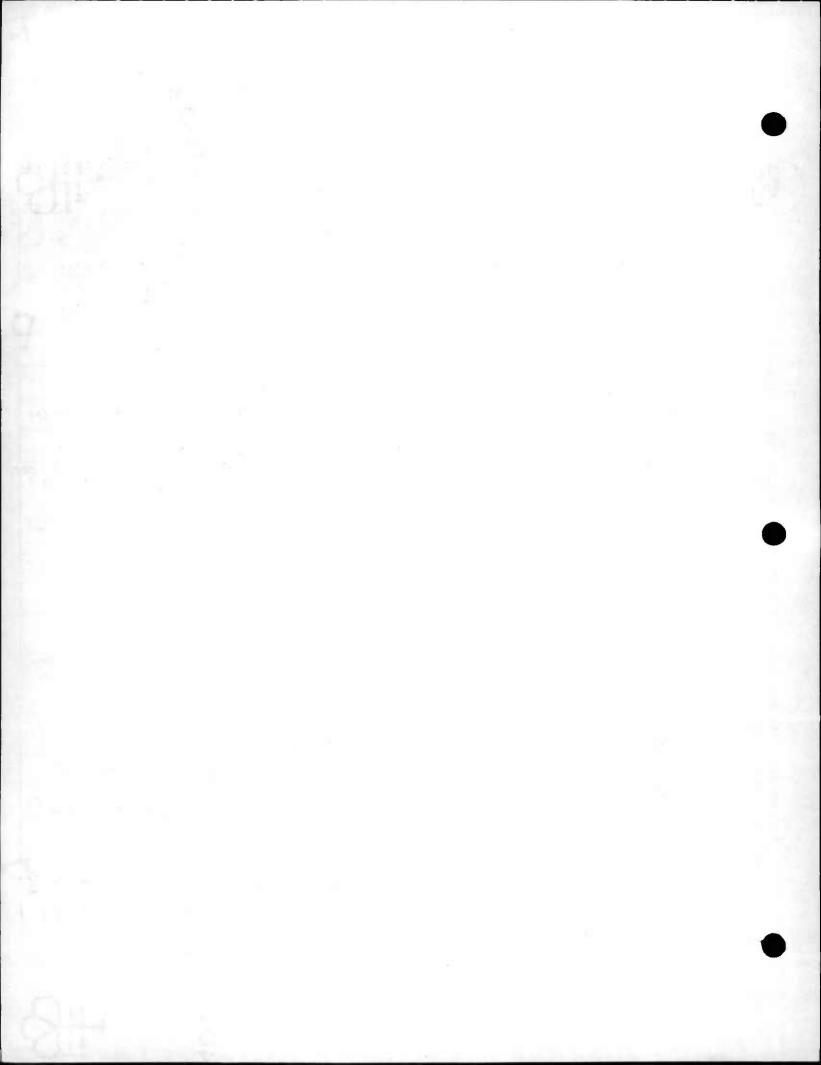
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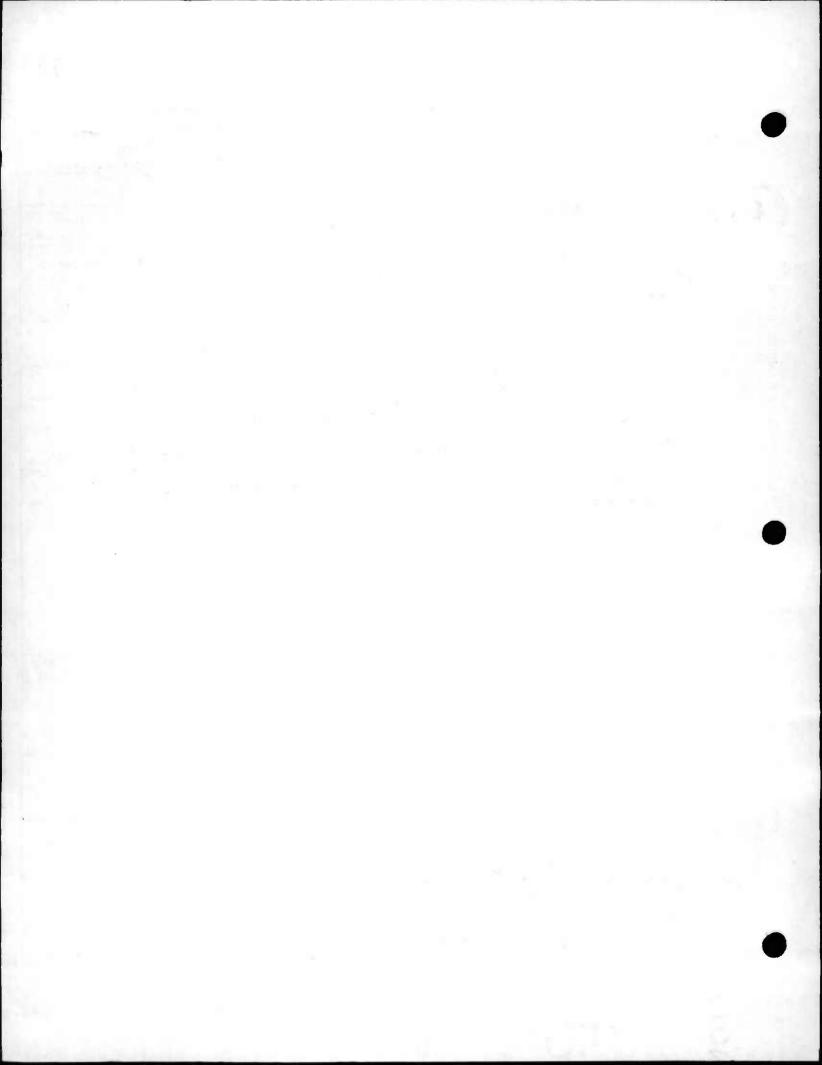
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28 is marked, or item 23 shows any injury, or other traumatic event,	TED BY PHYSICIAN: MEDICAL CERTIFICATION
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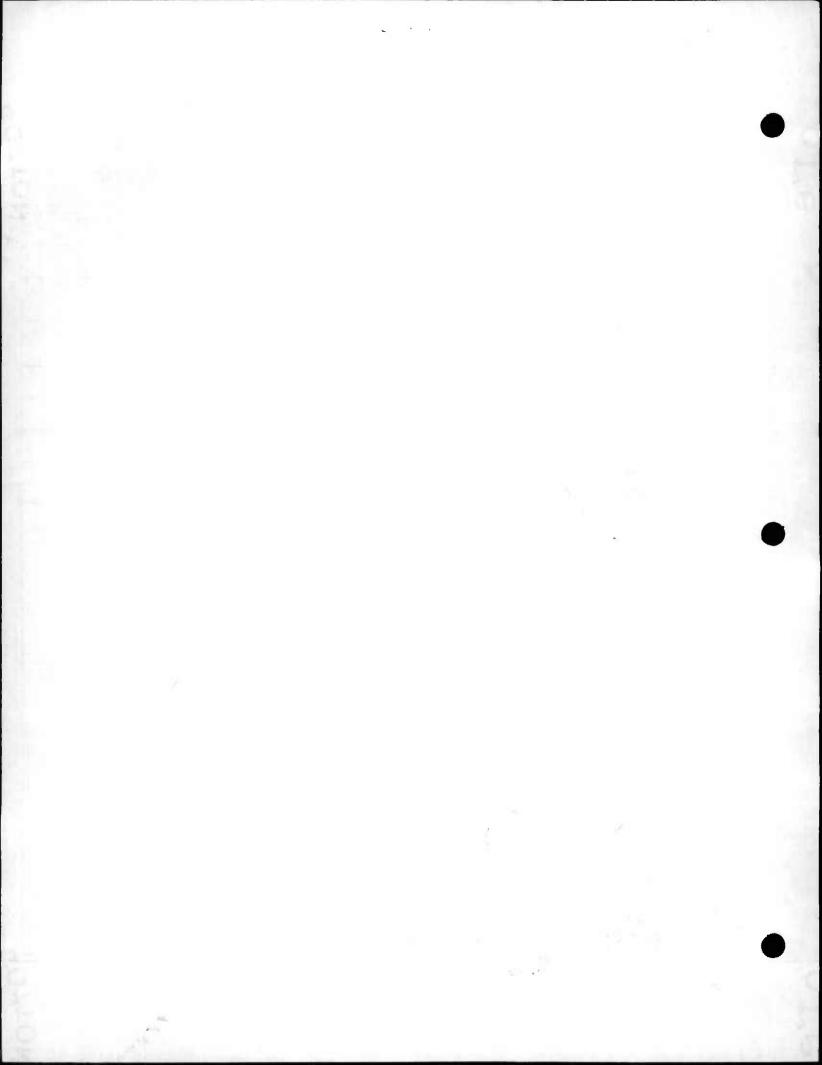
	1 - STATE REGISTRAR	SIAIL OF MANI		ICATE OF	DEATH	D MEN	REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH											
	Paul Alfre	ed. Clark	. Clark					993	-7:35 AM-W			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		8. 7. DA	TE OF BIRTH	1	I. BIRTHPLACE (State or Foreign Country)				
1 - 4	217-50-8869	1 M 2 □ F	4 4 YRS.	MONTHS DAYS	HOURS MIN	0	onth, Day, Year) 3 - 22 - 4	9 1	lassachusetts			
	9a. FACILITY NAME (If not institution, give :			96. CITY, TOWN	OR LOCATION OF	DEATH	DEATH 9c. COUNTY OF DEATH					
18	Anne Arundel General Hospital Annapolis AA											
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	100 00	TY, TOWN OR LOCA	TION				10d, INSIDE CITY			
<u>E</u>	MD Anne Arundel Annanglis											
	10s. STREET AND NUMBER	-	10a CITIZE	1 ☐ YES 2/1/2 NO								
2	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 109. CITIZEN OF W United											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	RINUS ARMED 13 WAS DECEMBENT OF HISDAN			PANIC ORI	GIN? (Specify Yes					
	1 Never Married 2 Married	FORCES? 1 YE	S XX NO	If yes, sp	secify Cuban, Mar	dcan, Puer	to Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify:			
BY	3 Widowed MX Divorced	E-10						White				
TEO	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPATION Work done during mouse retired.)	ON ost of working		16b. KIND OF BUS	INESS/INDU	STRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)					210					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Truck 1	vilver				Compan	y			
	Paul A. Clark					•	It, Middle, Maiden					
BE	19a. INFORMANT'S NAME (Type/Print)		27/10/77 (1994)	11.1222			Cecelio		-			
٩	Paul A. Clark, 1	ITT		BUTCH AV								
	20a. METHOD OF DISPOSITION		0b. PLACE AND DATE				ATE 20c. LO					
	1X Buriel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	lovel from State	emetery, cremetory or H-LUCTES	other place)		1			· I I I I I I I I I I I I I I I I I I I			
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	In Colesa	22. NAME A	ND ADDRESS OF	FACILITY	70/00 M	napok	is. Maryland			
	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Hor 147 Duke of Gloucester St. Annapolis, MD											
_	XXXIII											
	23. PART L Enter the diseases, or shock, or heart fallure.	complications that caus List only one cause on	ed the death. Do each line.	not enter the mo	ode of dying, a	uch as c	ardiac or reapi	ratory arres	Approximate			
	IMMEDIATE CAUSE (Final								Onset and Death			
	disease or condition resulting in death)	94+	Myocard		arctic	n						
	DUE TO (OR AS A CONSEQUENCE OF):											
S S	Sequentially list conditions, Due to (or as a consequence of):											
A	cause. Enter UNDERLYING											
FI	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE C	OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ASCVD DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
Ö	DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
DICAL	PART II. Other significant condition	is contributing to death	but not resulting	in the underlyin	g cause given	in Part i.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ŏ	1 TYES 2 NO COMPLETION OF OF DEATH?											
ME									1 TYES 2 NO			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH	(Check only	one)					
Ι×S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/O		4 - Nursing Hom								
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,	Y 28b. TIN	JURY WC	JURY AT ORK?	26d. 1	DESCRIBE HOW II	IJURY OCCU	RED			
B	2 Accident Investigation 1 YES 2 NO											
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sc	pecify)	street, factory, offic	:2	281. L	Sity or Town, State)	nd Number or	Rural Route Number,			
	29a. CERTIFIER					<u> </u>						
COMPLETED	(Check only CEHTIFTING PHYS	ICIAN: To the best of my kno	owledge, death occur	red at the time, data	and place, and	dus to the	cause(s) and man	ner sa stated				
8		34: On the basis of axaminat	non and/or investigate	on, in my opinion, d	leath occured at	the time, d	eta and placa, an	dus to the	cause(s) and manner as stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIE	100	nvo p		29c. LICENSE I				BIGNED (Month, Day, Year)			
6	20 NAME AND ADDRESS OF THE SAME	11	, O	eputy	D 06	054		P 0 4	4-25-1993			
	30. NAME AND ADDRESS OF PERSON WHOLOOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	William P. Jon 31. DATE FILED (Month, Day, Year)	es, M.D.	P.O. Bo	x 99	Lothia	n, N	1d. 20	711				
	APR 2.7 100	3 Julia Davidso	n-Andres									



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permon, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.															
7	1. DECEDENT'S NAME (First, Middle, Last)				_		2. DAT	2. DATE OF DEATH 3. TIME OF DEATH								
	ANTHONY C. CIROAL							4-25-93 YEAR				noon	м			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR	#F UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			eign	
	222-01-6197								10-26-06 N				.Y.C., N.Y.			
æ	Se. FACILITY NAME (If not institution, give s							ON OF DE	EATH			INTY OF D				
5	1728 Biggs HW	у.			R	isir	ng S	un				eci	1			
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN	R LOCAT	ION				10d. INSIDE CITY					
	Md. Cecil				Elk Mills					1				LIMITS?		
₹ I	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WH						
FUNERAL	P. O. Box 26				21920						U.S.A.					
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	ARMEO NO		If yes, spe	ecify Cube	n, Mexica	NIC ORIGIN? (Specify Yes or No— 14. RACE an, Puerto Rican, etc.) 14. Blact				E — American Indian, k, Whita, atc.			
BY	3 ∑XVIdowed 4 □ Divorced IF YES, GIVE WAA OR DATES WW 2			t TES 2 NO Specify:									" W]	hite		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION		DECEDENT'S					164	b. KIND OF BU	SINESS/IN	DUSTRY			\dashv	
E I	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of all life. Do NOT us	vork done	during mo	st of workir	ng								
MP	7			Tester						esting	ghou	se :	Elec	lectric		
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First,	Middle, Maiden	Sumame)					
BE	Samuel Ciroa 19a. INFORMANT'S NAME (Type/Print)	10	-					Ros					_			
2		T =								nber, City or Tow			0.0			
	Elizabeth J.	Lane	205 81 40					EIK	7	lls, l						
	1 Donation 5 Other (Specify)	crematory or o	D DATE OF DISPOSITION (Name of alony or other place)							and the second						
	T RIVELVIEW CE							Metery Wilm., De. ANO ADDRESS OF FACILITY 259 E. Main St.,						\dashv		
	· El-low	Por			G	20 1	Zune	ral	Нол							
_	23 PART i Enter the disastees or	complications the	t caused the	don'th Do						ـ نا				219		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										tween					
	resulting in death)	s. <u>DITTUS</u> DUE TO	ed Larc	Je Cel	l Ly	mpho	ma o	f_Lu	ing_				-	-		
z	resulting in death) a. Diffused Large Cell Lymphoma of Lung Due to (or as a consequence of):												- 1			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											- 1				
CA	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):															
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE O	F):											
CEF	d															
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO															
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MEDI														S 2 N		
ÿ																
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	eck only o	ne)						
ı∠S	1 YES 2 NO	1 Inpatient: 2			4 🗆 Nun	aing Hom	_	aldence	6 🗆 Oth	er (Specify)						
	1 Natural 5 Pending	28a. OATE OF (Month, D	my, Year)		8b. TIME OF 28c. INJURY AT WORK?			.	28d. DESCRIBE HOW INJURY OCCURED							
ВУ	2 Accident Investigation	28a PLACE C	E IN ILIDY A	hama farm	M 1 YES 2 NO				261. LOCATION (Street and Number or Rural Route Number.							
ED	3 Suicide 8 Could not be determined	building,	etc. (Specify)	nome, tarm, t	RTBBI, TBCT	ory, omice				or Town, State)		r or Rural I	Route Nur	nber,		
COMPLETED	29a. CERTIFIER										_				-	
₩ M	(Check only one) 2 MEDICAL EXAMINE															
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										rted.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM	JMBER 29d. DATE SIGNEO ((Month)	Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF OEATH (1)	TEM 27) (Type	Print1		D43	T08			14	12	1	43		
	USHA SAINI, M.D., VA Medical Center, Perry Point, MD 21902															
	31. DATE FILED (Month, Day, Year)32. REGISTRAR'S SIGNATURE									-						
	APR 28°93 Julia Savidson-Randsee									1						

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REG. NO

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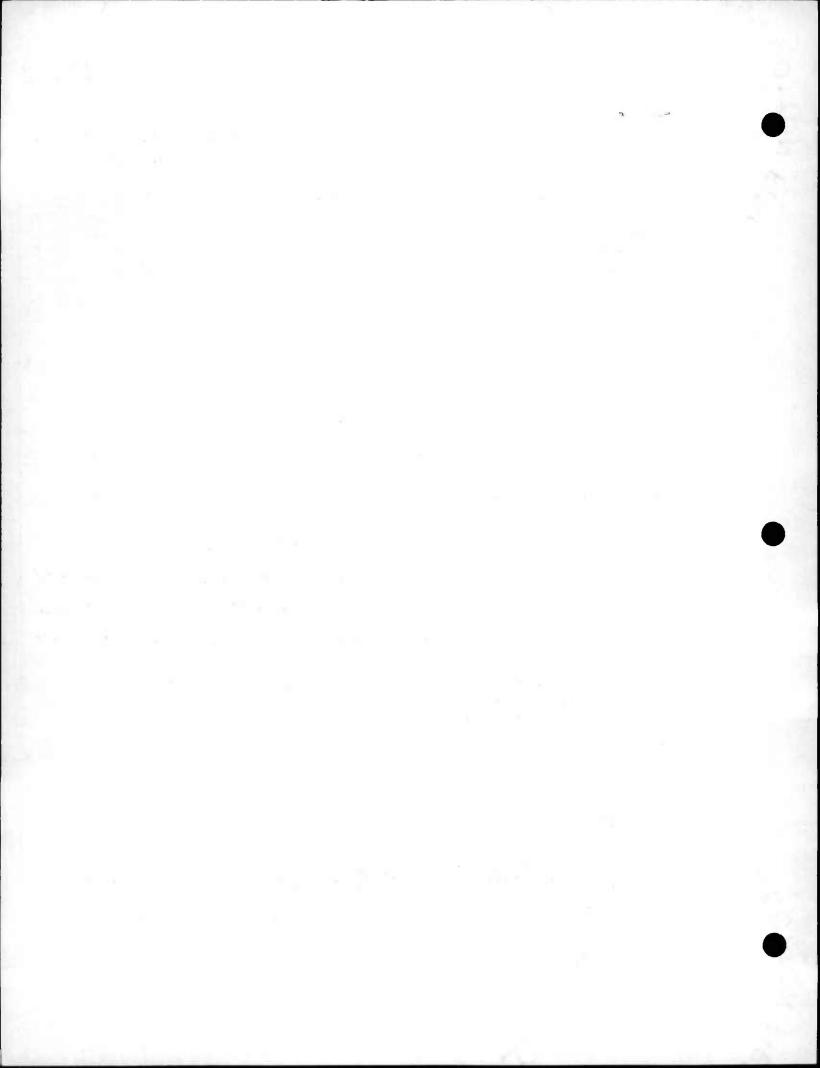
DIRECTOR: After the hours after death vitem 28 is mari

FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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9289)	executed
6	2
.O. B(certificate
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S	that
REC(requires
_	MP
TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
<u></u>	9

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Robert Thomas Cooper April 19 1993 8:36 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH SEPT. 25, B. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 XM 2 🗆 F 1919 Maryland 220-07-8644 73 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital at Easton Easton Talbot RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Talbot St. Michaels 1 YES 2 NO Maryland FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 111 Plummer Dr. 21663 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, atc. Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 ☐ YES 2 X NO Specify: BY Specify: Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 pr 5+) Waterman Seafood 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE THOWAS BERTHA COOPER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 LENA V. COOPER P.O. BOX 895 ST. MICHAELS, MARYLAND 21663 20a. METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specific) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE THOWAS MEVORIAL CEMETERY 4-24-93 ST. MICHAELS, MARYLANT Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY HARRISON E. LEOANRD FUENRAL HOVIE Hauson TALBOT ST. ST. MICHAELS, MARYLAND 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line Interval Betw Onset and Death disease or condition resulting in deeth) Electronnechania OUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ddy CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST 4ypr fenera PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Homa 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO ВУ 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the beals of examination and/or investigation and 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 2 ROSCIET HWCHEZ 500 IBLEWILD AVE 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 20 1993



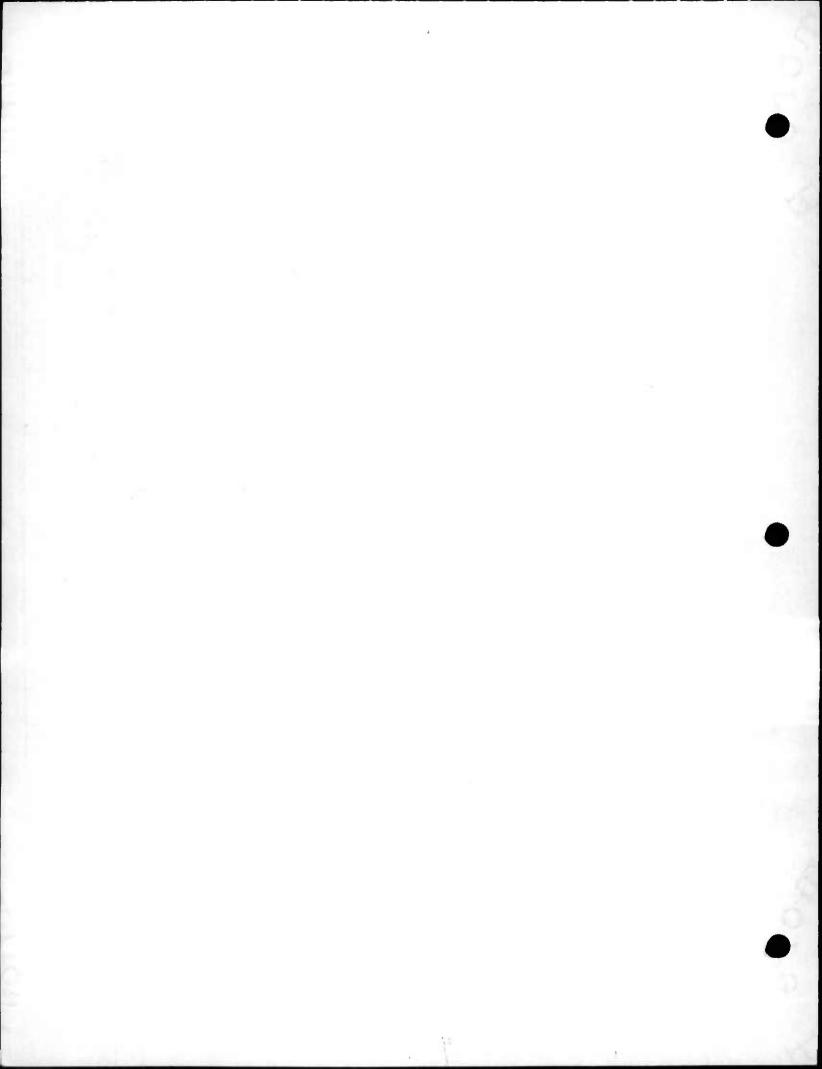
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	LAKENA	C.		CEPHAS	0.4 1.0	1993	6:15 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	219-37-7596 90. FACILITY NAME (If not institution, give si	1 🗆 M 2 💢 🗲	THS.	HOURS MIN.	2/10/93	M	aryland			
œ		,	9	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	4 5 2 7			
5	PRINCE GEORGE	HOSPITAL		CHEVERLY		PRIN	CE GEORGES			
Ö	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION		10d. INSIDE CITY				
F	Maryland P.G		Unne	r Marlboro			LIMITS?			
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?			
ER	213 Harry S.	Truman Dr.	#34	20772		U.S	. A .			
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		. RACE — American Indian, Black, White, etc.			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES NO	If yes, specify Cuban, Mexic 1 TYES 2 NO Speci	en, Puerto Ricen, atc.)	- 1	Specify: Lack			
G	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of working stired.)	Too. KIND OF BO	Jaine 33/INDUS	101			
4	0		Infant							
0	17. FATHER'S NAME (First, Middle, Last)		-111.0011		AME (First, Middle, Meider	Sumama)				
	Kevin L. Cepha	S		All Comments and the second	Walker	Gornerne)				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DRESS (Street end Number or Rural		un Statu Zin Co	de) 20772			
5	Diane Cephas		213 H	arry S. Trun	an Dr. U	Inner	Marlboro, Md.			
	29a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo	oval from State 20b	.PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c.10	CATION - City	or Yourn State			
	4 Donation 5 Other (Specify)		Harmony	Memorial Par		Land	over, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	SEE		22. NAME AND ADDRESS OF FA	ICILITY		20019			
	* Will !			Dunn & Sons	5635 Ea	ds St	N.E. D.C.			
	23. PART I. Enter the diseases, or c ahock, or heart fellure. I	Dinplications that caused List only one gause on a	f the death. Do not ach line.	enter the mode of dying, suc	h as cerdiec or resp	lratory arrest				
	IMMEDIATE CAUSE (Final		1 7	L-IN.	2		Intarval Between Onset and Death			
	disease or condition resulting in death)	2000	len It	your beat	- Dyrel	me				
	disease or condition resulting in death) a. Out to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions,									
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF):							
	that initieted events	DUE TO (OR AS A	CONSEQUENCE OF):							
EH	resulting in deeth) LAST	l								
3	PART II. Other significant conditions	e contributing to deeth b	ut not regulting in t	he underlying cause given in	Part I. 24a, WAS AN	Allmoney	24b. WERE AUTOPSY FINDINGS			
CAL				in singerlying coose given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDI					1 YES	2 NO	OF DEATH?			
Σ					-		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch THER:		· ·				
ž	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	Nursing Home 5 Reeldence F 28c, INJURY AT						
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED			
B	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY	- At home form stee	1 1E3 2 NO						
COMPLETED	4 Homicide 8 Could not be	building, atc. (Speci	fly)	n, ractory, office	281. LOCATION (Street City or Town, State)	and Number or F	Bural Route Number,			
ا ڌ	29a CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred a	t the time date and piece and due	to the equation and ma					
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) and menner ea stated. **X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end mension.										
	296 ATURE AND TITLE OF CERTIFIER									
8	// Commenter	es An	1	O, C. M.			GNED (Month, Day, Year)			
2	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (See 2)				10 100			
	Trakon wek			n Street, Ba	ltimore,	Mary	land 21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA								
	APR1 9 1993 &	e Kill B								

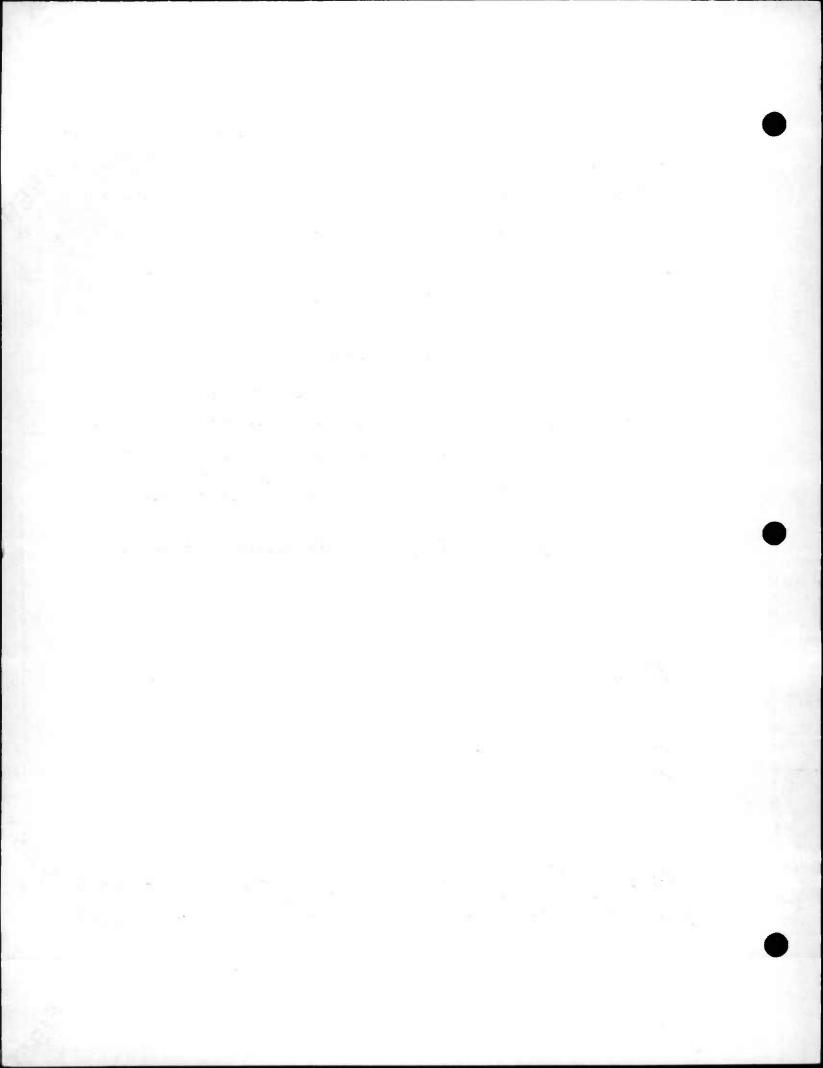
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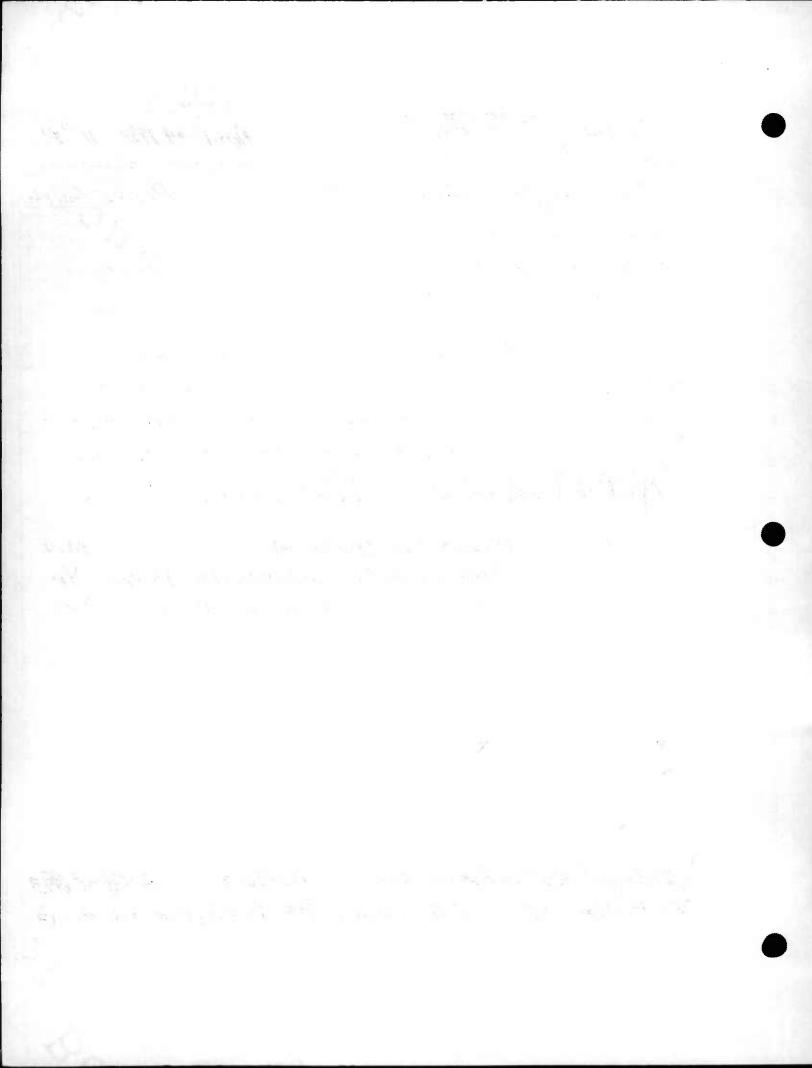
		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF H	EALTH DEAT	AND M		IYGIENI REG. NO.	Ε .		1070	
		1. DECEDENT'S NAME (First, Middle, La PATRICK CAI	er) RSTON						2. DATE OF		y – 9	YEAR 3	3. TIME OF DEATH 8:17AM	
e de la companya della companya della companya de la companya dell		4. SOCIAL SECURITY NUMBER 436-84-0534	1 🗔 M 2 🗆 F	in yrs. lest birthday) 42 YRS.	IF UNDER	DAYS	F UNDER	24 HRS.	7. DATE OF 1 (Month, Da 10/13	BIRTH by. Year) /50	1	Country	PLACE (State or Foreign busiana	
T)	TOR	98. FACILITY NAME (If not institution, give street and number) PRINCE GEORGE'S HOSPITAL CENTER 9b. CITY, TOWN OR LOCATION OF DEATH CHEVERLY PRINCE P											GEORGE S	
	DIRECTOR	10a. STATE 10b. COU			ry, town or							10d. INSIDE CITY LIMITS?		
n. ansit permit.	IERAL	4167 Parkwood Ct. 20722										10g. CITIZEN OF WHAT COUNTY		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	COMPLETED BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 4NO	H		city Cuber		ORIGIN? (S Puarto Ricar		or No- 1	RACE Black, Specify	- American Indian, Whita, alc.	
21215 tal or attend for use as		15. DECEDENT'S E (Specify only highest gr	DUCATION ander completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OC work done de ise retired.)	CUPATION uring mos	N t of working	g	16b. KIN	D OF BUS	INESS/INDUS	STRY		
YLAND 2 by the hospital be detached to at once.	MPL		2+	Accoun	ting	Tech	1.		Gov	ernm	ent			
YLAND by the hospit be detached at once.	00	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	(First, Middle	e, Maiden S	Surname)			
RYL ed by uld be	B	Joseph Carston		,					homas					
MAR retained 5 should	2	19a. INFORMANT'S NAME (Type/Print) Bridgette Carsto	n	19b. MAILING									722	
Page Page		20 METHOD OF DISPOSITION		4167				COL					722	
BALTIMORE, ss after death. Page 6 may be n by the funeral director, page removal. idical examiner must be		1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from Stata cam	elery, crematory or Cheltenh	am Na	tion	na1		3/93		nton,		rn, Stata	
		·WD,	Frazier's Funeral Home, INC. 389 Rhode Island AVe., N.W. complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,											
in 24 hour sty filled in attion, or the me		IMMEDIATE CAUSE (Final disease or condition reaulting in death)	or complications that caused realist only one cause on each of the cause on each of the cause on each of the cause on each of the cause on each of the cause of t	ech line.									Approximate interval Betwee Onset and Daet	
P.O. BOX 68 th certificate be execu ending physician and I Hygiene prior to bun or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A C. OUE TO (OR AS A d.											
RECORD, requires that the been signed by the cof Health and M shows any Inju	MEDICAL	PART II gither aignificent condit		ut not resulting	in the und	lerlying	cause g	iven in Pa		PERFORI	AED?		WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO	
N: The State State	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO	HOSPITAL:	ntient 3 DOA	OTHER:			ATH (Check	only one)					
OF V HYSICIA his certif with the	둦	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF	Bc. INJU	RY AT				JURY OCCU	REO		
ING PHYS frer this ceath with marked	BY	1 Natural 5 Pending 2 Accident Investigation			JURY	WOR	K? S 2	NO						
TISIO TIEND TIEND TIEND TIEND	E I	3 Suicide a Could not 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, lacto	ry, offica		2	81. LOCATION City or Tox	N (Street ar wn, State)	nd Number or	Rural Ro	ute Number,	
무 글로 그 프	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFUNG PH	YSICIAN: To the best of my knowle INER: On the basis of examination	edge, death occurs	red at line tim on, in my op	ne, data a Inion, des	ind place, oth occure	and due to	the cause(a)) and mann	ner as stated.	cause(s)	and manner as stated.	
TO THE HUSER TO THE FUNER De filed within	ш	296. SIGNATURE AND TITLE OF CERES				-		NSE NUMBE					Month, Day, Year)	
D D S D S D S D S D S D S D S D S D S D	TO B	Muguer /X	trylay MV	7		_/	721	23	0		14	-2	0-93	
		Andest P. Red	WHO COMPLETED COUSE OF DEA	25009	Ray	hu	m a	4.0	3 Fin	7. 1	n/ 2	07	48	
		APR 2 3 1993	Julia Davidson-Ran	rdell.	/			V	4			,		

DHMH-16 Rev 1/89



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPAR					ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	STANLEY JOSEPH			- 01	DEA		2. DATE OF DEATH		YEAR 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. le	37/	6. BIRTHPI	ACE (State or Foreign							
	464-01-5758	1) Y M 2 F 84 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Nay 1, 1908 Penn									sylvania	
~	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
ō	RESIDENCE OF DECEDENT / AND HOSPIME CHINTON PRINCE GEODI											
JEC.	10a STATE 10b COLWITY										0d. INSIDE CITY	
5	Maryland Princ	e George's	indyw	ine					1	LIMITS?		
4 10. STREET AND NUMBER 101. ZIP CODE									10g. CIT	ZEN OF WH	AT COUNTRY?	
NE	10505 Cedarville					206				ted S		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AF	NO NO	13.	WAS DEC	ENDENT C	F HISPANIC n, Maxican, I	ORIGIN? (Specify Year Puerto Rican, atc.)	or No-	14. RACE - Black, \	- American Indian, White, etc.	
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 VES 2 A NO Specify: Specify: White 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INDUSTRY											ita	
									100			
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	a. Do NOT u	se retired.)		or or morran	9					
ME	17. FATHER'S NAME (First, Middle, Last)	0 upl	holst	erer				Pullmar Pullmar		pany		
	Stanley J. Conrad					Zof		(First, Middle, Maiden	,	1.61.	\	
38 C	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS	S (Street a			te Number, City or Tow		lable)	
10	Lillian F. Conrad							916, Bran			d. 20613	
	20e METHOD OF DISPOSITION 1/L) Burial 2 Cremation 3 Ramo	20b. PLACE	ANDDATE	OFDISPOS	ITION /No	me of		DATE 20c 10				
	4 Donation 5 Other (Specify)	l Cedai	r Hil	T Ce	mete	ry	05-03	-93 Suit	land	, Mar	yland	
	Mark G. Bro	hawn M00053		722. Th	NAME AN	D ADDRES	Funer	al Home,	Inc			
	7 Jank / 7 13	mauri		_ P.	O.Bc	x 15	6, Wa	1dorf, Ma	rvla	nd 20	604	
	23. PART . Enter the diseases, or co	omplications that caused the delist only one cause on each line	aath. Do i	not antar	tha mo	da of dyl	ng, such s	s cardiac or reapi	retory arr	est,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		70				4				Onsat and Daath	
	resulting in death)	DUE/TO (OR AS A CONSEQUENCE OF):								Mon		
_		1. 12/10 - 0 = 0	COENCE		/	2	1	14.101	1		V.	
5	Sequantially list conditions, If any, lasding to immediata	DUE TO (OR AS A CONSE	OUENCE O	7/ / S.C. F):		A) CE	20 V 7	KNA	2)	195°	175	
S	CAUSE (Disease or Injury	Chrone O	135 m	10	e 1	alt	sed A	84 DIS	40741e	ø	Yes	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F): "				/				
Ë	d.	·									i — — —	
CAL	PART II. Other significant conditions	contributing to death but not	rasulting	In tha un	darlying	cause g	iven in Pa	rt I. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
ᅙᅵ								_ 1 _ YES 2	Х мо	CC	OMPLETION OF CAUSE F DEATH?	
ME								-		1	☐ YES 2 ☐ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					105.05.05						
5	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	□ 00¢	OTHER	R:		EATH (Check					
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF	28c. INJ			Other (Specify) Id. DESCRIBE HOW IF	JURY OCC	CUREO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M		RK7 ES 2						
	3 Suicide 6 Could not be	28a. PLACE OF INJURY — At he building, etc. (Specify)	oms, fsrm, :	street, fact	ory, office		28	St. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	te Number,	
	4 Homicide determined							ony or rown, orano,				
COMPLETED	29a. CERTIFIER (Check only one)	IAN: To the best of my knowledge, de	eath occurr	ed at the ti	me, data	and place,	and dua to	the cause(a) and man	ner ss atet	ed.		
Ö	2 MEDICAL EXAMINER	: On the basis of sxamination and/or	Investigation	n, In my o	pinion, de	ath occur	ed at the tim	e, data and place, and	due to th	a cause(a) ar	nd manner ss stated.	
問	29b. SIGNATURE AND TITLE OF CERTIFIER	7.1.	-			29c. LICE	NSE NUMBE	R	29d. DATI	SIGNED (M	onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27)	N)		0	0198	23	- 3	000	ne 1983	
	T. L. Fredding 1	UD 131 m A	41) (1ype,	-1011)	l. n	D	1 0	(0.1)		P 1 W		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	714116	yn	Tore	10	12	I FINAY LA	IN	MD	00613	
- 1	MAY () 4 93	Chilia Namedana	Mundal	0				,			- 1	



BALTIMORE, MARYLAND 21215-0020

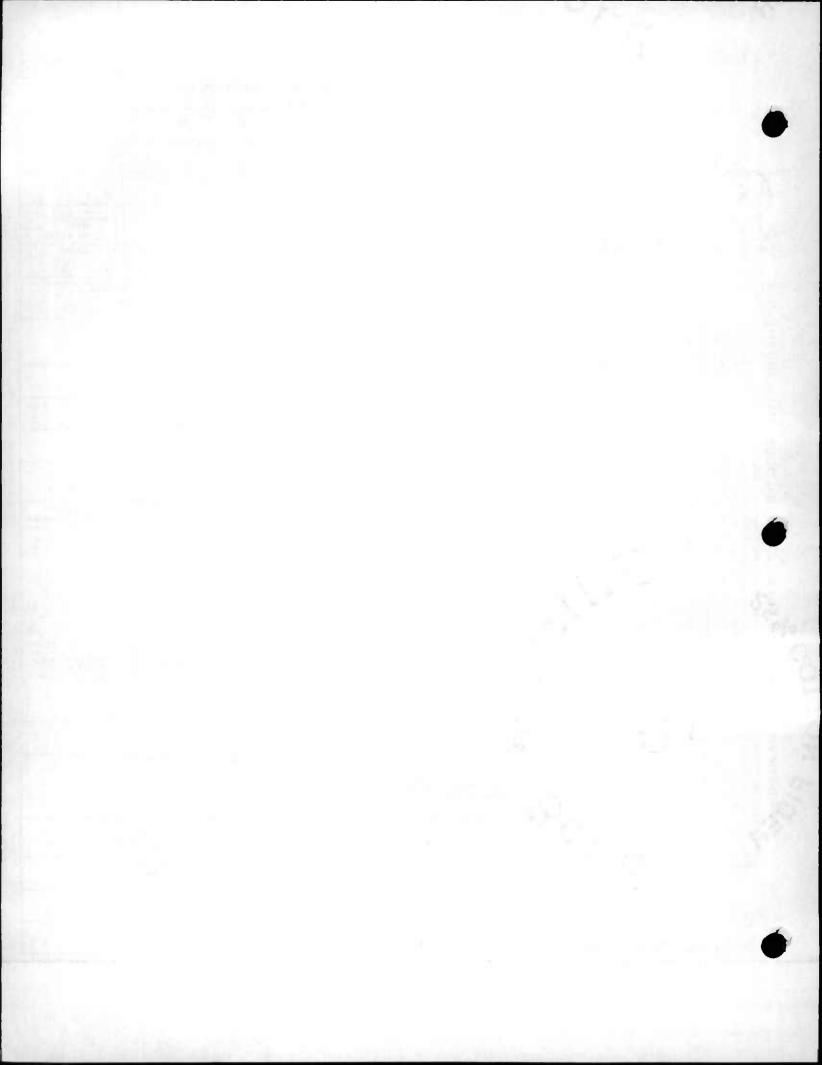
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Place 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, tage 5 should be described for use as the burnal-transit personal within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT'S NAME (First	, Middle, Last)		_		-				2. DATE OF DEATH	DAY	WEAR.	3. TIME OF DEATH
	1	MARTHA L		Creage	r							4 19	93	2:00 P.M. M
П	-	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER	_	-	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign
1	ı	212-26-5930		1 🗆 M 2 🔀 F	74	YRS.	MONTHS	2-27				9		nsylvania
J ~	. 1	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCAT	ION OF DI	EATH	9c. CO	DEATH	
ا ا		Washington	County	y Hospita	al		Had	Hagerstown				Wa	gton	
DIRECTOR		10e. STATE	10b. COUNT			10c. Cr	TY, TOWN	OR LOCA	LION				-	10d. INSIDE CITY
1 2		Maryland	Wash:	ington		H	ager	stow	n					LIMITS?
4	1	10e. STREET AND NUMBER							. ZIP CO	DE		10g. Cr	TIZEN OF	WHAT COUNTRY?
FUNERAL		274 Potoma	ac Heig	ghts					21	742		1	U.S.	Α.
1 2		11. MARITAL STATUS	Mandad	12. WAS DECEDER	T EVER IN U.S. /	ARMED NO					NIC ORIGIN? (Specify '	fes or No—		E — American Indian, ik, White, etc.
2	- 11	1 Never Married 2 2 3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES					Specif			Spec	
ED		15. DEC	DECEDENT'S	S USUAL O	CCHPATH	ON		16b, KIND OF E	HICINEGE/IN	IDHETEV	willte			
E	ı	(Specify onli Elementary/Secondary (I	(Give kind of lie. Do NOT u	work done use retired.)	during mo	st of work	ing	100.1010 01 2						
, <u> </u>	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		College (1-4 or 5 yrs.		ırse					Hos	pital		
COMPLET		17. FATHER'S NAME (First, M							18. MO1	THER'S NA	ME (First, Middle, Maid			
BE		George Mir		Baer						Flos	sie_		Pro	octor
9		19a. INFORMANT'S NAME (19b. MAILIN	G ADDRES	S (Street a	nd Numbe	er or Rural	Floute Number, City or T	own, State, Z	(ip Code)	
1	1	Joe Rook Cr								. H	agerstown			
	-1	20a. METNOD OF DISPOSIT 1 Burlet 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	cemetery, c	E AND DATE	other place)					LOCATION -		
	ł	21. SIGNATURE OF FUNERA	sburg	Cre	Matc	Dry ND ADDR	4-26	-1993 Sm	ithsb	urg,	Maryland			
		•	1 7	22. NAME AND ADDRESS OF FACILITY Douglas A. Fiery 1331						tern	Blvd N			
_	4	Douglas	1. 11	The Funeral Home Hagersto. Do not enter the mode of dying, such as cardiac or respi					tourn	Marri	land 21742			
		23. PART I. Enter the d shock, or h	death. Do ne.	not énte	r the mo	de of dy	ying, suc	h as cardiac or res	piratory a	rrest,	Approximate Interval Between			
	1	IMMEDIATE CAUSE (Fir	nel	0	· ant		1/	00	1_ "	20.	01,00			Onset and Death
	H	resulting in death)	→	a. Dise m	IND AS A COUP	EQUENCE (ing Haard- Jaylung							
,					(0())0 × 00(10	(OUENCE OF):								
CERTIFICATION		Sequentially list condit if any, leading to imme		DUE TO	OR AS A CONS	EOUENCE C	ENCE OF):							
2		cause. Enter UNDERLY CAUSE (Disease or inju		C			VIEWOT OF							
=		that initiated events resulting in death) LAS	T.	DUE TO	OR AS A CONS	SEQUENCE OF):								
				d										
		PART II. Other significe	ent condition	s contributing to	deeth but not	ot resulting in the underlying cause given in i					Part I. 24a. WAS AN AUTOPSY PERFORMED?			. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL		Chrowi	(Shotu	(cton	10	ree	lea	my	10k	1 UYES			COMPLETION OF CAUSE OF DEATH?
W W											_			1 TES 2 NO
ż														
PHYSICIAN		25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF I	DEATH (Ch	eck only one)			
. ×		1 NES 2 NO		1 Inpatient 2		_	4 🗆 Nui	rsing Non		tesidence	8 Cther (Specify)			
		27. MANNER OF DEATN 1 Netural 5	Pending	28e. DATE Of (Month, I	Day, Year)	28b. TII	JURY		RK7		28d. DESCRIBE NOV	INJURY O	CCURED	
≿		2 Accident 3 Suicide	Investigation	28e PLACE (OF INJURY — At I	nome form	etmat for		YES 2	_ NO	28f. LOCATION (Street	A 4 44 b		0
ETED		4 Nomicide	Could not be determined	building	, atc. (Specify)	ronne, mini,	street, tac	tory, orne	•		City or Town, Ste		or Hurbi	House Number,
		29e. CERTIFIER	TIEVING BUYER	CIAN. To the head of	t and the second state of	I BARTELY			7		6:		_	
COMPL											to the cause(e) end n			e) and manner as stated.
	- 11	29b. SIGNATURE AND TITLE			-					ENSE NUI				
BE		(MG	90	Del.					02	14	5	≥ 4	2	(Month, Day, Year)
2		30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	e, Print)		7	1/ 1	1 11		/	1
		MISDUL	h	HHERE	un.	-12	821	-0	AK	141(IVE. H	4456	:0722	NN.MD
	I	31. DATE FILED (Month, Day,		1.	AR'S SIGNATURE							-		
		APR 28 19	393	This Dans	ion-fred	ul								



	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.				
•	1. DECEDENT'S NAME (First, Middle, Last) MILDRED	J. CLE				2. DATE OF DEATH	19	1993 1	1:30 A M		
1	4. SOCIAL SECURITY NUMBER 578-28-6656	5. SEX 6. AG	E (In yrs. last birthday) 90 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Sept. 5	, 1902	Country)	CE (State or Foreign Virginia		
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN (OR LOCATION OF DEA			TY OF DEATH			
0 B	Williamsport Nur	sing Home		willia	umsport		Washington				
	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			100	I. INSIDE CITY		
ă		erick	My	ersville					LIMITS? YES 2 X NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 4534 Coxey Brown	Rd.		1	1. ZIP COOE 21773			USA	COUNTRY?		
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	13. WAS DEC	ENOENT OF HISPANI ecity Cuban, Maxican is 2 X NO Specify:	C ORIGIN? (Specify , Puerto Rican, atc.	Yea or No-	14. RACE — A Black, Whe Specify:			
	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	USUAL OCCUPATION	ON pet of working	18b. KIND OF	BUSINESS/INOL	JSTRY			
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)	House	se retired.)	or working	Но	me				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	RE (First, Middle, Ma	den Sumame)				
BE C	Floyd Curtis Met	calf				yrtle Sh					
	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R						
-	Charles O. Byrd		4534 20b. PLACE OF DISPO		town Rd.		Le, MU 2				
	20a. METHOD OF OISPOSITION 1	oval Irom State	Smiths bur	g Crema	tory 4-20	-93 S	mithsbu	urg, Mi)		
ł	21. SIGNATURE OF FUNERAL SERVICE LIC	ENDER	1	22. NAME A	ND ADDRESS OF FAC	CILITY					
	Mennis	LING	aves		is Funera 25 Bradbu	K HOME	smiths	bwrg.N	ID 21783		
	23. PART I. Enter the diseases, or cahock, or heart failure.								Approximate Interval Batwean		
	IMMEDIATE CAUSE (Final	CACHEX	IA						Onset end Death		
_		PRESUM	S A CONSEQUENCE O								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	W	S A CONSEQUENCE O		CARCI	100,					
<u>S</u>	ceuee. Enter UNDERLYING CAUSE (Disease or Injury	cDUF TO (OR A	S A CONSEQUENCE O	FI:							
E	that initiated evants resulting in death) LAST	4		- ,-							
- 41	PART II. Other significent condition	s contributing to deet	h hut not regulting	In the underlyis	a neuro alum in	Dard I Dan Mill	B AN AUTOPSY	DAL WE	RE AUTOPSY FINDINGS		
EDICAL	PART II. Other enginiteent condition	contributing to dast	I but not resulting	in the onderlyn	ig cause given in	PE	RFORMED?	CO	ALABLE PRIOR TO MPLETION OF CAUSE		
						_ '''	S 2 NO		DEATH? YES 2 NO		
≥ Z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	LACE OF DEATH (Che	eck only one)					
IX SI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/0		4 - Nursing Ho	me 5 - Reeldence	6 Other (Specify, 28d. DESCRIBE H		NIDEO			
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		JURY W	ORK? YES 2 NO	280. DESCRIBE H	DW INJURY OCC	JOREO			
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJ building, atc. (JRY — At home, farm, Specify)	street, lectory, offi	cn	281. LOCATION (Si City or Town,		or Aural Aouti	Number,		
COMPLETED	Check only	ICIAN: To the best of my k							d menner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R MJ		- · -	29c. LICENSE NUM D 33700	MBER	. 11	E SIGNED (MO	onth, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	טטוככ ען			16 1			
	Dr. Ted E. Howe,	18100 Mard	en Lane, (Olney, M	D 20832						
- 1	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S									

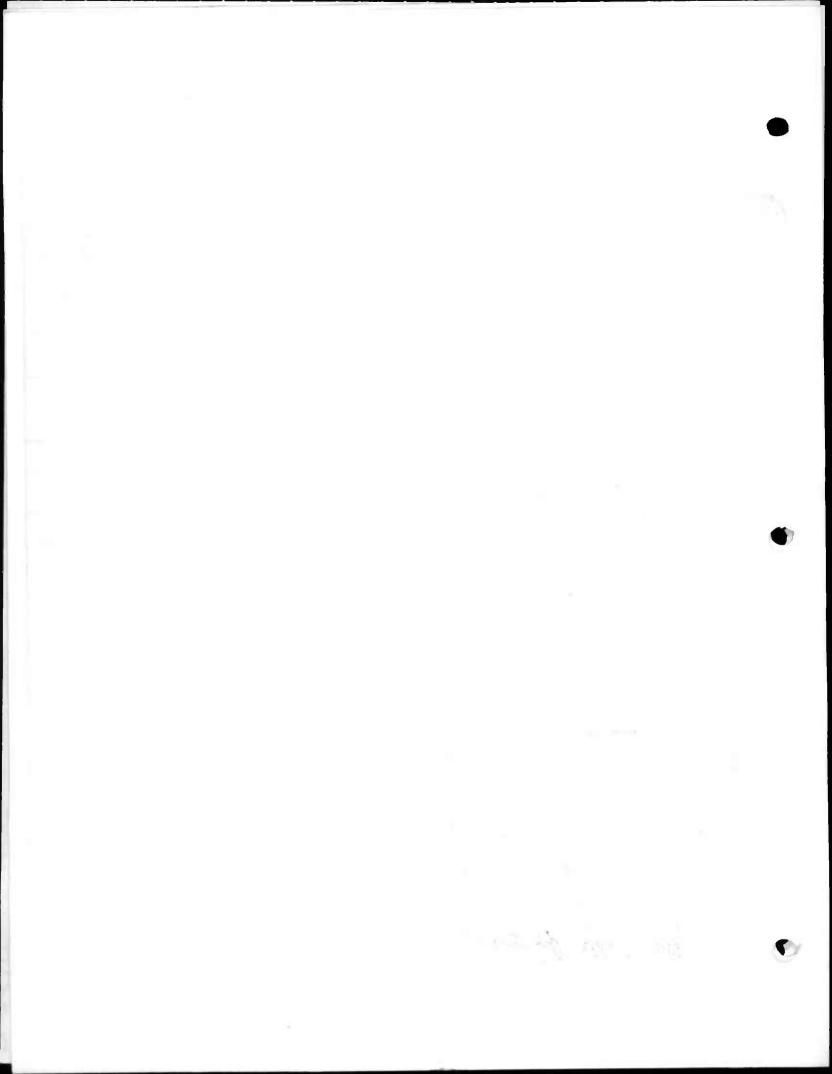
Dorothy Marie Cosens FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CI	ERTIFIC	CATE O	F DEATH	REG. N	Ο.				
t	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3	. TIME OF DEA	тн	
ľ	Dorothy COSENS					4 2	Ĩ		2:15	Рм	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Mar) October 29,	1906	S. BIRTHPL	ACE (State or I	Foreign	
	214-09-8844	$-09-8844$ 1 \square M 2 $ ot ot $ F 86 YRS. MONTHS DAYS HOURS MIN. $ ot $								nia	
	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUN	ITY OF DEA	тн		
DIRECTOR	Avalon Manor Home In	ıc.		Hag	erstown		Wa	ashin	gton		
ည္က ၂	10e. STATE 10b. COUNTY										
	Maryland Washing	gton	На	agerst			and the second		LIMITS? 1 1 YES 2 NO		
FUNERAL	7 E. Washington Stree				21740		USA	ZEN OF WHAT COUNTRY?			
B	1 Nove Married 2 Married FO	IS DECEDENT EVER IN U.S. AR RCES7 1 TYPES 2 XI YES, GIVE WAR OR DATES		If yes	DECENDENT OF HISPA apacity Cuban, Mexic (ES 2 X NO Speci		tes or No—	Black,	- American In White, etc. White	dian,	
요	15. DECEOENT'S EDUCATION (Specify only highest grade complete	16a. DF	ECEDENT'S L	JSUAL OCCUP	ATION most of working	18b. KIND OF E	USINESS/INO	USTRY			
<u> </u>	Elementary/Secondary (0-12) College	ge (1-4 or 5+)	Do NOT use	retired.)			1				
COMPLETED	12 years	CL	erk			retai					
	17. FATHER'S NAME (First, Middle, Last) John Conrad Hib	bert			Nannie	ame (First, Middle, Meid Spence					
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING	ADDRESS (Str		Route Number, City or 1		Code)			
임	Robert S. Cosens					Hagerstown			2174	10	
	20a, METHOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Removal fro	20b. PLACE	AND DATE O	F DISPOSITION	(Name of		LOCATION -			_	
	4 Donation 5 Other (Specify)	Rest	Have	n Cem∈		4/24 Hag	gersto	wn, M	larylar	nd	
	21. SONATURE OF FUNERAL SERVICE LICENSEE	rennied		Gera	ld N. Min ral Home	nich 305			nc Stre Marylar		
	23. PART I. Enter the diseases, or complic								Approxi		
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Condition to the condition of										
	oue to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSCOURNCE OF):										
YAT	if any, leading to immediate cause. Enter UNDERLYING	220:050	Look	ac Co	V-016-	as cular -	Dyan	۷			
띮	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE	OUENCE OF	7):							
H	resulting in death) LAST	OUE TO (OR AS A CONSE	chan	my,	governo	4 zec					
	PART ii. Other significent conditions cont						AN AUTOPSY	24h	WERE AUTOPS	FINDINGS	
DICAL	PART II. Other significant conditions cond	induling to death but not	resutting i	ii tile dildei	ying cause given i	PERI	ORMED?	1	AVAILABLE PRICOMPLETION D	OR TO	
						1 YES	2 NO		OF OEATH?		
PHYSICIAN: ME						—			1 YES 2	NO	
AN	25. WAS CASE REFERRED TO MEDICAL				S. PLACE OF DEATH (C	Check only one)					
SIC		SPITAL: npatient 2 ER/Outpatient	3 DOA	OTHER:	Home 5 🗌 Residence	6 Other (Specify)					
H		26s. OATE OF INJURY (Month, Day, Year)	28b. TIMI		INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OC	CUREO			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(month, buy, tour)	A.Y		YES 2 NO						
		26a. PLACE OF INJURY — At h building, atc. (Specify)	ome, tarm, s	street, factory,	offica	28t. LOCATION (Str. City or Town, St	et and Numbe ate)	r or Rural Ro	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T MEDICAL EXAMINER: On t	To the best of my knowledge, of the basis of examination and/or							and manner a	a stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	-0	ms	,	29c. LICENSE N	UMBER 4262		E SIGNED	(Month, Day, Yo	93	
2	30. NAME AND ADDRESS OF PERSON WHO COM				. Hagan	tag m	D 217	140			
		32. REMISTHAR'S SIGNATURE			')	h					
	APR 23 1993	Jahr Denisson	Rondord	Ł							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TALE BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. or Health and Memtal Hygiene prior to burial, cremation, or removal.



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CEF	RTIFIC		F DEA		WILLIAM.	REG. NO	O.		
1. DECEDENT'S NAME (First	Middle, Last)								2. DATE	OF DEATH			3. TIME OF CEATH
Thomas	В.	Cros	s, J	r.					MONT	il 27	1 Q Q	YEAR	3:20 A M
4. SOCIAL SECURITY NUM		5. SEX		yrs. lest bi	irthday)	IF UNDER 1 YEA	IF UNDE	A 24 HRS.		OF BIRTH	199		HPLACE (State or Foreign
578-42-9777		1 M 2 F	62		YRS.	ONTHS DAY	8 HOURS	MIN.		h, Dav Year)	000	Coun	(ry)
9a. FACILITY NAME (If not in		V,	02			A CITY TOW	N OR LOCAT	TON OF D		. 8, 1		Was.	hington, DC
Shady Grove			pita	l	le l		ockvi		EAIN				gomery
10a, STATE	106. COUNTY				10c. CITY.	TOWN OR LC	CATION						10d. INSIDE CITY
Maryland	Mor	tgomery			-	ckvil							LIMITS?
10e. STREET AND NUMBER	MOL	regomery		_	RC	CKVII	10f. ZIP COL	NF.	_		100 CF	FIZEN OF	1 () . ad 2 X NO
13807 Vi	sta Dr	ive						853			1450		d States
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARME	D	13. WAS	DECENDENT specify Cub	OF HISPAI	NIC ORIGI	17 (Specify V	es or No-	14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 1 Nover 1 Nover Married 2 1 Nover 1		IF YES, GIVE V	AR DR DA	TES			YES 2 X NO			rucan, etc.)		Spec	
	1000	Kore	an										White
(Specify onl	EDENT'S EDU y highest grade	completed)	Ų.	(Give	kind of wor	k done during	ATION most of work	ing	166	. KIND OF BI	JSINESS/IN	DUSTRY	
Elementary/Secondary (6	⊢12)	College (1-4 or 5)		NOT use i								
		2		Co	ntra	cting	Offi					of I	Defense
17. FATHER'S NAME (First, M			_							Middle, Maide			
Thomas	В.	Cross	, Sr	_				Pear.			ndie		
19a. INFORMANT'S NAME (et and Numbe						
Jean B. Cro			1770				Drive	, Ro	- 1				20853
1) Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	ceme	tery, crema	tory or othe				DAT		OCATION -		THE PARTY OF THE P
21. SIGNATURE OF FUNERA		ENSEE			Hea	ven C	emete	ry 4	/30/9	3 Sil	ver	Spri	ng, Maryland
Barbara	90 m	mulle	MOOS MOOS	W/12	mce					op we	ral M	Home,	/ 8mery 850-2805
23. PART I. Enter the d	seases, or o	omplications the	t caused	the death	n. Do not	enter the	mode of dy	ring, suc	h as cen	Nac or resi	piratory a	rrest.	Approximate
snock, or n	eart tallure.	List only one cau	se on ea	ch iine.									intervai Between
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	→	Kes	piro	yor	4	Fai	l we	_					Onset and Death
		OUE TO	(OR AS A	CONSEQUE	NCE OF):	200							
Sequentially list condit	ions.	b	my	(une	cer							
if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A	CONSEDUE	ENCE OF):								
CAUSE (Disease or inju		C	(DD 10 1										_
that initiated events resulting in death) LAS		DOE 10	(DR AS A	CONSEDUE	ENCE OF):								
The state of the s		d											
PART ii Other significa	nt condition	g contributing to	death bu	t not res	uiting in	the underly	ing cause	given in	Part i.	24a, WAS A	N AUTOPSY	248	. WERE AUTOPSY FINDINGS
Frain	Vho!	tastas	es				-21 <u>=</u> 00000040			PERFC	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
E 0 0101	2,50	Gangre	ne						- 1	1 TYES	2 XNO		OF DEATH?
Form	1 0 0	Sugar	Fis	110	,				- 1			1	1 YES 2 NO
25. WAS CASE REFERRED TO	1 ane	our	71>	Tuco									
EXAMINER?	MEDICAL	HOSPITAL:			To	THER:	PLACE OF I	DEATH (Ch	eck only or	10)			
1 YES 2 NO		17 Supportion 2			DOA 4	☐ Nursing I	lome 5 🗆 R	esidence					
27. MANNER OF DEATH 1 1 Natural 5	Pending	28a. DATE OF (Month, D		2	86. TIME (ry .	INJURY AT WORK?		28d. DES	CRIBE HOW	INJURY O	CURED	
	Investigation						YES 2	_ ND					
		80	- INLICITY .	 At home. 	, farm, stre	et, factory, o	ffice			ATION (Street or Town, State		or Rural i	Route Number,
3 Suicide 6	Could not be determined	28e. PLACE O building,	etc. (Specif	y)					City	or rown, drain	"		
3 Suicide 6 4 Homicide	Could not be determined	building,	etc. (Specif	γ)									
3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be determined	CIAN: To the best of	my knowle	y) dge, death					to the car	ree(a) and m	enner as str		
3 Suicide 6 Solidaria Soli	Could not be determined TIFYING PHYSICAL EXAMINE	CIAN: To the best of a	my knowle	y) dge, death					to the car	ree(a) and m	enner as str		s) and menner as stated.
3 Suicide 4 Homicide 29a. CERTIFIER (Check only	Could not be determined TIFYING PHYSICAL EXAMINE	CIAN: To the best of a	my knowle	y) dge, death			n, death occu		to the car	ree(a) and m	anner as sta	he cause(i	a) and menner as stated.
3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITY	Could not be determined TIFYING PHYSI CAL EXAMINE OF CERTIFIER	CIAN: To the best of a	my knowle	y) dge, death and/or Inve	estigation,	In my opinio	n, death occu	red at the	to the car	ree(a) and m	anner as sta	he cause(i	
3 Suicide 4 Homicide 29a. CERTIFIER (Chack only one) 29b. SIGNATURE AND TITUE 30, NAME AND ADDRESS OF	Could not be determined TIFYING PHYSI CAL EXAMINE OF CERTIFIER	CIAN: To the best of a	my knowle	y) dge, death and/or Inve	stigation,	In my opinio	29c. Lyc	ENSE NUI	to the care time, date	ree(a) and m	anner as sta	he cause(i	
3 Suicide 4 Homicide 29a. CERTIFIER (Chack only one) 29b. SIGNATURE AND TITUE 30, NAME AND ADDRESS OF	Could not be determined IFYING PHYSICAL EXAMINE OF CERTIFIES PERSON WIN	CIAN: To the best of a	my knowle	dge, death and/or Inve	stigation,	In my opinio	n, death occu	ENSE NUI	to the care time, date	ree(a) and m	anner as sta	he cause(i	

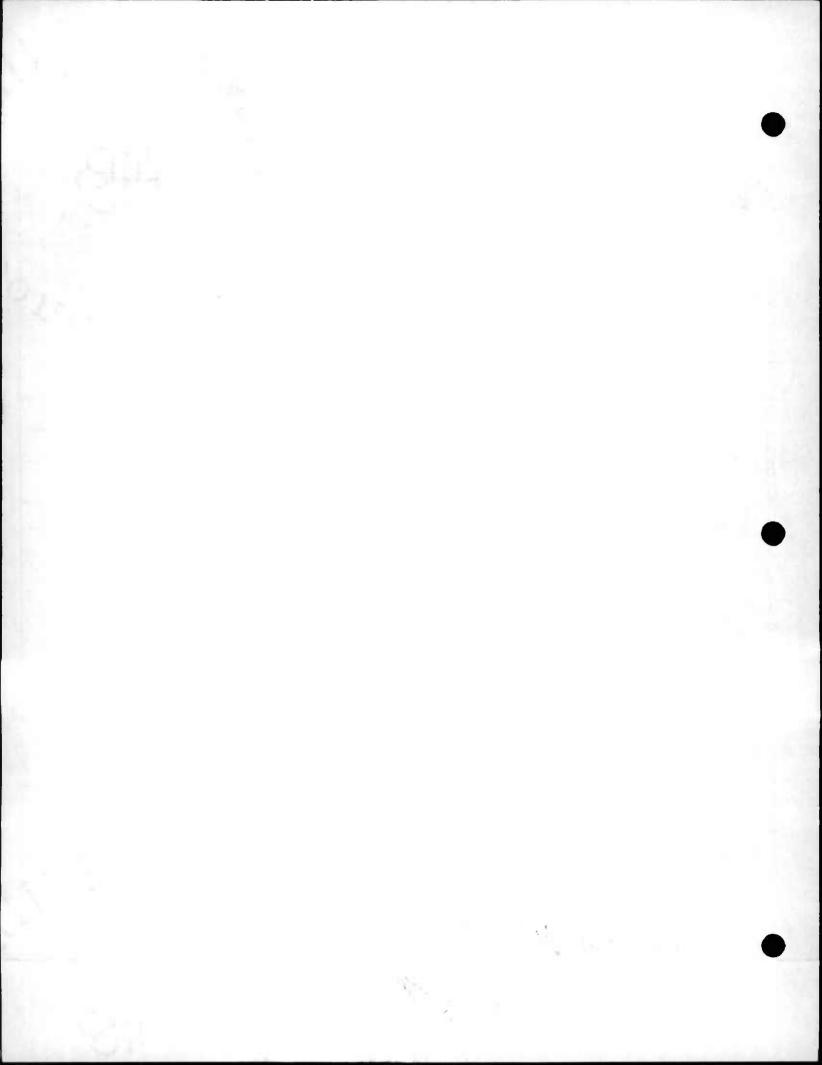
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

APR 29 1993

BALTIMORE, MARYLAND 21215-0020



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DIVISION OF VITAL	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Debt. of Health and Mental Hyriene prior in hurial cremation or removal	IMPORTANT It Iam 28 is marked on Item 23 shows any intervent market event the medical avainates and the contrast as a contrast a
TO THE I	THE I	IMPORT

10.1	REGISTRAR I. DECEDENT'S NAME (First, MI	liddle, Last)			OLIT (III	IOAII	_ 01	DEAT	-	2. DATE O	REG. NO			3. TIME C	E OF ATT
	Lee I	Frank	Cho	7.7						MONTH	0	AY	YEAR	100000	
1	I. SOCIAL SECURITY NUMBER		5. SEX		rs. lest birthday)	IF UNDE	O P ARMO	IF UNDER	04 1000	Apri 7. DATE 0	il 24	, 199		3:	
			1 2 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)		8. BIR	THPLACE (Stantry)	ite or Foreign
	217-72-4427 De. FACILITY NAME (If not institu	helion mlm of	21	36							26,	-	_	aiwan	1
- 10	PE. PACIEST F NAME (II NOT III SUIT	ution, give st	reet and number)			96. CITY	Y, TOWN C	R LOCATIO	ON OF OR	EATH		9c. COI	UNTY OF	OEATH	
Shady Grove Adventist Ho RESIDENCE OF DECEDENT 10a. STATE Maryland Montgomery				pital		38	Roc	kvil	le			Me	ontg	omery	
					10c. CIT	Y. TOWN	OR LOCAT	ION							
						ethe		ion						10d. INSII	T\$?
_	Maryland Montgomery					eche									2 📉 NO
11	101. ZIP CODE 10g. CITIZEN OF WHAT COL						WHAT COUN	ITRY?							
-	4506 Harl	ing L						2081						d Sta	
	1. MARITAL STATUS Never Married 2 Me		12. WAS DECEDENT FORCES? 1	T EVER IN U.	S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN?	(Specify Yes	or No-	14, FIAG	CE — Americ ck, White, et	en Indian,
	□ Widowed 4 □ Divorce		IF YES, GIVE W	AR OR DATE	s			2 📉 NO			Jan, 616.)			alty:	
\vdash														As	ian
	(Specify only his		completed)	-	e. DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	IN st of workin	g	16b. F	UND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12))	College (1-4 or 5+)	ma. DO NOT U	∍ ⊍ / ⊡//⊡ (7.)									
-			4		Ot	mer					H.		Rest	auran	t
1 "	7. FATHER'S NAME (First, Middle	le, Last)						18. MOTH	ER'S NA	ME (First, Mic	ddle, Maiden	Sumame)		Ser Vier Starten	
_		₹	Chow					H	sin		1	Lu			
19	9e. INFORMANT'S NAME (Typer	/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural f	Route Number	, City or Tow	n, State, Zi	ip Code)		
	Tom K. Chow				4506 H	Marli	ng I	ane.	Bet	hesda	a. Mai	rvlar	bo	20814	
	0e. METHOD OF DISPOSITION				ACE AND DATE				200			CATION -			
	☐ Donation 5 ☐ Other (Sp.	2 - Hellico								DATE	20C. LO	CALIDA -	CHILD OF I	own, State	
	- Deliation 2 - Other (Sp		val iron State	Ca+	y, cremetory or o	ther plece)		matas		1					
1 lb	1. SIONATURE OF FUNERAL IN	pecify)		Gat	e of H	eave	n Cei	D ADDRES	OF CAL	5/1/9	3 Sil	ver	Spri	ng. M	_
1 lb		pecify)		Gat	e of H	eave	n Cei	D ADDRES	OF CAL	5/1/9	3 Sil	ver	Spri	ng. M	_
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21 III dd n n S iii c C C C C C C C C C C C C C C C C C	23. PART I. Enter the disease hock, or hear MMEDIATE CAUSE (Final disease or condition eaulting in death) Sequentially list conditions are in the conditions of any, laading to immediate asses. Enter UNDERLYING CAUSE (Disease or Injury hat initieted events essuiting in desth) LAST PART II. Other significant of the conditions of the c	ases, or conditions acconditions acconditions acconditions acconditions acconditions acconditions	DUE TO (DUE TO (DUE TO (DUE TO (Gat Gat Gaused the end on each Gor As A co Gor As A c	e deeth. Do silna. What Color in the Color	eavel 22. Roy Av not enter piece) Fig. The unit enter piece avel 22. Av not enter piece avel 22. Fig. The unit enter piece avel 22. Fig. The unit enter piece avel 22. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 4 I Number 12. OTHER 5 I Number 12. OTHE	n Cel NAME AN Obert the these the modern the	Couse of December 2	is of FAM Pump hevy thes ng, such Ven in Pum ATH (Che aldence	Part I. 2 Part I. 2 Part I. 2 Chy or Chy	3 Sil Fune: Ge, In laryl; Ge or respi 4a. WAS AN PERFOR YES 2 Specify) RIBE HOW II	AUTOPSY MED?	Spri Tome 755' 208' rest,	NG, M 7 Wisc 14-35(Applinta One	CONSIL Toximate
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ALER CO 1993 Marchine Trains

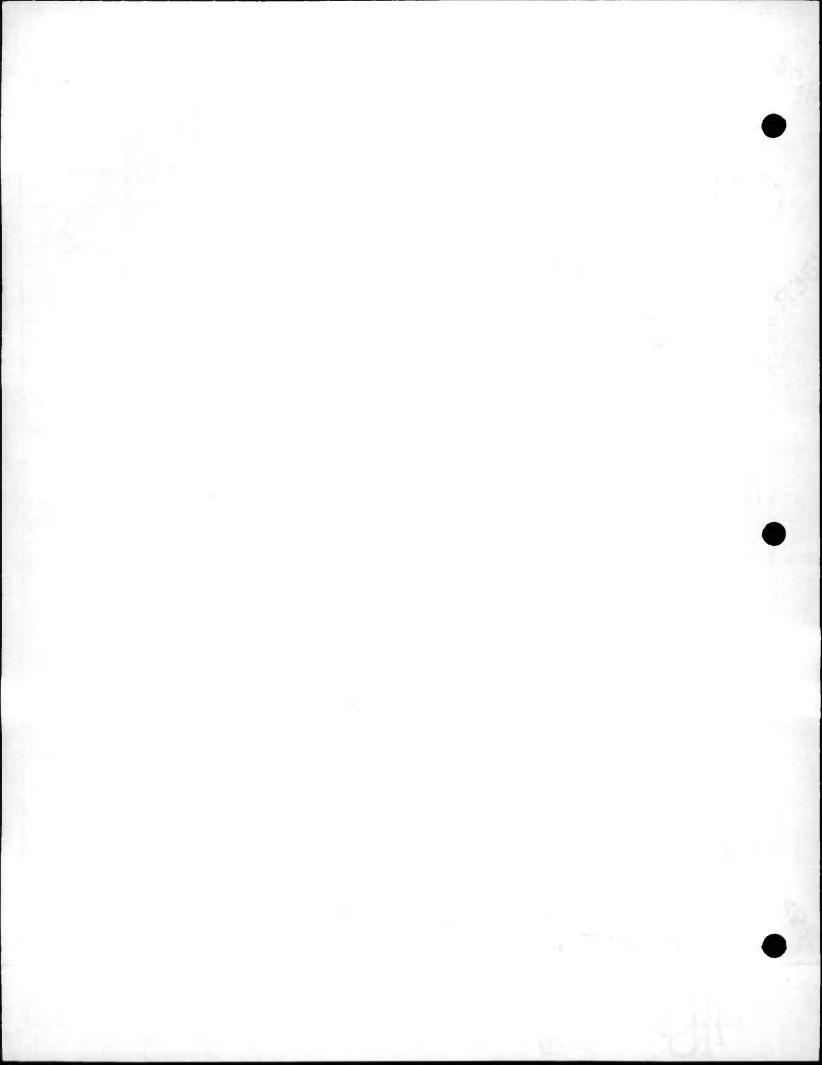
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	CERTIF	TMENT	OF HEALTH AND OF DEATH	MEN	TAL HYGIEN	E		.0700
	1. DECEDENT'S NAME (First, Middle, Lest)	CECIL GLEN CART	TER	-4-0		2. D	ATE OF DEATH		VEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER 1			ATE OF BIRTH fonth, Day, Year)	8	. BIRTHP	LACE (State or Foreign
7	121 02 0272	1 🔀 M 2 □ f 79	YRS.	MONTHS	DAYS HOURS MIN.		N.15,19	14		ESSEE
~	9a. FACILITY NAME (If not institution, give atm			9b. CITY, T	OWN OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	HTA
10607 HAYES AVENUE SILVER SPRING								MONTO	GOME	RY
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				T	10d. INSIDE CITY
H	MARYLAND MON	TGOMERY	ST	LVER 9	SPRING			- 1	LIMITS?	
	10e. STREET AND NUMBER			BVDIC	101. ZIP CODE	-		10g. CITIZE	_	IAT COUNTRY?
ER.	10607 HAYES AVENU	E			20902			US	3 Δ	
FUNERAL		12. WAS DECEDENT EVER IN U.S.		13. W	S DECENDENT OF HISPA	NIC OR	IGIN? (Specify Yes		, RACE -	- American Indian,
BY F	1 Never Married 2 Married 3 N Widowed 4 Divorced	FORCES? 1 X YES 2	_ NO		res, specify Cuben, Mexico YES 24 NO Specific		rto Rican, etc.)		Specify	While, etc.
	and the second	WW II						- I V	VHIT	E
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of		(Give kind of	USUAL OCC	UPATION ing most of working		16b. KIND OF BUS	SINESS/INDUS	STRY	
ا ۲	Elementary/Secondary (0-12)	College (1-4 or 5+)				- 1				
M	17. FATHER'S NAME (First, Middle, Last)		UNERA	L DIKI						
	GEORGE WASHINGTON	CADTED			100000000000000000000000000000000000000		st, Middle, Maiden	Sumame)		
H	19a. INFORMANT'S NAME (Type/Print)	CARTER	19h MAII ING	ADDRESS (Street and Number or Rural		E FLOYD	Ctenter 7/m C	orfo)	
2	GAYLE NUSBAUM	(DAUGHTER)			CREST LANE					20070
	METHOD OF DISPOSITION Burlal 2 Cremation 3 Remov		CE AND DATE			_	ATTE 20c. LO			
	1 M Burial 2 □ Cremation 3 □ Ramon 4 □ Donation 5 □ Other (Specify)	vat from State cemetery,	crematory or o	ther placel	NS CEMETER	1 -				
	21. SIGNATURE OF FUNDINAL SERVICE LICE	ENSEE	LAND	22. NA	ME AND ADDRESS OF FA	Y 4	7 291 CHE	LIENHA	M,	MARYLAND
	×7//. / (11:11.10		FRA	ME AND ADDRESS OF FA	LLI	NS FUNE	RAL HO	OME,	INC.
-	23. PART I. Enter the diseases, pr co	11 chera			UNIVERSIT					,MD.20901
	immediate cause (Final disease or condition resulting in death)	lat only Dne cause on eech i	odi	550	sanlor			50		Interval Between Onset and Death
ATION	Sequentially tist conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF	F):						
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death but no			eriying cause given in	Part I	24e. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? U YES 2 NO
ÿ										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)	neck onl	y one)			
ΙΥS		1 Inpetient 2 ER/Outpatient		4 - Nursin						
	27. MANNEN OF DEATH 1 Natural 5 □ Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	Ic. INJURY AT WORK?	28d.	DESCRIBE HOW II	IJURY OCCUI	RED	
B	2 Accident Investigation	On the ACC OF MANNEY			1 YES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factor	, office	28f. i	OCATION (Street a City or Town, State)	nd Number or	Rural Ro	ute Number,
COMPLETED		IAN: To the best of my knowledge, : On the basis of examination and								and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	5			29c. LICENSE NU	MBER 3	46	29d. DATE S	SIGNED (Wonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Туре	. Print)	1		~	2	-	see out
	DOGN	aus	مو	8	55181	()	50	-2 "	N	AUR
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAPLA	EL							
- 1	APR 29 1993 I	1								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

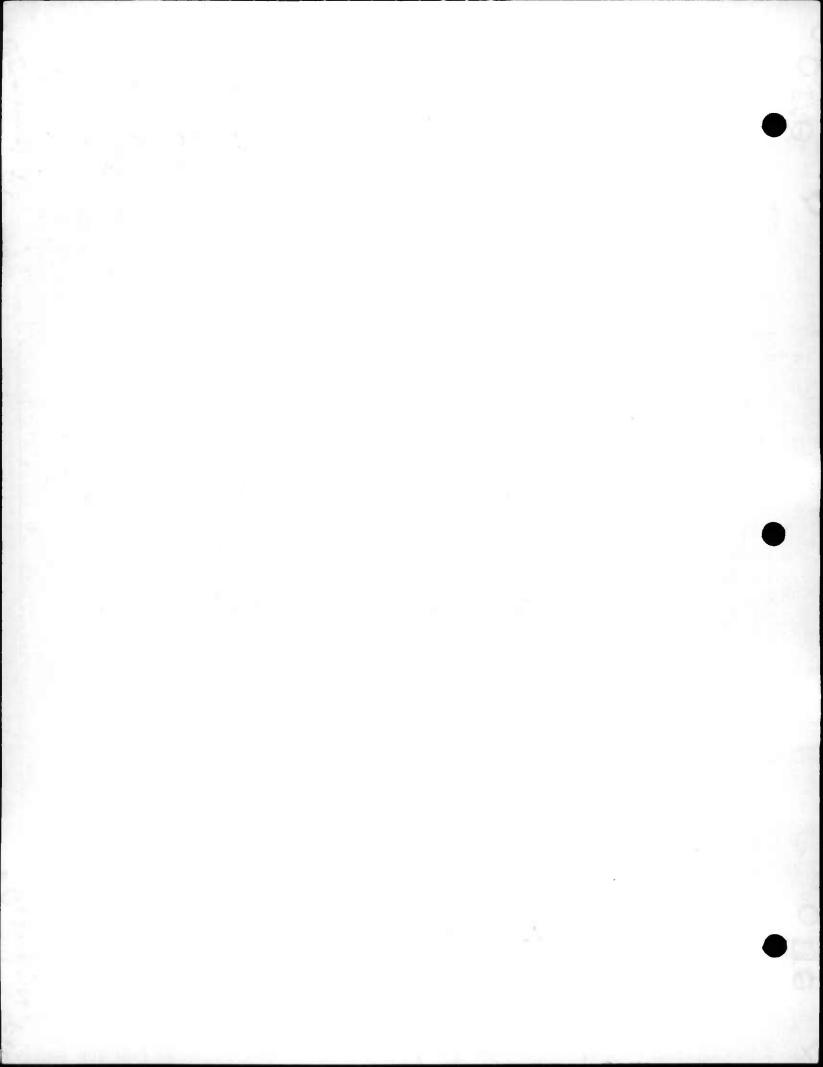
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



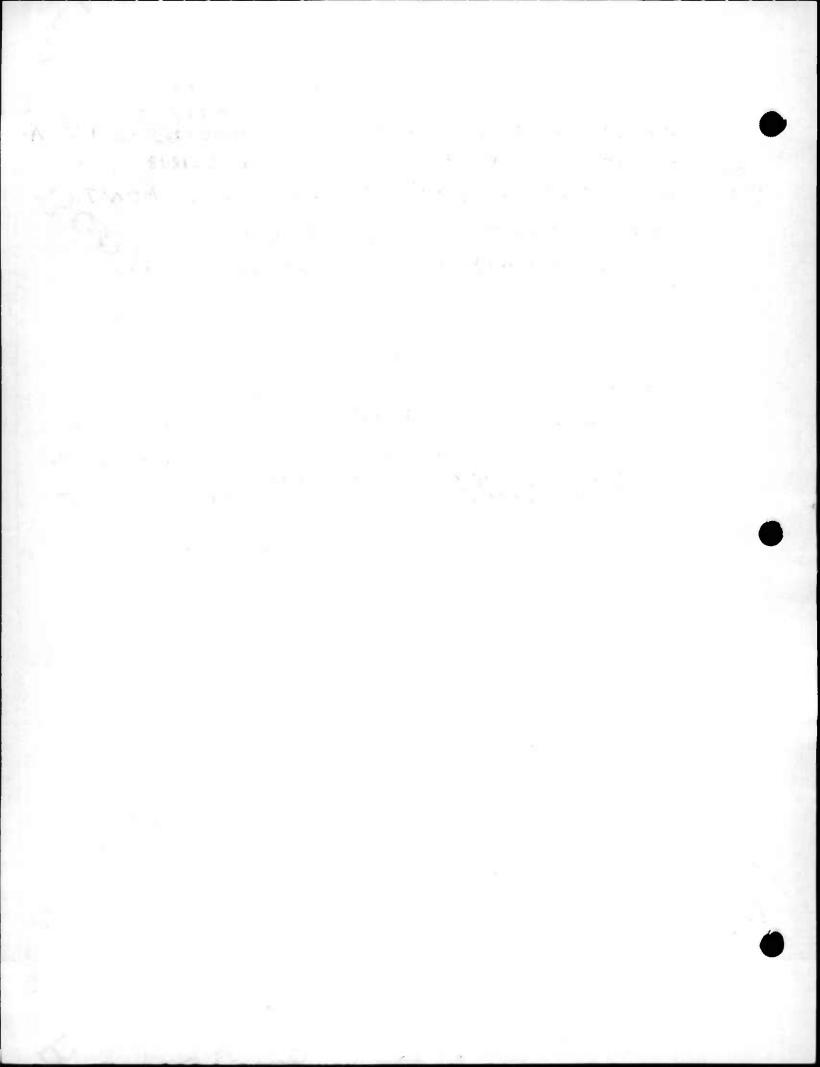
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an.	ransit perm

2. DATE OF DEATH Capple 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 27 F 578-48-1849 59 YRS. May 15, 1933 Washington, D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR HOLY CROSS HOSPITAL Silver Spring Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D.C. 1X YES 2 NO FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 422 Delafield Place, N.W. 20011 United States 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicis or and completely filled in by the funeral director, page 5 should be detached for use as the burial-th 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 Married 3 Widowed 4 Divorced BY 1 TES 2 NO Specify. Specify: Black 16e. DECEOENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EOUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Accounting Technician Department of Defense 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Ray H Margaret Short 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Renee Cooke 7607 Willow Hill Drive Landover, MD 20785 be 20s METHOD OF DISPOSITION
1 (2 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Mt. Olivet Cemetery 4 Donation 5 Other (Specify) 4/30/93 Washington, D.C. examiner 22, NAME AND AGORESS OF FACILITY MCGuire Funeral Service, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20012 7400 Georgia Ave. N.W. Washington, D.C. filled in by the fion, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate shock, or heart feliure. List only one ceuse on each line. cremation, or **IMMEDIATE CAUSE (Finel** Onset and Death the DUE TO (OR AS A CONSEQUENCE OF):

SHILL PULMONARY EM BO!: 4. lot cell verns disease or condition resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, and com b. Masaluc oulmonary
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentieily list conditions, Hygiene prior to if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events attending physician DR ATTENDING PHYSICIAN: The law requires that the death certificate be Biventricular cardini hypen trophy other (DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 signed by the atter Health and Mental injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? any Ly pertons con 1 TES 2 NO no desore OF DEATH? atheroscieros: 1 YES 2 NO 5 ch levo deman PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Killetural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 Hem 29e. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HOURS IN INC. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 145 Branchleys 4/26 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Brandchaft 10810 AXZ Konsington Consecticut MO 6 Julia Day won- Home Co 31. DATE FILED (Month, Day, Year) 2.8 APR



REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle				2. DATE OF DEATH	YEAR 3. TIME OF DEATH
MAKGAKE		STELLO		APRIL 25	1993 1 A
4. SOCIAL SECURITY NUMBER 578-18-6202	1 🗆 M 2 🔀 F		UNDER 1 YEAR IF UNDER 24 HRS. ITHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 89	8. BIRTHPLACE (State or Foreign Country) Ireland
9a. FACILITY NAME (If not institution HOLY CR	OSS HOSP		CITY, TOWN OR LOCATION OF DE	ATH 9c.	MONT.
10a. STATE 10b.	COUNTY	10c. CITY, TO	OWN OR LOCATION >	4	10d. INSIDE CITY
	MONT.	SILI	ERSPRIN (1 YES 2 NO
100. STREET AND NUMBER 2015 EAST 11. MARITAL STATUS	VEST HWY.		209	10	U.S.A.
3 Widowed 4 Divorced	FORCES? 1 TY YE	S 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxicas 1 YES 2 NO Specify	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: White
(Consider only binds	'S EDUCATION st grade completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS	
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L	-3-57.5 11/57	U.S.Air		TSGT	
John Costell	•		Anne Noo	ME (First, Middle, Maiden Surnan	ne)
19a INFORMANT'S NAME /Type/Pric		19br MAILING ADI	PRESS (Street and Number or Rural R		a Zio Coda)
19a. INFORMANT'S NAME (Type/Print) Valerie Cost	elloe		n Ness St.,N.W		
20a, METHOD OF DISPOSITION 1 🖾 Burlel 2 □ Cremetion 3		06. PLACE AND DATE OF D	SPOSITION (Name of		N — City or Town, Stata
4 Donation 6 Other (Specif	v) A	Arlington N	ational Cem.5-	3+93 Arline	oton. Virginia
21. SIGNATURE OF UNERAL SERV	ICE LICENSES	1	22. NAME AND ADDRESS OF FAC DeVol Funeral	Home	14161110
1 Janni	- Noshel	,			Mash.,D.C. 20007
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF):	culan a		
DART II Other elegities as	nditions contributing to death	but not regulting in th	a underlying acres along to	Part & Care tono an arrang	
×	Something to deal	out not resulting in the	a underlying cause given in i	Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 1-NC	AMILABLE PRIOR TO
Z Z S. WAS CASE REFERRED TO MEDI EXAMINER? 1 □ YES 2 □ NO	CAL		26. PLACE OF DEATH (Che	ck only one)	
S EXAMINER?	HOSPITAL:		HER: Nursing Home 5 - Residence		
27. MANNER OF DEATH 27. MANNER OF DEATH Netural 5 Pendin 2 Accident Investig	28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME OF		26d. DEŞCRIBE HOW INJURY	OCCURED
3 Suicide 6 Could to determine	Dullding, atc. (50	RY — A1 home, farm, atreel pecify)	, fectory, office	261. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
Check only 1 CERTIFYING (Check only one) 2 MEDICAL EX	PHYSICIAN: To the beat of my kno (AMINER: On the beals of examinati				stated. to the cause(s) and manner as stated
296. SIGNATURE AND TITLE OF CE	how my	D	29c. LICENSE NUM D - 33	BER 29d.	DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS. R. TYCLOW M 31. DATE FILED (Month, Day, Year)	ON WHO COMPLETED CAUSE OF D 50W EOW 32. ABGISTRAR'S SIGNED AUGUST AUGU	monston	Brt 504, R	ockulle	MD20852



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68760,	
BOX	
P.0	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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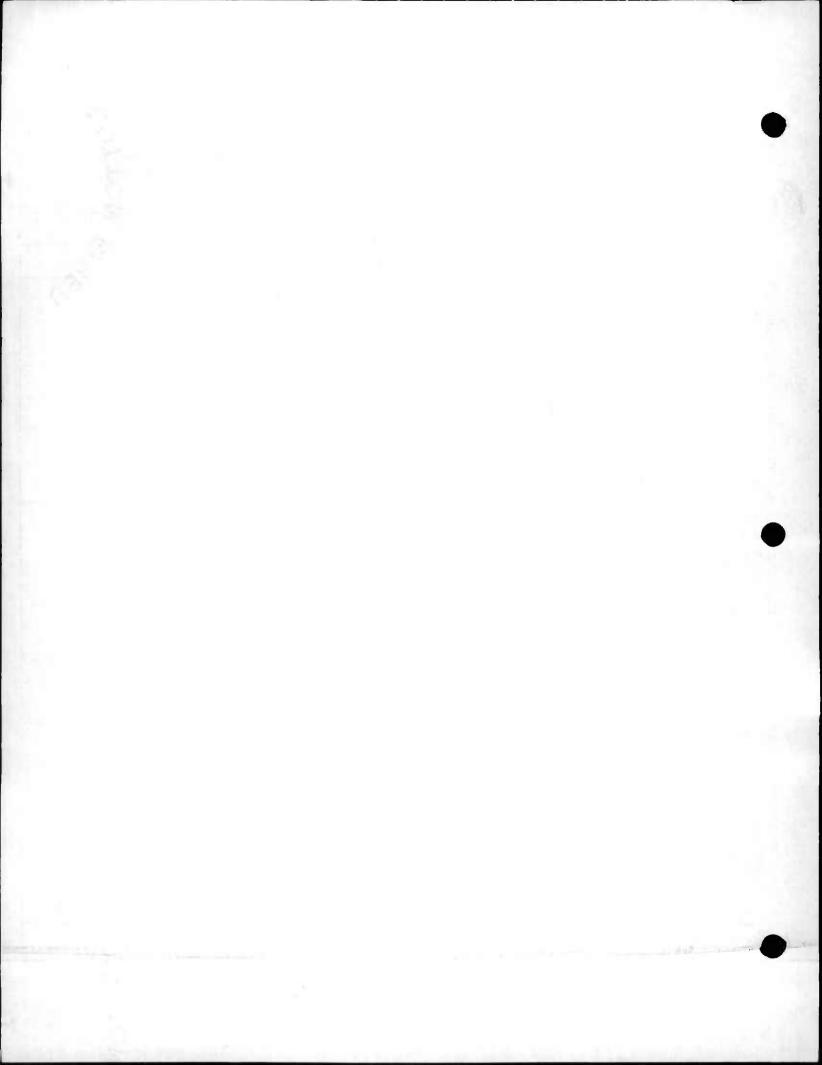
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 by the hospital or attending physician.	d be detached for use as the burial-transit permit. Pages 1, 2, 3	I at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or amending physician	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal permit Pages 1, 2, 3. The find within 72 hours after death with the State Day of Health and Mental Horison north burnal or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.
1. DEGEDENT'S NAME (First, MIDDIN, Last)	Bruce S. Chaney	2. DATE OF DEATH 4 2 4 2 4
A SOCIAL SECURITY NUMBER	S SEY S ACE (In one lead bloke do) on the property of the control	

1. DECEDENT'S NAME (First	hanes	Bruce	S	. Ch	nane	У				2. DATE	OF DEATH 4		YEAR	1. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX 6. AGE (In yrs. last birthday)			historia i		YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		4	13 11	
218-76-85		SCXM 2 □ F	32	in yrs. iest	YRS.	MONTHS D	_	HOURS	MING.	7. DATE (Mori	26,1	960	Count	HPLACE (Stitle or Foreign ry) ryland
	ot institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							INTY OF E	4					
Shady Gro	Shady Grove Adventist Hosp.					Rockville			Montgomery					
10a. STATE	10b. COUNT				10c. CITY	, TOWN OR I	LOCATIO	ON						10d. INSIDE CITY
Maryland	Mont	qomery			R	ockv	i11	e						LIMITS?
10e. STREET AND NUMBER		,	_				_	ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
311 Daws	on Av	e. Apt#	9				2	085	0			U	J.S.	Α.
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARI	AED	13. WAS	DECE	NDENT O	F HISPAN	VIC ORIGII	17 (Specify Yes		14. RAC	E American Indian.
12 Never Married 2 ☐ 3 ☐ Widowed 4 ☐ Dive		FORCES? 1	MAR OR DA	2 KAN ATES	0				n, Mexica Specify		Rican, etc.)		Spec	k, White, etc.
													Bl	ack
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)		(GA	re kind of w	USUAL OCCU	PATION ng most	of worldin	107	168	. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)		Do NOT us									
12 Grade				Di	sab	led					Non			
17. FATHER'S NAME (First, M		C						18. MOTI			Middle, Maiden			
John H.									Ida		ae No			175.0
19a. INFORMANT'S NAME (1	'	Father) ney Sr.									ber, City or Tow Dr., G			20874 wn ,Md
20a. METHOD OF DISPOSIT	ION			PLACE A	ND DATED	FDISPOSITIO				DAT		CATION		
4 Donation 5 Other		oval from State	- J	ohn	Wes	her place)	'em	ete	rv	4/	29 CI	arks	vil	le, Md
21. SIGNATURE OF FUNERA	L SERVICE LIC	SPISEE /		233	112.0	22 NAI	ME AND	ADDRES	SE OF EA	CHITY				
Bun	SE K	(. /bn	om	de	_									20850 ville, Md
23 PART Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between on the course of the course														
disease or condition resulting in death)	→	Juspei	ted	Hype	Kale	emia								Criset and Death
		bo d	OR AS A	CONSE	UENCE OF	FEI	nd	Sta	ıge	Ren	al Fa	ilur	:e	
Sequentially list condit if any, leading to imme			and a second		UENCE OF		00							
cause. Enter UNDERLY	ING	e.												!
CAUSE (Disease or Injute that initiated events		DUE TO	(DR AS A	CONSEQ	UENCE OF):								
resulting in death) LAS	T L	d												
PART ii. Other significe	nt condition	e contributing to	death h		andela a la	ah	And -							
TAIL III Other significa	uni condition	s contributing to	Geetii Di	ut not re	suiting it	n the under	rrying	ceuse g	iven in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO
										_	1 TYES 2	A NO		COMPLETION OF CAUSE OF DEATH?
								_		_				1 TES 2 NO
25. WAS CASE REFERRED T EXAMINER?	U MEDICAL	HOSPITAL:	-31.3		. 1	OTHER:	26. PLA	CE OF D	EATH (Ch	eck only or	10)			
1 YES 2 NO		1 Inpatient 2		atient 3	∄-DOA	4 - Nursing	_		sidence	6 🗆 Othe	r (Specify)			
	Pending Investigation	28a. DATE OF (Month, D			28b. TIME INJU	JRY	wor		NO	28d, DE	CRIBE HOW II	JURY OC	CURED	
2 Devlate	Could not be	28e. PLACE O	F INJURY	- At hon	1e, farm, st	treet, factory,	office			281. LOC	ATION (Street a	nd Numbe	or Runal I	Route Number,
	determined	bullding,	etc. (Speci	пу)						Clty	or Town, State)			
		CIAN: To the best of												
		A	xamination	and/or in	rvestigation	n, In my opini	ion, des	th occur	ed at the	time, date	and place, an	d due to ti	ne cause(s	s) and manner as stated.
296. SIGNATURE AND TITLE	1/	and Ba	h				:		2/3°				E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU	SE DF DEA	ATH (ITEM	27) (Туре,	Print)			10	1				
31. DATE FILED (Month, Day,	Year)	Julia Dayd	ACO	TURE	2									
APR 27 19	193 2	1 4 100 100 100	201 1											-



WV

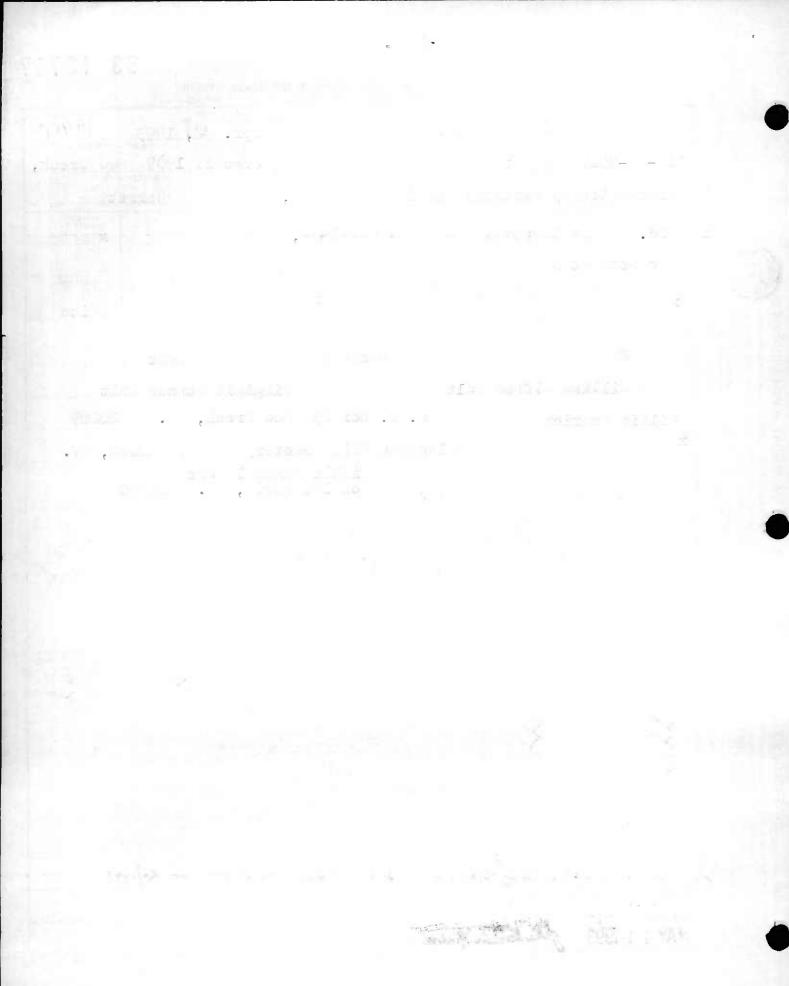
BALTIMORE, MARYLAND 21215-00

m. Pages 1, 2, 3 should

	FOR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND	MENTAL HYCIEN	JIC .	93 13/6
	1 - STATE REGISTRAR	C	ERTIFICAT	E OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	ie Ault Clayt			2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. Is		ER 1 YEAR IF UNDER 24 HRS.	Apr. 30	199	
	219-03-8527 9s. FACILITY NAME (# not institution, give sin	1□ M 2 🖫 F 83	YRS. MONTH	DAYS HOURS MIN.	June 11	1909	Red Creek.
TOR	Garrett County			O_kland.	DEATH		y of OEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d. INSIDE CITY
	Md. Gs	errett		Oakland,			1 TYES 2 NO
FUNERAL	Dennett Road			101. ZIP COOE 2155	0	10g. CITIZE	N OF WHAT COUNTRY? USA
		12. WAS DECEOENT EVER IN U.S. AND FORCES? 1 YES 2 15 YES, GIVE WAR OR DATES	RMEO 1:	If yes, specify Cuban, Maxis 1 YES 2 NO Spec	cen, Puerto Rican, etc.)	or No — 14	. RACE — American Indian, Black, White, atc. Specify:
) BY	3 XWidowed 4 Divorced				,		White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (C	ECEDENT'S USUAL Bive kind of work don b. Do NOT use retired	e during most of working	18b. KIND OF BU	SINESS/INDUS	
<u> </u>	8世		Home	emaker		Home	
Ö	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maiden		
BE (William A	lfred Ault		Vi	rginia Bo	nner	And t
5	19a. INFORMANT'S NAME (Type/Print)	19		SS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Co	ode)
-	Willie Hedrick		P. O. 1	Box 23 Re	d Creek,	WV.	26289
	20a. METHOD OF DISPOSITION (X) Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	al from Stata 20b. PLACE cemelery, cri	AND DATE OF DISPO	SITION (Name of	OATE 20c. LO		eek. WV.
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEET - OF .	24	NAME AND ADORESS OF F	ACILITY		CCA, WV.
	Centul	Hinkl	/	Box 186 Day	vis, WV.	262	
	23. PART I. Enter the diseases, or co	mplications that caused the dest only one cause on sech line	eth. Do not ente	er the mode of dying, au	ch aa cerdiac or reap	iretory arrest	
	IMMEDIATE CAUSE (Final disease or condition	Auto Pales of according		DELL			Interval Between Oneat and Deeth
	resulting in deeth) a.	DUE TO (OR AS A CONSE	OUENCE OF:	Janeary L			2 plays
2		Comonas D	hose Y	Tecio,			1000
CERTIFICATION	Sequentielly list conditione, if any, laeding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	0 92			Thorn
5	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	DIJENCE OF				
E	reaulting in death) LAST	של זה (פון אם א סטווסבי	OUTHUE OF J.				
B	d.						
A I	PART II. Other significant conditions	contributing to death but not i	asulting in the u	inderlying cause given in	Part I. 24s. WAS AN PERFOR	AUTOPSY	246. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA					1 _ YES 2	_	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ME						0	1 WES 2 DENO
ż							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	heck only one)		
YSI	1 OF VES 2 □ NO	Dippatient 2 ER/Outpetient 3	DOA 4 No	R: irsing Home 5 🗆 Rasidenca	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At ho building, atc. (Specify)	me, ferm, streat, fa		28f. LOCATION (Street a	and Number or I	Rural Route Number,
	4 Homicide determined				City or Town, State)		
COMPLET	(Check only CERTIFYING PHYSICI)	AN: To the best of my knowledge, de On the basis of examination and/or	ath occurred at the investigation, in my	time, data and place, and du- opinion, death occured at the	e to the cause(s) and man	ner as atated.	Bulle(S) and manner as stated
ECC	29b. SIGNATURE AND TITLE OF CENTOFIER	//		29c. LICENSE NU			
TO BE	1 1-41	m g vap		49C. LICENSE NU	MOCK		ONED (Month, Day, Year)
	30. NAME AND ADDRESS DE PERSON WHO						*

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month, Day, Year) MAY 1 1 1993



10a STATE

Maryland

11 MARITAL STATUS

10e, STREET AND NUMBER

DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE 2

TO THE FUNERAL D
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It

Ħ BE notified

pe

must

1. DECEDENT'S NAME (First, Middle, Last)

William

218 - 20 - 9650

6732 Main Street

RESIDENCE OF DECEDENT

6732 Main Street

1 Never Married 2 Married

11

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

IMMEDIATE CAUSE (Finel

Sequentially list conditions.

If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury

disease or condition

resulting in death)

4 Nomicide

3 Widowed 4 Divorced

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

MONTHS

10c. CITY, TOWN OR LOCATION

Queenstown

YRS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATN

Queenstown

DAY\$

Oueen Anne's

United States

10d. INSIDE CITY 1 💢 YES 2 🗌 NO

10g. CITIZEN OF WNAT COUNTRY? 10f. ZIP CODE

14. RACE — American Indian, Black, White, etc.

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Maxican, Puerio Rican, atc.) 1 TYES 2 X NO Specify: 16b. KIND OF BUSINESS/INDUSTRY

White

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Police - Toll Facilities

21658

State of Maryland

17. FATHER'S NA	ME (First, Middl	e, Last)		
Samue1	nmn	Cor	negys	
19a, INFORMANT	I'S NAME (Type	Print)	Son	

15. DECEDENT'S EDUCATION (Specify only highest grade complete

Edward

5. SEX

Oueen Anne's

1 M 2 F

Comegys, Sr.

12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

WWII

6. AGE (In yrs. last birthday)

65

Sadie Harry Douglass Rinehart 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

16. MOTNER'S NAME (First, Middle, Maiden Surname)

William E. Comegys. 610 Seward Rd., Chester, Maryland 21619 20a. METHOD OF DISPOSITION
1 T Burial 2 □ Cremation 3 □ Rem 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION -- City or Town, State 1 St Buriel 2 Cremation 3 4 Donation 5 Other (Specify)

Chesterfield Cemetery 22, NAME AND ADDRESS OF FACILITY

4/29 Centreville, Maryland

Morris T. Barton Barton Funeral Home miton Box 222, Centreville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

shock, or haert fellure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF) **Approximata** Intervel Between **Onset and Death** years

21617

hadro DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

NAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
PERFORMED?	AVAILABLE PRIOR TO
YES 2 NO	COMPLETION DF CAUSE
TES 2 NO	OF DEATH?

nide Gastritis 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED

28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be determined

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

24s. \

1 🔲

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of axa sination and/or investigation, in my opinion, death occured at the time, date and placa, and dua to the ceuse(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day.

ees 400 31. DATE FILED (Month, Day, Year)
APR 2 9

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

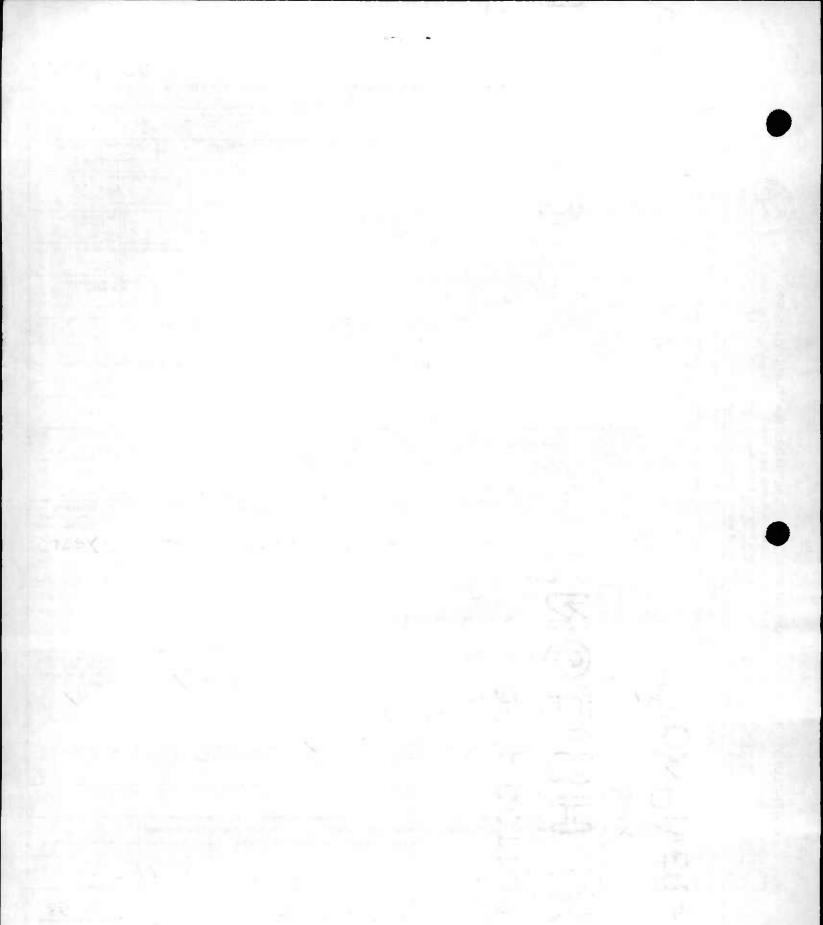
been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it, of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. examiner medicai the DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within event. traumatic other 6 shows any i: After this certificate has been rearth with the State Dept. o) The Hospital dr Attendin) The Funeral Director: At 9 filed within 72 hours after de 28 Is I Item

BALTIMORE, MARYLAND 21215-0020

P.O. BOX 68760,

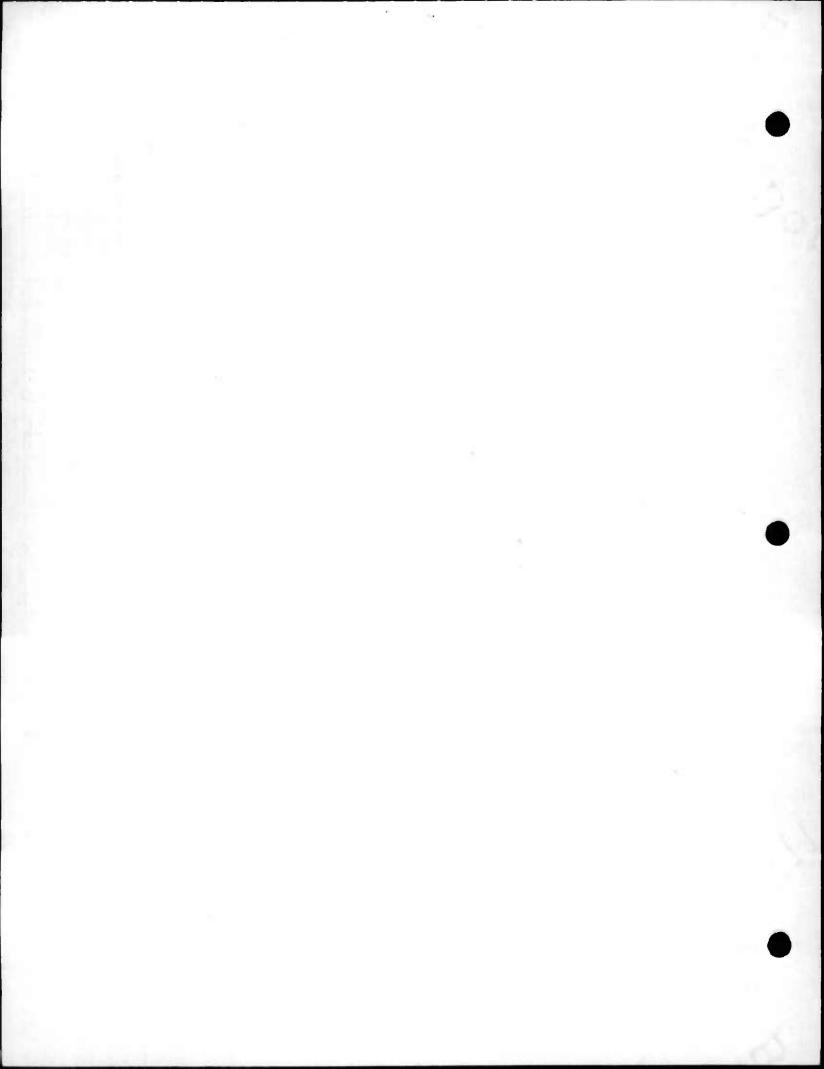
DIVISION OF VITAL RECORDS,

DHMH-18 Rev 1/89



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CIVISION OF VITAL NECONDS, P.O. BOA 66/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
	M	4 R
	SPI	E EB
	오	豆豆
	뿚	불흥
	2	23

		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEP/ CERTI	ARTMENT OF	HEALTH AND	MENTAL HYGIEN		00 10700			
	9	1. DECEDENT'S NAME (First, Middle, Last)	7		IN CORT		2. DATE OF DEATH	W 0	3. TIME OF DEATH			
		ELIZABETH 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthda	ASSELL				5:07 A M			
		218-36-7885	y) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/26/10	BIRTHPLACE (State or Foreign Country) Maryland						
'n	~	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF D	EATH		Y OF DEATH			
1	DIRECTOR	1223 S.HANOVEI	Bal	timore City								
	EC.	10a. STATE 10b. COUNTY		10c. 0	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY			
	5	Maryland Balti	more City		Baltimo	re			LIMITS?			
l	A	10e. STREET AND NUMBER				OI. ZIP CODE		10g. CITIZE	N OF WNAT COUNTRY?			
	FUNERAL	1223 Hanover St	reet			21203		ט	.S.A.			
	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE - American Indian, Black, White, atc.			
ľ	B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		S 2 NO Specif			Specify:			
	8	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	T'S USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS	White			
- [(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO)	of work done during r use retired.)	nost of working						
85	COMPL	12		Se.	lf employ	<i>r</i> ed						
OUC	00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
must be notified at once.	B	George Julius B	eecher				d G. Signo					
E .	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox					
be		Ronnie & Kim Edge					ville, Mar					
Inst		1 Buriel 2 Cremation 3 Ramo	val from State Cel	metery, cremetory of	E OF DISPOSITION (or other plece)				y or Town, Stata			
Jer J		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	nesterri	Le La Ceme	AND ADDRESS OF FA	<u>15/199} С</u>	entrev	ille, Md.			
examiner		+ Kulolo	21.01	12.0	Tom	Helfenbe.	in Funeral	Homes	.P.A.			
28		23. PART I. Enter the diseases, or co	omplications that cause	d the death D	130	Spear Ro	ad. Cheste	rtown.	Maryland 2162			
event, the medical		shock, or heart fellure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on e	each line.		oue or dying, suc	n as ceruled or reep	iretory arree	t, Approximate Interval Between Onset and Deeth			
		disease or condition a. Fatty Live a. Due to (of as a consequence of):										
or other traumatic	<u>o</u>	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
tran	S	If enty, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
other	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
, 0	CERTIFICATION	resulting in death) LAST										
injury,	AL C	PART II. Other eignificent conditions	contributing to death i	but not recultin	g in the underlyl	ng cause given in			24b. WERE AUTOPSY FINDINGS			
amy							PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
NOW\$	MEDIC						_ _		OF DEATH? 1 XY YES 2 □ NO			
23 sl									^			
Te I	3 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)										
0	\simeq \parallel			netlant 3 POA	4 Numing Ho	XX	8 Other (Specify)					
rked	IYSICIAN	YES 2 NO	1 Inpetient 2 ER/Out									
8 l	PHY	YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out; 28a. DATE OF thJURY (Month, Day, Year)	26b. T	IME OF 28c. IN	JURY AT	26d. DESCRIBE HOW	NJURY OCCUR	ED			
=	ву РНУ	X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. T	IME OF 28c. IN W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW					
28 Is n	TED BY PHY	YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY	26b. T	IME OF 28c. IN W	JURY AT ORK? YES 2 NO		and Number or				
item 28 Is n	ETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	Y — At home, larm	IME OF 28c. IN NJURY M 1	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW I	and Number or i				
IT. If item 28 is n	ETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	Y — At home, larm	IME OF NJURY M 1	JURY AT ORK? YES 2 NO ca	26d. DESCRIBE HOW I	and Number or	Rural Route Number,			
RTANT: If item 28 is n	E COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	Y — At home, larm	IME OF NJURY M 1	JURY AT ORK? YES 2 NO ca	281. LOCATION (Street City or Town, State) to the cause(s) and mer time, data and place, ar	and Number or a	Rural Route Number, suse(s) and manner as stated.			
IMPORTANT: If item 28 Is n	BE COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 2 Accident Investigation 3 Suicide 4 Homicide 6 Could not be detarmined 29a. CERTIFIER Check only 2 MEDICAL EXAMINER 29b. SGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Property of the best of my known); On the basis of examination	Y — At home, larn cify) viedge, death occu	IME OF NJURY M 1 n, street, lactory, off irred at the time, dettion, in my opinion,	JURY AT ORK? YES 2 NO ca a and place, and due death occured at the	26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(a) and men time, data and place, an	and Number or one as stated, and due to the co	Rural Route Number, suse(s) and manner as stated. GNED (Month, Day, Year)			
IPORTANT: If item 28 is	TO BE COMPLETED BY PHY	27. MANNER OF DEATH 1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only only) 2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Place) 1AN: To the best of my know in the best of axamination of the best of axamination of the best of DECOMPLETED CAUSE OF DECOMPLE	Y — At home, larn cify) viedge, death occu on and/or investiga	IME OF NJURY M 1 n, street, lactory, off irred at the time, darktion, in my opinion, pe, Print)	JURY AT ORK? YES 2 NO ca a and place, and dua death occured at the 29c. LICENSE NUE O . C . M . E	26d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State) to the cause(a) and men time, data and place, an	nner as stated. 29d. DATE SI 0 4 /	Rural Route Number, ause(s) and manner as stated. GNED (Month, Day, Year) 13/93			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

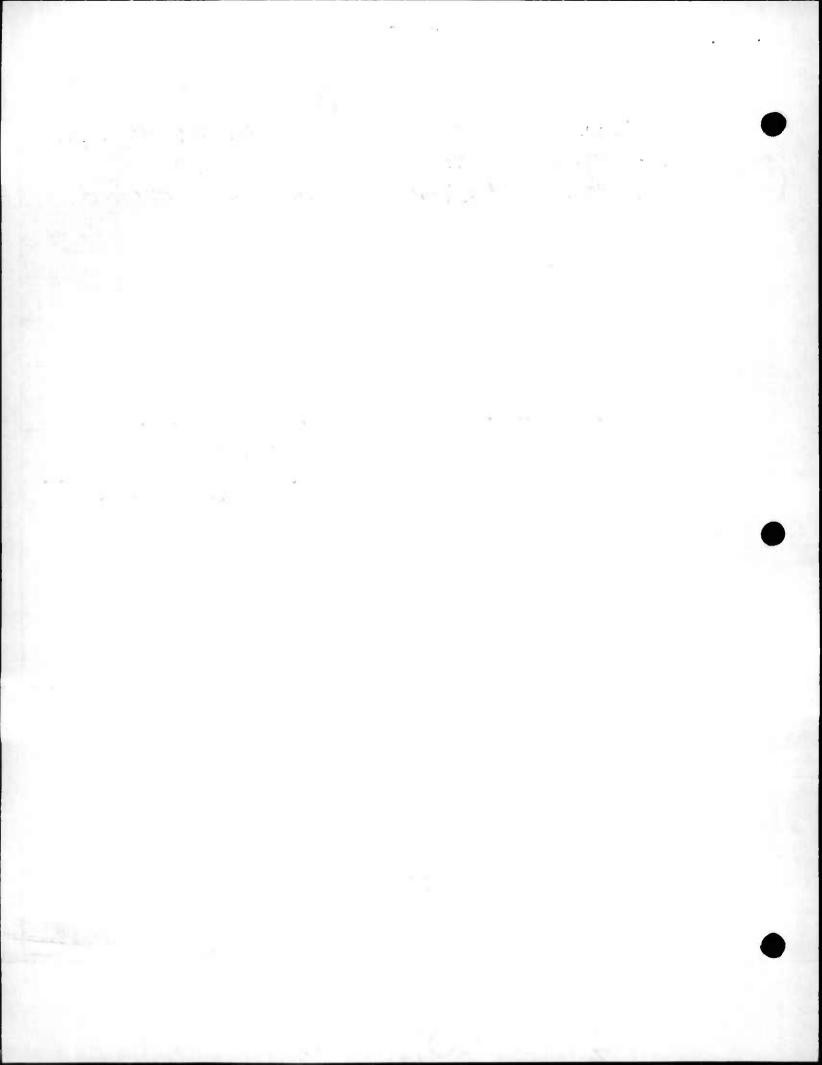
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

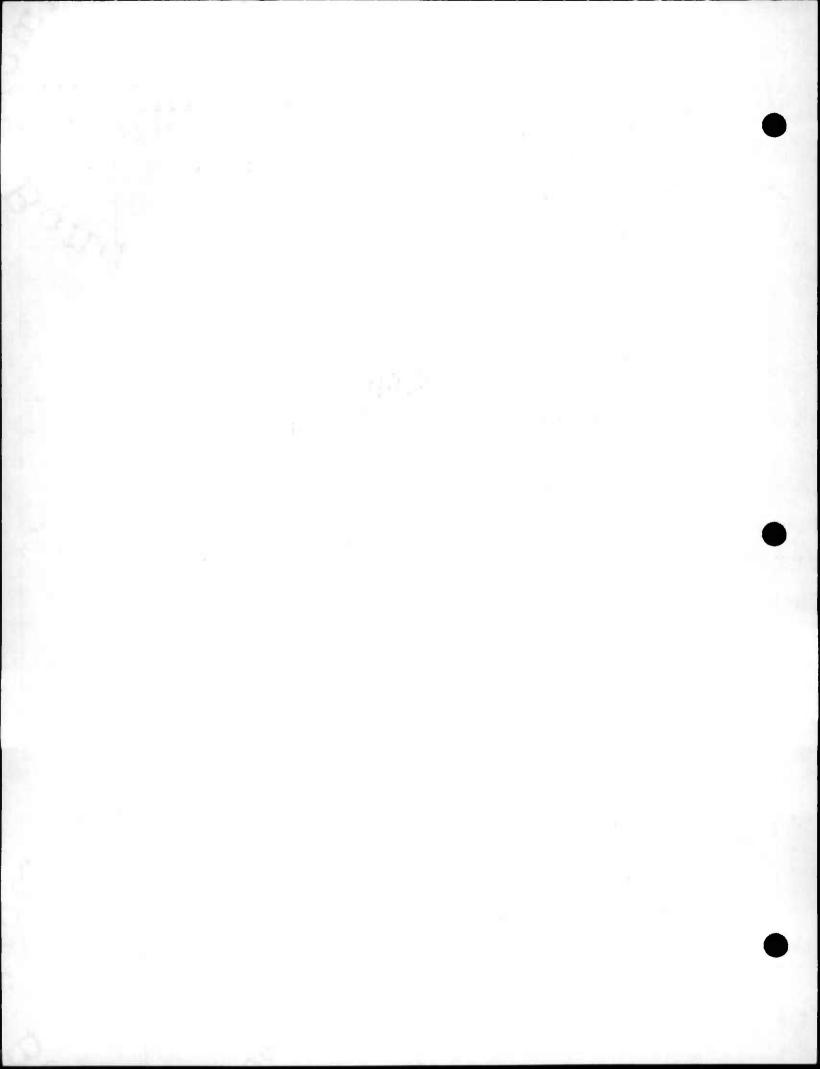
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) HILDA L	COSSI	ANORA COC	SWELL		2. DATE OF DEATH	7 9	3. TIME OF DEATH	
	219-10-9286	0 H 2 XF 8	3 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Pay, Year)	0	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	9a. FACILIEY NAME (If not institution, give street and number) Fallston Gentlospital, Fallston MD PRESIDENCE OF DECEDENT 9c. COUNTY OF DEATH FALLSTON MD Harfor								
DIRECTOR	Maryland Harfor	d	Abing	own on location	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 1219 Abingdon Rd.			1	ZIP CODE 21009		10g. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIYE WAR OR D.	2 NO	If yes, spec		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel Disbursmer	done during most tired.)	t of working	US Governi		RY	
BE CON	17. FATHER'S NAME (First, Middle, Last) EMOLY	Irwin			18. MOTHER'S NA Katie	ME (First, Middle, Malden		ster	
10 8	19a. INFORMANT'S NAME (Type/Frint) Chester L. Cogswe	ll, Jr.				Route Number, City or Tow Yettsville		21084	
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b cent Be	place and date of dispersion of the property o	ISPOSITION (Nam place) Dyteria	n Cemete	DATE 20c. LC	White Madon	e Hall ma, Marvland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Me-Cor	na 0 111	HOWAL	d K. McC	CILITY	Funeral	L Home, P.A.	
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused t only one cause on e	the death. Do not ach line.	enter the mod	le of dying, suc	h as cardiac or resp	iratory arrest,	, Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardio	Perpual	long	Fail	lue		Onset and Death	
NO	Sequentially list conditions, b	Meta	CONSEQUENCE OF):	Bre	art	Carar	Dun	<u> </u>	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					i —	
CERT	resulting in death) LAST								
MEDICAL	PART ii. Other significant conditions of	ontributing to death b	Jacob Vacco	e underlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: M					·			1 PES 2 NO	
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	On	26. PLA	ACE OF DEATH (Che	ack only one)			
HYS	1 YES 2 NO 1	Inpatient 2 ER/Outp	28b. TIME OF	F 28c INJU		6 Other (Specify) 28d. DESCRIBE HOW	IN HIRT OCCUP	FO.	
BY P	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 Y		zed. Degenibe non	MJOHT OCCOME	:0	
	3 Suicide 6 Could not be determined	28e. PLACE DF INJURY building, etc. (Spec	— At home, farm, stree cify)	t, factory, office		281. LOCATION (Street City or Town, State	and Number or R	tural Route Number,	
COMPLETED		N: To the best of my know. On the besis of examination						ouse(s) and manner as stated.	
TO BE (296. BIOHARTAND FITTE OF JERTIFIER	roug	M	1	29c. LICENSE NUN D 240	70	29d. DATE SIG	29/93	
	30. NAME AND ADDRESS OF PERSON WHO C ASHOK NARA	NG, 2 C	COLGATI	BDR	1. POI	RBST H	ILL, r	10 21050	
	APR 30 93	32. REGISTRAR'S SIGN	ATURE						

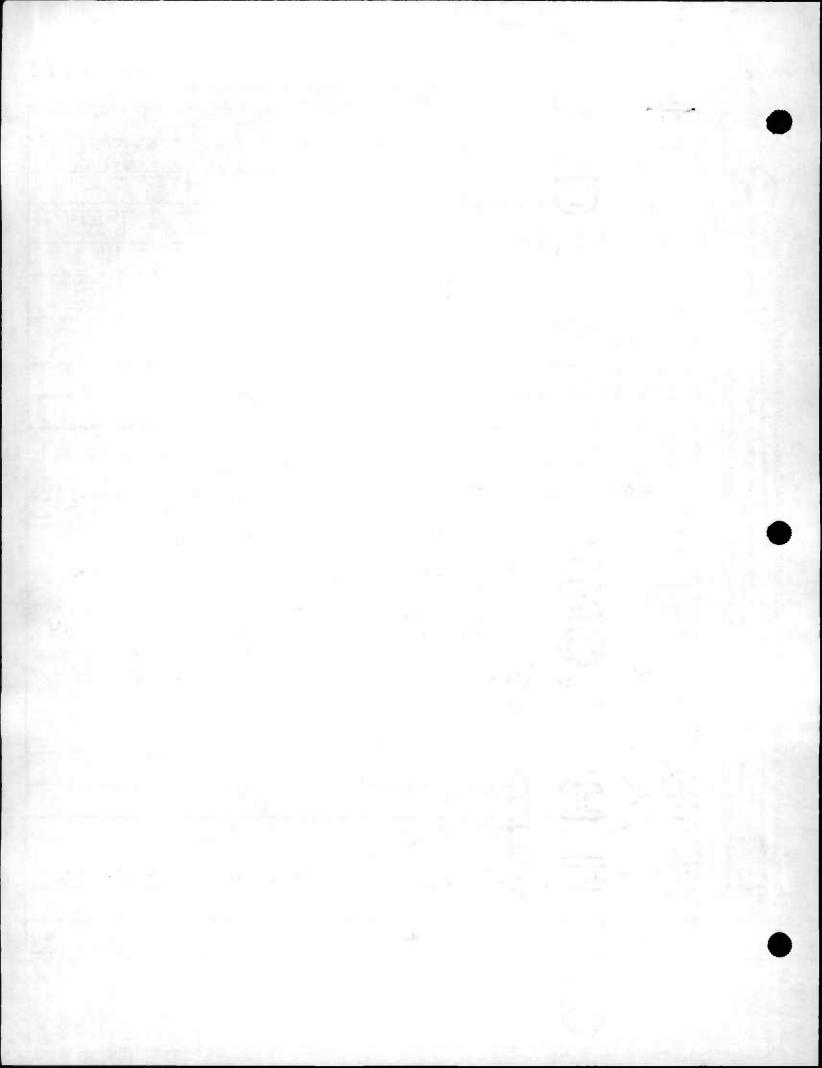


1		
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician. led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be the certificate being within a filled being of Health and Merital Hydiere prior to burial, cremation, or removal.	IMPORTANT If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- 1	Jackie P. Christophe	r						MONTH 4	M DAY 17	GE BR	3. TIME OF DEATH 15a.m
		. AGE (In yrs	s. last birthday)	IF UNDER	R 1 YEAR	IF UNDER		7. DATE OF BIRTI (Month, Day, Ye		6. BIRTH	NPLACE (State or Foreign
	222-26-1230 1 🛣 2 🗆 F		48 YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 22	1944	Mai	yland
œ	9a. FACILITY NAME (If not institution, give street and number)					OR LOCATIO	ON OF DE	ATN	9c. CO	UNTY OF D	DEATN
07.	Memorial Hospital at E	asto	n	E	ast	on_				alho	t
HE	10a. STATE 10b. COUNTY		10c. CIT	y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
BY FUNERAL DIRECTOR	Maryland Caroline					Der	nton				1 X YES 2 NO
RAI	10e. STREET AND NUMBER				101	. ZIP CODE					WNAT COUNTRY?
Ä	13 South Eighth Street 11. MARITAL STATUS 12. WAS DECEDENT 1	EVED IN II O	4.04450	100		216				U.S.	
F	1 Never Married 2 Married FORCES? 1	YES 2	NO		If yes, sp	ecify Cube	n, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc	y Yes or No —		
	3 Wklowed 4 Divorced					2,00	эресну	,, 		Cauc	casian
TEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a	. DECEDENT'S (Give kind of v	vork done	during mo		g	16b, KIND OI	BUSINESS/IN		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. None		OT ONE	e retired.)							
MO	17. FATNER'S NAME (First, Middle, Last)		Clerk			18 MOTE	ER'S NA	ME (First, Middle, Ma	oer ma		
BE C	Unknown							Bell Ke			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES:	\$ (Street e	nd Number	or Rural F	Route Number, City o	Town, State, Z	ip Code)	
۴	Mary Jane Christopher		13 So	uth 1	Eigh	th St	ree	t, Dento	n, Mar	y1and	1 21629
	20e. METHOD OF DISPOSITION 1 Description	cemetery	CE AND DATE (her place)					LOCATION -		.,, -
	4 Donation 5 Other (Specify)	LCond	cord Co			ID ADDRES	S OF EN	14/20 D	enton,	Mary	/land
	Stoffe Only law	00	2					1 Home,	P.A.		
\dashv		_			Draw	er B	, Dei	nton, Ma	ry1and	216	529
	23. PART I. Enter the diseases, or complications that c shock, or heert fellure. List only one ceuse	on each	line.	ot enter	the mo	de of dyl	ng, suci	h as cerdiac or r	espiratory e	rrest,	interval Between
	IMMEDIATE CAUSE (Finel disease or condition)	س م		11.	0	4.5.	1.70)		Onset and Death
	resulting in death) a DUE TO (0	R AS A CON	ISEOUENCE OF):	Co	1 0 ×	500	y with	tree	in	mensac
N	Sequentially list conditions, 6.			1			2000) / (,	
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	R AS A CON	ISEOUENCE OF	7:							
E I	CAUSE (Disease or injury C.	R AS A CON	ISEQUENCE OF):							
F	resulting in deeth) LAST										
Ö	PART II. Other aignificent conditions contributing to de	ath but o	ot regulting i	n the us	ad anti-class		december 1 and	Deat Law			
MEDICAL			or raeuting i	ii ule di	ideriyinş	, cause g	iven in	PEI	S AN AUTOPSY RFORMED?	24b.	AVAILABLE PRIOR TO
Ē								1 YE	S 2 NO		OF DEATH?
								_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DE	EATN (Che	ick only one)			
YSI	1 VES 2 NO 1 Ninpatient 2 E	R/Outpatien	3 🗆 DOA	OTHER 4 - Nun		• 5 □ Ra	sidence	8 Other (Specify)			
E	27_MANNER OF DEATN 26a. DATE OF IN. (Month, Day,		28b. TIMI	URY		RK?		28d. DEŞCRIBE H	O YRULNI WC	CCURED	
ā	2 Accident Investigation	M.IIIOV — A	home form o	M I		ES 2 _	NO	201 1 2017 201 201			
MPLETED	3 Suicide 6 Could not be determined 286. PLACE OF II building, atc	(Specify)	t nome, term, s	croot, ract	ory, orner			28f. LOCATION (St City or Town, S	reet and Numbe itate)	or or Aural A	loute Number,
Ë	294. CERTIFIER CENTIFYING PNYSICIAN: To the best of any	knowledge	death occurre	d at the t	Ime date	and place	and due	to the assessed and			
흵	3 MINICAL EXAMINER: On the beals of sur	nination and	or investigation	n, In my o	pinion, d	eath occur	ed at the	time, date and place	a, and due to t	ned. he cause(a) and menner as stated.
BE CO	290 DIGNAFORE AND TITLE OF CENTIFIER		. h A	A A		29c. LICE					(Month, Day, Year)
10 B	/ Milling D/Sel	ICV	MI	/V)		1):	27	409	D 4	t-1'	7.93
\mathcal{I}	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE									7	7:15a.m M LACE (State or Foreign / Land Ind. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, White, atc. Approximate Interval Between Onset and Death 7 American Indien, American Indien, White, atc. Approximate Interval Between Onset and Death The American Indien, American Indien,
	Lawrence D. Bohan, M.D., 6	006 D	utchme	n's	Lane	, Eas	ston	, Maryla	nd 21	601	
	I 32 REUIS MAR 3	- GIUNAIUI)	Eh J. 00								



	ddle, Last)	10.5				2. DATE OF I			YEAR	3. TIME OF DEATH	
4	KATHRYN	KEV	KEWP DERBYSHIRE				April 26, 1993			1:35 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)			S. BIRTI	IPLACE (State or Foreign	
214-28-3449	1 🗆 M 2 💢	90	YRS.	MONTHS DAY	S HOURS MIN.	May 2	9, 1	902		ryland	
9e. FACILITY NAME (If not institu	ition, give street and number)			9b. CITY, TOV	N OR LOCATION OF O				NTY OF E		
William Hill Health Care Center Easton Talbot											
	b. COUNTY		10c. CIT					10d. INSIDE CITY			
Maryland	Maryland Talbot			McDaniel							
10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZI			IZEN OF	ZEN OF WHAT COUNTRY?		
			21647					U	S.A		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced			YES 2 NO II yes, specify Cuben, Mexica				can, Puerto Rican, etc.)			E — American Indian, k, White, atc. White	
	ENT'S EDUCATION ghest grade completed)		16a. DECEDENT'S	USUAL OCCUP	ATION	18b. KJN	O OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12		r 5 +)	life. Do NOT u	work done during ise retired.)	most of working						
9			House	ewife			Home	е			
17. FATHER'S NAME (First, Middl					16. MOTHER'S NA	AME (First, Middl	e, Malden	Surname)			
Joseph (Oliver Kemp				Ka	te Ing	man				
19a. INFORMANT'S NAME (Type			19b. MAILIN	ADDRESS (Str	set end Number or Rural	Route Number, C	City or Tow	n, State, Zi	p Code)		
	Roxbrough		1138	Greenw	ay Rd. A	lexandi					
20a. METHOD OF DISPOSITION					PLACE AND DATE OF DISPOSITION (Name conclary, crematory or other place) Oring Hill Cemetery					own, State	
4 🗖 Donation 5 🗆 Other (Sc	pecify)	pring H						on, Maryland 21601			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE AME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home 312 S. Talbot St. St. Michaels, Md. 2166											
23. PART I. Enter the disa										Approximata	
ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a											
	- HEW DE comen acter NR										
Sequentially list condition if any, leading to immedia		TO (OR AS	CONSEQUENCE	ρ - 9:							
cause. Enter UNDERLYING CAUSE (Disease or injury			_		2000						
thet initiated events resulting in death) LAST	DUE	TO (OR AS	CONSEQUENCE C	160 21.00				1984			
	a.					10/1				1	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEN? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
PART II. Other significant	conditions contributing	2				1	YES :	NO		OF DEATH?	
PART II. Other significant	conditions contributing	2				_ 11	YES :	NO			
PART II. Other significant	agthir	2		2	8. PLACE OF DEATH (C		YES :	NO		OF DEATH?	
25. WAS CASE REFERRED TO R EXAMINER?	MEDICAL HOSPITAL		potient 3 DOA	QTHER:	8. PLACE OF DEATH (C	theck only one)		NO		OF DEATH?	
25. WAS CASE REFERRED TO N	AEDICAL HOSPITAL 1 Inpetient	2 ER/Out	patient 3 DOA	OTHER: 4 A Nursing	Home 5 - Residence	theck only one)	pecify)		CCURED	OF DEATH?	
25. WAS CASE REFERRED TO R EXAMINER? 1 YES NO 27. MANNER OF DEATH TO Netural 5 Pe	MEDICAL HOSPITAL 1 Inpetient 28e. DATE (Mon	2 ER/Out	28b. TI	OTHER: 4 / Nursing ME OF 280	Home 5 - Rasidence	theck only one)	pecify)		CCURED	OF DEATH?	
25. WAS CASE REFERRED TO IN EXAMINER? 1 YES NO 27. MANNER OF DEATH THE Natural 5 Pe 2 Accident Inv 3 Suicide 8 Co	AEDICAL HOSPITAL 1 Inpetient 28e. DATE (Monitoring estigation) 28e. PLAN	2 ER/Out	28b. Til	OTHER: 4 / Nursing ME OF 280 JURY M 1	Home 5 Residence INJURY AT WORK? YES 2 NO	theck only one) 8 Other (S) 28d. DESCRI	pecify) BE HOW	INJURY O		OF DEATH?	
25. WAS CASE REFERRED TO REXAMINER? 1 YES NO 27. MANNER OF DEATH TO Natural 5 Pe 2 Accident Inv 3 Suicide 8 Co 4 Homicide 6 Co 4 Chock only CERTIFIER	AEDICAL HOSPITAL 1 Inpetient 28e. DATE (Mon uld not be	2 ER/Out E OF INJURY th, Day, Year) CE OF INJUM ling, etc. (Spe	Y — Al home, farm,	A JURY M 1 street, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office	as Other (S) 28d. DESCRI 28f. LOCATIC City or 1	Decity) BE HOW DN (Street	and Numb	er or Rural	OF DEATH? 1 □ YES 2 □ NO Route Number,	
25. WAS CASE REFERRED TO IL EXAMINER? 1	MEDICAL HOSPITAL 1 Inpatient 28e. DATE (Mon estigation uld not be lermined 28e. PLA build YING PHYSICIAN: To the be- LL EXAMINER: On the besia	2 ER/Out E OF INJURY th, Day, Year) CE OF INJUM ling, etc. (Spe	Y — Al home, farm,	A JURY M 1 street, factory,	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, end du on, death occured at th	as Other (S) 28d. DESCRI 28f. LOCATIC City or 8	Decity) BE HOW DN (Street	and Numb	er or Rural	OF DEATH? 1 YES 2 NO Route Number,	
25. WAS CASE REFERRED TO BEXAMINER? 1 YES NO 27. MANNER OF DEATH T Netural 5 Pe 2 Accident 3 Suicide 8 Co 4 Homicide 8 Co 4 Homicide CERTIFICATION 2 MEDICAL SIGNATURE AND TITLE O	AEDICAL HOSPITAL 1 Inpettent 28e. DATE (Mon estigation uld not be lermined 28e. PLA build ying PHYSICIAN: To the be LL EXAMINER: On the besis	2 ER/Out	28b, Till In In In In In In In In In In In In In	ATHER: 4 (Phyrating ME OF INJURY M 1 street, factory, med at the time, ion, in my opinion	Home 5 Residence INJURY AT WORK? YES 2 NO office	as Other (S) 28d. DESCRI 28f. LOCATIC City or Ti te to the cause(te time, date end	Decity) BE HOW DN (Street	and Numb	er or Rural	OF DEATH? 1 □ YES 2 □ NO Route Number,	
25. WAS CASE REFERRED TO R EXAMINER? 1 YES NO 27. MANNER OF DEATH TO Natural 5 Pe 2 Accident 3 Suicide 8 Co 4 Homicide del 29e. CERTIFIER CERTIFICATION CHECK Only One) 2 MEDICATION CHECK ON TITLE O 30. NAME AND ADDRESS OF P	AEDICAL HOSPITAL 1 Inpettent 28e. DATE (Mon estigation uld not be lermined 28e. PLA build ying PHYSICIAN: To the be LL EXAMINER: On the besis	2 ER/Out	28b. Till Y – Al home, farm, city) viedge, death occur on end/or investigat	A CONTROL OF A CON	Home 5 Residence INJURY AT WORK? YES 2 NO office date end place, end du on, death occured at th	a Other (S) 28d. DESCRI 28f. LOCATIC City or N 18 to the cause(18 to the cause) 18 to the cause(18 to the cause)	Decity) BE HOW ON (Street bown, State a) and ma d place, as	and Numb	er or Rural sted. the cause	OF DEATH? 1 YES 2 NO Route Number,	



-	FOR STATE REGISTRAR
	TIEGIOTIVACI

1 - STATE REGISTRAR		STATE OF M			TMENT) MEN	TAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
IDA	A B	EATRESS	DUN	CAN				MC	ONTH DAY 4 1 (93	5:11 P M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1		F UNDER 24 HRS	- 101	ATE OF BIRTH fonth, Day, Year)		e. BIRTH	PLACE (State or Foreign
407-48-44		1 □ M 2 🔀 F	52	YRS.	MONTHS	DAYS H	OURS MIN.		-29-19	40	Ker	tucky
9a. FACILITY NAME (If not ins	stitution, give stre	et and number)			9b. CITY, T	OWH OR L	OCATION OF	DEATH		9c. COUNT		
Memorial	Hospi	tal at	Easton	n	Easton							
RESIDENCE OF DEC	10b. COUNTY			10c CITY	Y, TOWN OR	LOCATION	,					
Maryland	Ша	lbot		100.011		2.00						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	<u></u>	IDOL		1	East		P CODE			10a CITIZI	EN OF W	1 XYES 2 NO
122 Chopt	ank A	venue				5,000,000	2160	1		US		HAI COUNTRY?
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AF	RMED	13. W				GIN? (Specify Yes			- American Indian
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, stc.) Black, W						— American Indian, White, etc.						
3 Wildowed 4 Divorced Specify: Specify: Whit												
	highest grade of		(G	iive kind of w	USUAL OCC	UPATION	l working		16b. KIND OF BUSI			
Elementary/Secondary (0-	12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)					_		
8			Pa	atler	nt Si				Medica			
17. FATHER'S NAME (First, Mic									st, Middle, Malden S	umame)		
Dewey Walk 19a. INFORMANT'S NAME (TV)		ith					Viola					
James M.	411								umber, City or Town, .chaels			.663
20g METHOD OF DISPOSITION	ON Some	-14	20b. PLACE	ANDDATEO	F DISPOSITI	ON (Name o	of	D	ATE 20c. LOC	ATION — CI	ty or Tox	vn, State
4 Donation 5 Other		al from State	Oxf o	ord (her place) Cemet	ery		4-1	9 Oxf	ord,	Md	. 21654
21. SIGNATURE OF FUNERAL	ERVICE LICE	NSEE 4				ME AND	ADDRESS OF					
1/1/ 点/	Jeen	1 em I	Def	57	200	vnam	Fune	erai	Home, on St.,	P.A	+00	MD 2160
23. PART i. Enter the dis		Asses and a second				o mode	11all	TEC	ordina presenta	Las	COI	
ahock, or he iMMEDIATE CAUSE (Fine	art fellure. Li	st only one ceus	e on each line).	1 .							Approximate Interval Between Onset and Death
disease or condition	-	Arter	ringel	2207	ti (6	11/1	In stace	cul.	ar Dis	0056	0	years
resulting in deeth)	a .	DUE TO (OR AS A CONSE	DUENCE OF	7):		V/001	uu	W V13	eu ·		fin
Sequentielly list condition if any, leading to immed		DUE TO (OR AS A CONSE	DUENCE OF	7:							
cause. Enter UNDERLYIN CAUSE (Disease pr injur												
that initiated events resulting in death) LAST		DUE TO (OR AS A CONSE	DUENCE OF	7:							
resulting in death) Ex31	d.											
PART ii. Other aignificer	nt conditions	contributing to d	leath but not r	eauiting is	n the unde	eriying ca	use given	in Pert i.	24s, WAS AN A	UTOPSY	24b	WERE AUTOPSY FINDINGS
									PERFORM	ED?	1 245.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TES 2	NO		OF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PLACE	OF DEATH	Check nah	r one)			
EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER:		KResidenc					
27. MANNER OF DEATH		28s. DATE OF I	NJURY	28b. TIME	OF 26	c. INJURY	AT	Y	DESCRIBE HOW IN.	JURY OCCU	RED	
1 Netural 5 P	ending restigation	(Month, Day	(, Year)	INJL		WORK?	2 NO					
2 C 2-1-14	could not be	28s. PLACE OF	INJURY — At ho	me, farm, st	treet, factory	, office		28f. L	OCATION (Street an	d Number or	Rural Ro	oute Number,
	etermined	building, e	tc. (Specify)					· °	ilty or Town, State)			
29a, CERTIFIER 1 CERTI	FYING PHYSICI	AN: To the best of n	v knowledge de	ath occurre	d at the time	, date and	I place and d	ue to the	coupole) and man			
												and manner as stated.
290. SIGNATURE AND TITLE O		1					c. LICENSE N					
I Sola.	Alon	, NID				1	D681	6 4		▶ 4	SIGNED	Month Day, Year) 7 193
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,	4 4	orio	-01	1	<u> </u>	17		4021/61
31. DATE FILED (Month, Day, M		32. REGISTRAR			wwn	pric	at M	05/	Tas	101	7/	11/2/00/
APR To 19	193	of we was week 14										

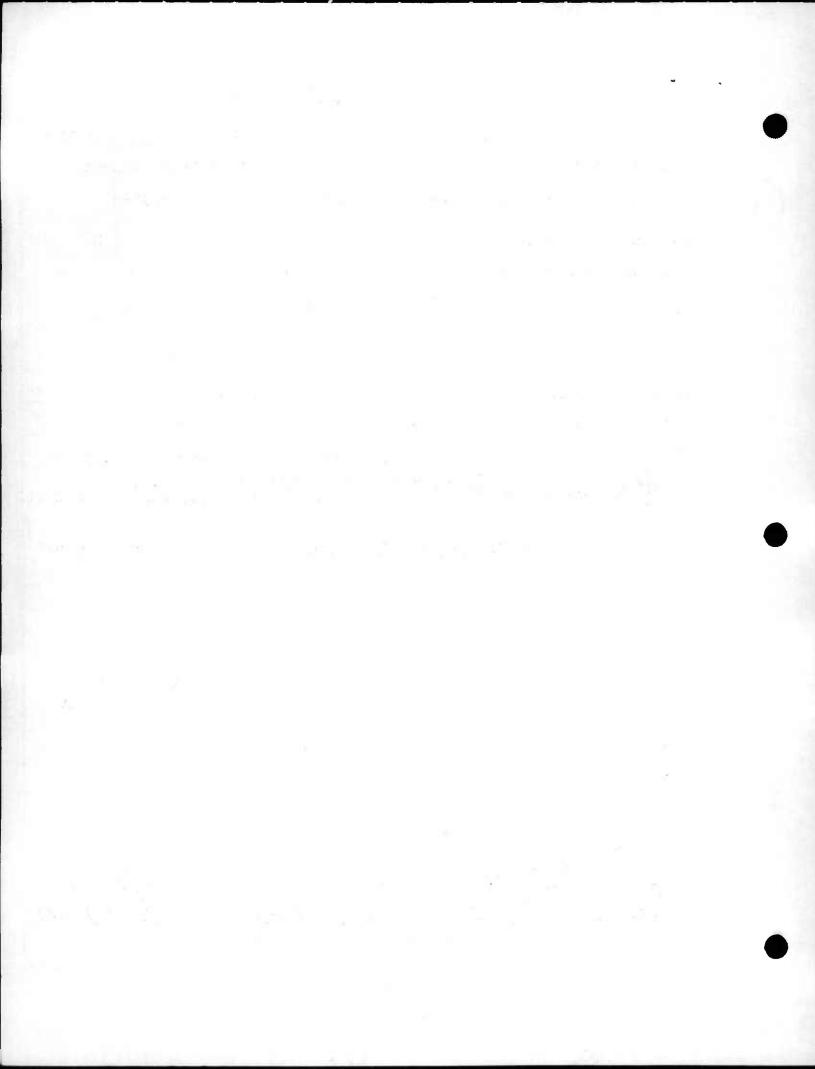
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

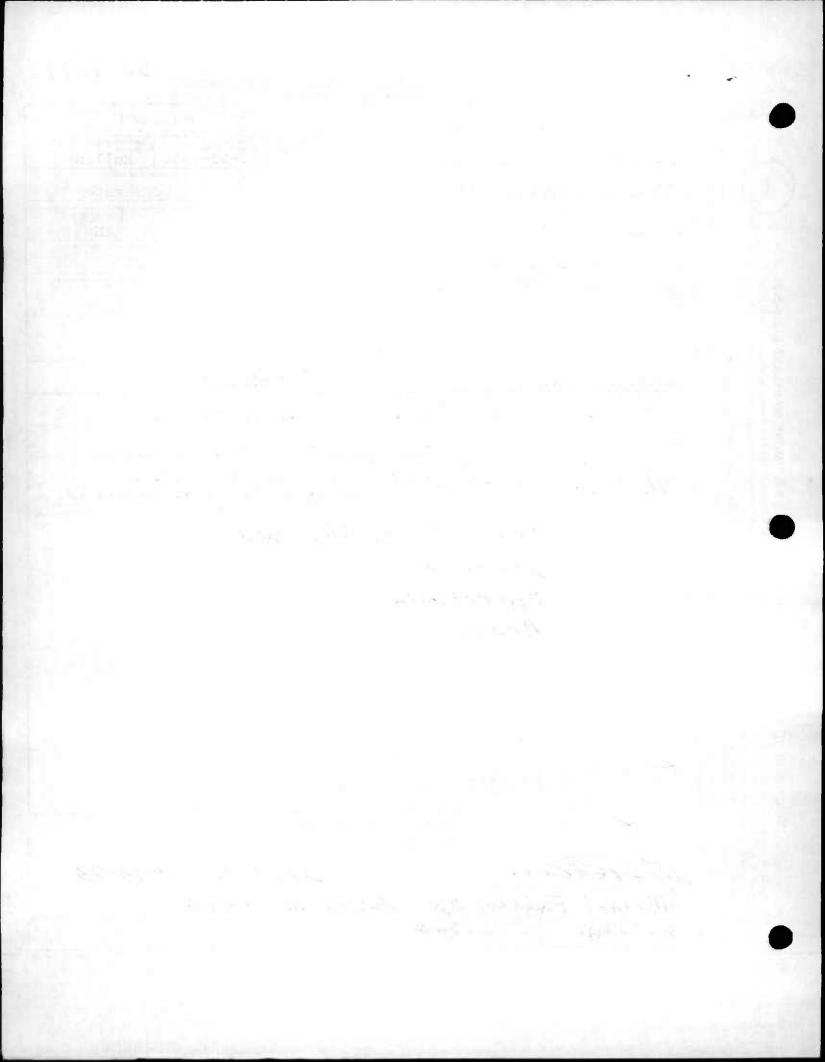
DHMH-16 Rev 1/89



etache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIF	ICALE OF	DEAL	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WILHELMINA A	de ROOY	7			2	2. DATE OF DEATH NAMED TO THE PARTY OF THE P	v 10	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. last birthday)							
			6 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS	MRI. 7	7. DATE OF BIRTH (Morith, Day, Year) 10-23-15	906	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOWN	OR LOCATIO				TTY OF DEA	
POR	William Hill Heal	th Care		Cambridge Dorch						
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I 40. 0/7	V 70001 00 100						
BY FUNERAL DIRECTOR	Maryland Talb	ot	10e. CIT	Y, TOWN OR LOCA Easto						Od. INSIDE CITY LIMITS? XYES 2 NO
AL	10e. STREET AND NUMBER			10	H. ZIP CODE			10a, CITI		AT COUNTRY?
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7	1 Never Married 2 Merried IF V 3 X Widowed 4 Divorced	YES, GIVE WAR OR DA	TES	1 Tyes, s		Specify:	Puarto Rican, etc.)		Specify:	White, etc.
	3 X widowed 4 Divorced				AA				W	hite
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade complete	ed)	16a. DECEDENT'S	USUAL OCCUPATI	ON of working		16b. KIND OF BUS	INESS/IND	USTRY	
Щ		pe (1-4 or 5 +)	Me. Do NOT us	se retired.)	ost or working	,				
릴	8		Homem	aker						
ő	17. FATHER'S NAME (First, Middle, Last)			uno _x	18. MOTH	ER'S NAME	(First, Middle, Meiden S	Cumamal		
BE C	Adrianus Barton						known"	our reiney		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number o	or Rural Rout	te Number, City or Town	, State, Zip	Code)	
Ĕ	William J. Vander		8 N.	Locus	t St.	. , E	aston, M	ID 2	1601	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from 4 Donation 3 Other (Specify)	m State 20b.	PLACE AND DATE O	ther nlecel					Ity or Town,	
	21. SIGNATURE OF FUNERAL SURVICE LICENSEE	IWC	odlawn	Memor	ND ADDRESS	Park	4-13 F	last	on, N	MD
	M. E. Dewn	m	CEEK	New			ral Home	D 7	Λ.	
	M. tulleun	eun	CFSI	200	SI	Jarr	ison St.	T.	ator	o MD
	23. PART I. Enter the diseases, or complic	etions thet caused	the death. Do n	not enter the me	ode of dvin	g, auch a	s cardisc or respir	atory arm	as cor	Approximate
	snock, or neart failure. List onl	ly one cause on ea	ch line.					atory and	, ,	intervai Between
IMMEDIATE CAUSE (Finsi / / / / / / / Onset and									Onset and Death	
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TIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A DUE TO (OR AS A	TIM		ad s	TAL				
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FOR

STATE OF MARY! AND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

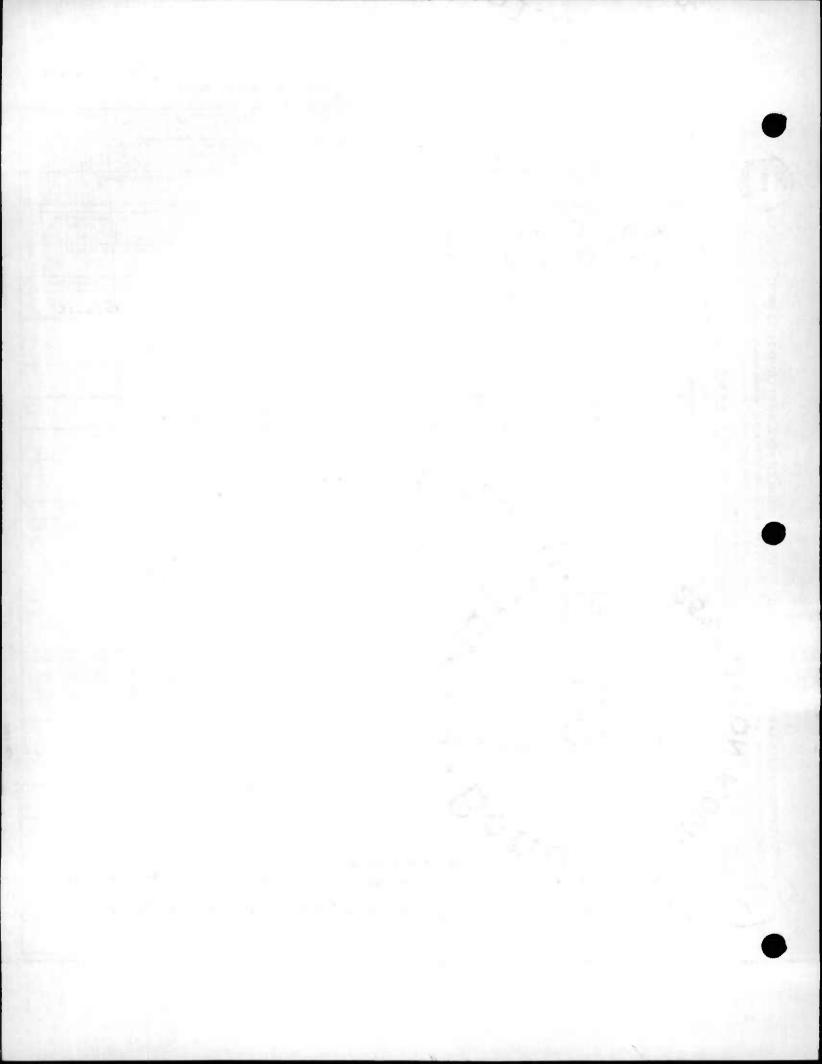
	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	I	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH		3. TIME OF DEATH	
	DOROTHIA	DAVIS				MON	лн м)4 1		5 46A	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. DAT	E OF BIRTH		. BIRTHPLACE (State or Fore	
	223-40-9237	1 🗆 M 2 💢 F	58 YRS.	MONTHS DAYS	HOURS I	107	10/34	7	virginia	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION			T	Y OF DEATH	
10	PRINCE GEORGE'S	HOSPITAL CEN	ITER	CHEV	ERLY			PRINC	E GEORGE'S	
DIRECTOR	10a. STATE 10b_COUNT	/	10c. CIT	Y, TOWN OR LOCA	TION	1 and			10d. INSIDE CITY LIMITS?	
		NEE TO	A-50 C	CEN	MU	100			1 X YES 2 N	
FUNERAL	2091 Ree	10	20706			100	IN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	13. WAS DEC	IISPANIC ORIG fexican, Puerto Specify:	IN? (Specify Yes Rican, etc.)	or No- 1	I. RACE — American Indian Black, White, etc. Specify Paul C		
	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	10	b. KIND OF BUS	SINESS/INDUS		
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT us							
릴	12		Socia	al Servi	ce Cle	rk	Gove	rnment		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER	'S NAME (First	Middle, Malden	Surname)		
BE C	Harry Reginald	Carter			Jos	ephine	Irma I	Butler		
2	19a. INFORMANT'S NAME (Type/Print) William J. Davi	s	19b. MAILING 2901	Reed S	nd Number or	Rural Route Nu	mber, City or Town	n, State, Zip C	0000) 0706	
	209 METHOD OF DISPOSITION									
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Ob. PLACE AND DATE of the terry or of the terry of the terry or of the terry o	ther place!					y or Town, State	
	21. SIGNATURE OF HUNERAL SERVICE L	ICENSEE	laryland (Cemet		3 Che.	ltenha	m, MD	
	(Stempy	6. Neal	Se,	J.B	 Jenk 	ins Fu	neral I		MD	
CERTIFICATION	Interval Between Onset and Death Interv									
DICAL	PART II. Other significant condition	ns contributing to death	but not resulting	g ceuse give	t i. 24e. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?			
									1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEAT	H (Check only	one)		1	
2	EXAMINER? 1 XYES 2 NO	HOSPITAL:	stastiant 2 - no.	OTHER:		-				
	27. MANNER OF DEATH	26a, DATE OF INJUR	Y 28h TIM	4 Nursing Hon		- 1	er (Specify) ESCRIBE HOW II	HIIDV OOCH	DED.	
	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	A INJ	M 1 .	RK?		EŞCHIBE NOW II	NJURY OCCU	NEU	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (S)	RY — At home, farm, a pecify)	street, factory, offic	a		CATION (Street a y or Town, State)	and Number or	Rural Route Number,	
COMPLETED		BICIAN: To the best of my kno ER: On the basis of axaminst								
NE NE	29b. SIGNATURE AND TITLE OF CERTIFIE	Works !	en utyline	diceif	29c. LICENS		2		SIGNED (Month, Day, Year) -17 -9 3	
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Bury R	1 H	ETT	11+ N	112	7771	
	31. DATE FILAD TO POT DOS OF 1993	32. REGISTRATES SK	SNATURE Pandal		. 119	7/110		~ ~		

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

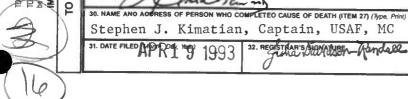


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/	To THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	2	(MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eve

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH , 1993 YEAR April 13, Rana Blankumsee Davis 12:31 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 1 🗌 M 2 灰 F HOURS 265-50-5374 YRS. 57 2-29-36 Florida 9s. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Georges 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George Oxon Hill 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1822 Knoll Drive 20745 United States 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexicen, Puerto Rican, etc.)
1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. ORCES? 1 YES 24 YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Teacher Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Ezekiel Blankumsee BE Fannie Sanders notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charlie F. Davis Kno11 Drive, Oxon Hill MD 20745 Pe 20e METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 4/19/95 4 Donation 5 Other (Specify) Maryland Veterans Cemetery Cheltenham, MD 21. SIGNATURE OF FUNERAL SERVICE LICENS examiner 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 48 4001 Benning Road, N.E., Wash. D.C. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate hock, or haert failure. List only one ceuse on each line. intarvei Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition . Complications secondary to Metastatic Colon Cancer recuiting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL any COMPLETION OF CAUSE 1 TYES 2 NO shows 1 YES 2 NO SICIAN 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 ☑ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 - Residence 8 - Other (Specify) ö PHY 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, fonth, Day, Year) 1 X Natural 5 Pending investigation 1 TYES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide DIRECTOR: A Dours after d ETED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide 29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. COMPL (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner es stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

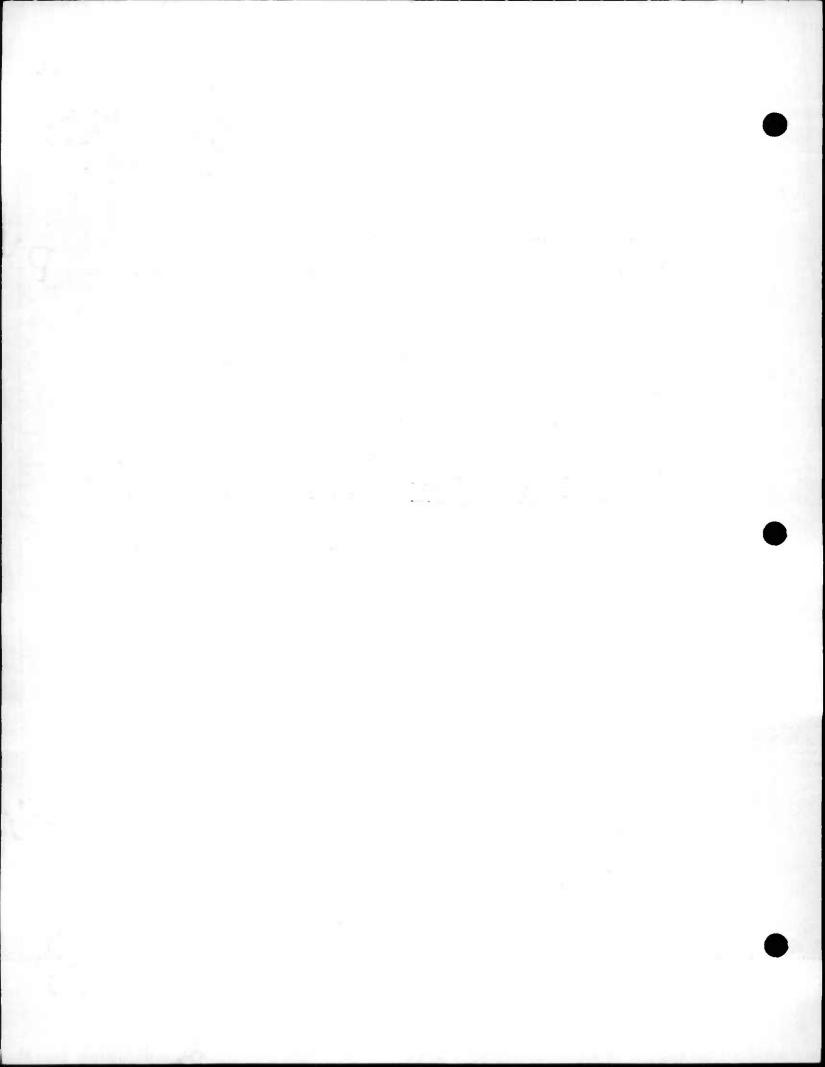


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April 13, 1993

Malcolm Grow USAF Medical Center

Andrews AFB, MD 20331-5300

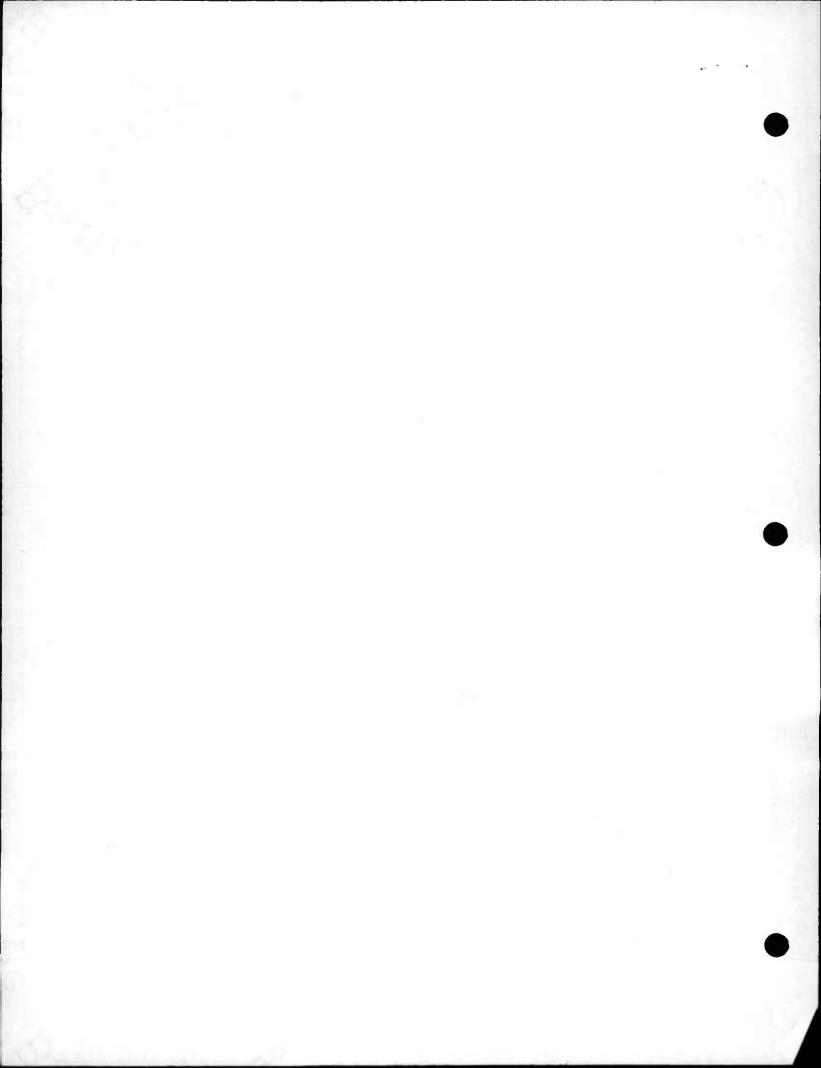


notified at once.

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	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
death with the state Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	medical
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATN			3. TIME OF DEATN	_
19	MARIE	POSEY	7		D	ΑY		APRIL	30.1	993	PAR	12:36 AM	
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF			a BIRTH	IPLACE (State or Fore	lan
9	215-34-3379	1 M 2 V F	97	YRS. MONTHS DAY			HOURS MIN.	(Month, i	(Month, Day, Year)		Countr	y)	nyn
1		9a. FACILITY NAME (If not institution, give street and number)						FEB.	15,1			RYLAND	
Œ							R LOCATION OF D	EATN			NTY OF D	EATN	
DIRECTOR	PHYSICIANS MEMO	DRIAL HOS	PITAL		LA PLATA CHARLES								
2	10e. STATE 10b. COUNT	Y		10c CIT	Y, TOWN OR I	OCAT	ION						
E	MARYLAND CHAI	OT EC			JEMOY		ion ion				- 1	10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	VEES		IVAI	JEMOI	_						1 YES 2 X N	10
A.		_				0.00	ZIP CODE					HAT COUNTRY?	
FUNERAL	BOX 57 ROUTE #425					2	20662			UNI	red s	TATES	
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	MED	13. WAS	DEC	ENDENT OF HISPAI	VIC ORIGIN?	Specify Yes	or No-	14. RACE	— American Indian	,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		140			polfy Cuban, Maxica 2XXX NO Specific		an, etc.)		Specif	, White, elc.	
	3K Millowed 4 Divolced	l			l							BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCU	PATIO	N of of westing	16b. K	IND OF BU	SINESS/INI	DUSTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5+	1/fee	. Do NOT us	se retired.)	ng mos	at or working						
更	10TH GRADE	NONE	HO	MEMAK	ŒR			PRI	VATE				
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	ME (First, Mid	dle, Maiden	Surname)			
BEC	WILLIE MONTGOMERY	Y					ROSIE DI						
	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S)	met er	nd Number or Rural				Codel		
2	CLARICE COBEY						DY, MARY		2066		J C000)		
	20a. METNOD OF DISPOSITION			-		_							
	1 N Burial 2 Cremetion 3 Rem	oval from Stata			OF DISPOSITION			DATE	20c. LO	CATION —	City or Tox	wn, State	
	1 Sunsil 2 Cremetton 3 Henoval from State 4 Donalton 5 Other (Specify) 21. Signature of Funeral Service licensee								RYLAND				
ì	Budia Ch	autor .	hopes	one,	22. NA	AE AN	D ADDRESS OF FA	CILITY					
- 1	INDIA C. THOR		SON	0, -	THO	RNI	ON'S FU	NERAL	HOME	. PON	10NKE	Y, MARYL	AN:
	23. PART I. Enter the diseasea, or			ath Do c									
	shock, or heart fellure.	Liet only one caus	se on each line).	iot enter the	7 11100	de or dynig, soc	n es cardie	c or reepi	ratory en	rest,	Approximete interval Bets	
											Onset and I	Death	
- 1	disease or condition resulting in deeth) a. Congestiene Heart Failure acute DUE TO (OR AS A CONSEQUENCE OF):										our		
Ì	DUE TO (OR AS A CONSEQUENCE OF):										,		
Z I	Sequentially list conditions, Sequentially list conditions,									12 day	2		
Ĕ	If any, leading to immediate			AS A CONSEQUENCE OF):									
<u>ੂ</u>	CAUSE (Disease or injury	c. Veu	ul Eff	FLOSION SEQUENCE OF:						15 dz	45		
E I	that initiated events												
CERTIFICATION	reaulting in death) LAST	d. Flu	Viru	Zr	feete	m	-					2000	
	PART II. Other algnificant condition	a contribution to	death but not a		n Aba anda	1. 1				141 22241			
EDICAL	THURSTE	contributing to		esuiting i	n the under	lying	cause given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO	
ă	THYROID GO	017612	17445					_ 1	YES 2	NO		COMPLETION OF CAU OF DEATH?	JSE
	ARTHRITIS	CR1	PPLIN	6 7	YPE			- 1			- 1	1 YES 2 NO	
z I	OLD AGE	/											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				2	8. PL/	ACE OF DEATH (Chi	ck only one)					_
8	EXAMINER?	HOSPITAL:	□ DOA	OTHER:		4 C 5 W 1		227				_	
≟	27. MANNER OF DEATN	26s. DATE OF		28b. TIM		_	5 Residence	28d. DESCR		I II II II OO	CURED		
	1 Netural 5 Pending	(Month, Da	y, Year)	INJ	URY	WOF	RK?	ZOG. DEGCH	ADE NOW II	NOW OC	COHED		
à	2 Accident Investigation	26. PLACE OF	IN HIDY As be	4			ES 2 NO						
	3 Suicida 8 Could not be 4 Nomicide determined	building, e	INJURY — At he itc. (Specify)	me, Iarm, s	rreet, factory,	offica		281, LOCATE City or 1	ON (Street a lown, State)	ind Number	or Rural Ro	oute Number,	
L .	A STATE OF THE STA												
ᆲ	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of r	my knowledge, de	ath occurre	d at the time,	data i	and place, and dua	to the cause	(a) and men	ner se stat	ted.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of ax	emination and/or i	nvestigatio	n, In my opini	on, de	eath occured at the	time, deta an	d place, en	d due to th	e cause(a)	and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIEF						29c. LICENSE NUM						
B	anelio C. de	00	40			,		JEN				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED	E OF DEATH (ITTE	4.070.07	(Defeat)	1	D-16160			- 0	4-3	0-90	
						_							
	AURELIO C. DE LAP	AZ M.D.	r.U. BO	X 12:	30 LA	PI	LATA MD.	20646	<u> </u>				
	31. DATE FILED (Month, Day, Year) 93 32. REGISTRAR'S SIGNATURE Julia Davidson Randette.												



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detable filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	FOR 1 STATE	STATE OF I	MARYLAND							AI HYGIEN	IF	93	13/7
	REGISTRAR	_			ICATE					REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)		**						MON		WAY	YEAR	TIME OF DEATH
	Brian 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	Du f	-	IF UNDE	24 MDR		4 17 E OF BIRTH	1	2 2 4	ACE (State or Foreign
	512 66 2105	1 M 2 D F	23	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)	. 70	Country)	
	9a. FACILITY NAME (If not institution, give		En J		9b. CITY,	TOWN C	PI LOCATI	ON OF O		nuary 4	-	Mas	
O.	Route 2 and Vi	rginia	Avenue		F F	dae	ewat	ar			Ann	0 1 20	undel
E .	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT										LAIIII		
DIRECTOR	Maryland Howa			100. 01	10c. CITY, TOWN OR LOCATION Ellicott City							10	Id, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				101	ZIP COD	Ε		_	10g. CITIZ		T COUNTRY?	
E	3622 Rusty Rim						21	043				S.A.	
FUNERAL	11. MARITAL STATUS R Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DEC	ENDENT (OF HISPA	NIC ORIG	IN? (Specify Yes			American Indian, /hite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1110			2 NO			Hican, atc.)		Specify:	
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Ē	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	iii	Give kind of its. Do NOT us	work done di se retired.)	uring mo:	st of worki	ng	1"				
COMPLET	SCHEME ESSERVING		S	tuden	t					Catons	vlle	Commu	nity Col.
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Sumeme)		
8	George E Dui	fy						rily			rkey		
2	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow			
.	George E Duffy 20a. METHOD OF DISPOSITION		100					lico		City Md			
H	Buriel 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	cemetery cr	ematory or o	of DISPOSIT			•	DA			>ty or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ G	90a S	nepne 22. N	AME AN	D ADORE	SS OF FA	CILITY	21 E11	.1cott	City	Md.
	+ Harry)	4. W.	take	,						neral H			City 2104
	snock, or near tenure. List only one ceuse on sech lins.									Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant condition	ot resulting in the underlying cause given in				In Part I. 24s. WAS AN AUTOI PERFORMED? 1 YES 2 No			AVAILABLE PRIOR TO				
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH /Ch	eck only o	(ne)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:						At so	cene	
PHYSICIAN:	27. MANNER OF DEATH	28e. OATE OF	INJURY	28b. TIM	E OF 2	Bc. INJU	IRY AT			SCRIBE HOW II			ot involved
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Di		3:21	PM	1 Y		40		ight,air			11
ED 8	3 Suicide 6 Could not be	28a. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, tarm, s	street, factor	y, offica			281. LO	CATION (Street a	and Number	or Burni Bout	
ETE	4 Homicide determined		FIELD							ARUNDEL			irginia Ave.
COMPLET	29e. CERTIFIER (Check only one) 2												d manner or state d
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE			a and prece, an			
BE	M	700	_								29d, DATE		onth, Day, Year)
2	30. NAME AND ACORESS OF DEPISION WIL		E OF OEATH (ITE	М 27) (Туре,	Print)		0.	C.M	F.	<u>-</u>	0.4	19	1993
	31. DATE FILED (Month, Day, Year)		1 1	1 Pe	nn S	tre	et,	Вa	ltir	nore,	Mary	rland	21201
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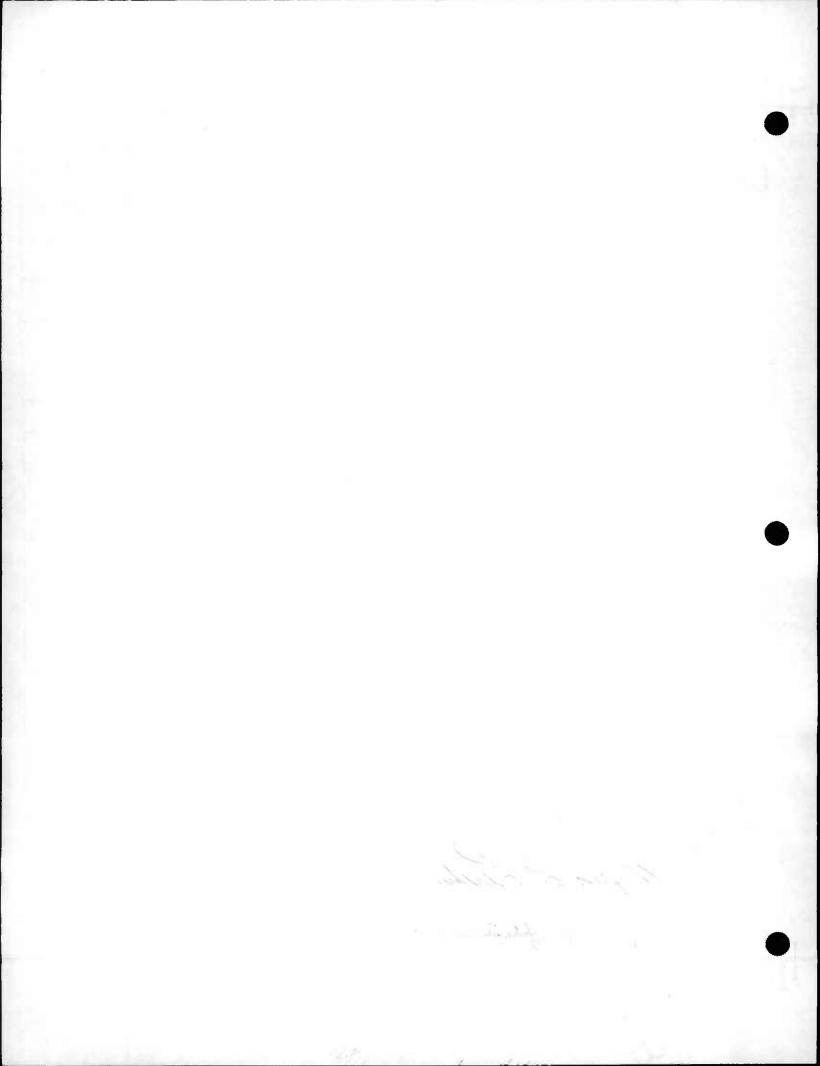
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

100, 100 BOX 60 00, BALLIMONE, MANTLAND ZIZIS-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 as the filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to bunal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	3 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deot, of Health and Mental Molene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic

TO BE COMPLETED BY FUNERAL DIRECTOR

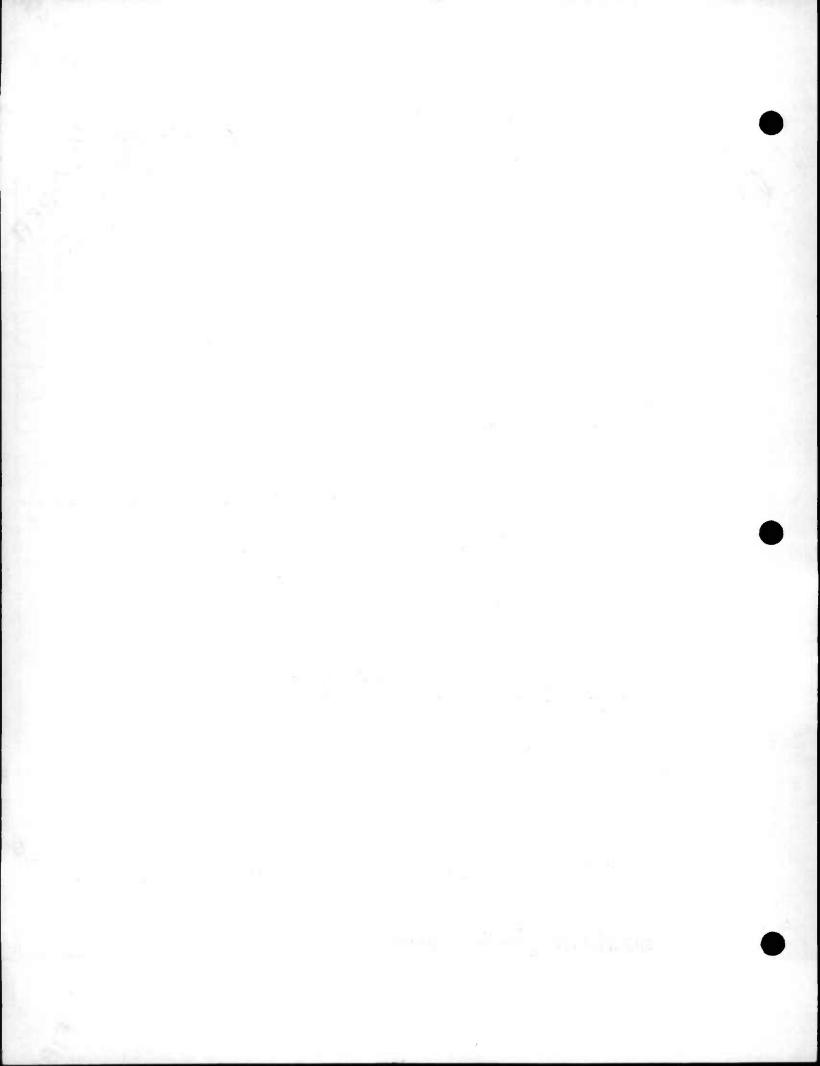
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATN
	Thomas Edv	vin Doubt	5		April 27	1993 YEAR	1:47 A M
4. SOCIAL SECURITY NUMBER	7.77		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	TTHPLACE (State or Foreign
196-09-6212		77 YRS.			April 11,	10101 -	ennsylvania
9a. FACILITY NAME (If not institution, give st				R LOCATION OF DE	ATN	9c. COUNTY OF	DEATH
Collingswood Nursing &	Renabilitation	n Center	Rockvi	lle		Montg	omery
10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Monto	gomery	Roc	kville				LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
621 Edmonston Dri	ive			208	851	United	States
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		CE — American Indian, ick, White, atc.
1 Never Married 2 Married 3 Wildowed 4 X Divorced	IF YES, GIVE WAR OR D		1 TYES	2 NO Specify	n, Puerto Ricen, etc.)		ecity:
15. DECEDENT'S EDUC	ATION	16. DECEDENTION				10.000000000000000000000000000000000000	White
(Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working	16b, KIND OF BU	SINESS/INDUSTRY	
12	College (1-4 or 5+)	Steel	Worker		Rethleh	em Stee]	
17. FATHER'S NAME (First, Middle, Last)		00002	NOT KOT	18. MOTHER'S NAI	ME (First, Middle, Maiden		-
Edward Doubt				Kathry		authamo,	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tox	rn, State, Zip Code)	
Thomas J. Doubt			as 10				
20s. METNOD OF DISPOSITION 1 Burial 2/A Cremation 3 Remo	noni from State	. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LC	CATION — City or	Town, State
4 Donation 5 Other (Specify)		Suburban	Cremat	ory	4-28 Sil	ver Spri	ng, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Bann	LIDETA	Services,	РΔ	
Clen y	V. Rap	P	933 6	Gist Aven	nue, Silve:	r Spring	. MD 20910
23. PART I. Enter the diseeses, or c	omplications that cause	d the death. Do no	t enter the mo	de of dying, auch	as cardiec or reap	fratory arrest.	Approximate
ahock, or heart fallura. I IMMEDIATE CAUSE (Final	list only one ceuse on e	ach line.		, .	•	,	interval Between Onset and Death
disease or condition resulting in death)	Acute Car	diorespir	atory (rract			Sudden
resourcing in death)	DUE TO (OR AS	CONSEQUENCE OF):	doory 7	11030			Joudell
Sequentially list conditions,	Arteriosc	elerotic H	leart Di	.sease			10 years
if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):					
CAUSE (Disease or Injury	DUE TO LOD AS	CONSEQUENCE OF):					
that initiated events resulting in deeth) LAST	DOE TO (ON AS)	CONSEQUENCE OF):					
PART II. Other aignificent conditions				ceuse given in i	Part I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS
Chronic Obstruc	tive Pulmona	ry Diseas	e		1 _ YES 2	V	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ick only one)		
1 TYES 2 XNO	1 Inpetient 2 I ER/Outs	ontlent 3 DOA 4		5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATN 1 X Natural 5 Pending	(Month, Day, Year)	28b. TIME (WO WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation				ES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, etc. (Spe-	— At home, farm, stri cify)	eet, factory, office		28f. LOCATION (Street City or Town, State)	and Number or Rura	l Route Number,
29a. CERTIFIER						- :	
(Check only	SAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(s) and mai	oner as stated.	
296. SHOMATURE, AND TITLE OF CERTIFIER	t: On the basis of examination	n and/or investigation,	in my opinion, de			d dun to the cause	(s) and manner as stated.
A STATE OF CENTRES	Lan	/		29c. LICENSE NUM			D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATM (ITEM 27) (5	-()	D 0667	4	April	27, 1993
Myron L. Lenki				ood 0.	Tues O	Aug. C	2000
31. DATE FILED (Month, Day, Year)	A LEGISTRATISSICA	ATUNIC CUE	ттето К	uad, Si	lver Sprin	ng, MD 2	J902
APR 3 0 1993	France veriles an						Ì



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	A COMPANY
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit.	Page 1 at 1 at 1
De Tiled Wittiin 72 hours after death with the State Dept. of Health and Merital Hydiene phor to bunal, cremation, or removal.	- 521-F136
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	RICHARD Z	JOSEPH PRAM	D'ER.		2. DATE OF DEATH		Ý 3	3. TIME OF DE	ATH 2 Am M
	4. SOCIAL SECURITY NUMBER 128-12-6040	1 X M 2 □ F		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 6, 1	916	Country	PLACE (State of YORK	
TOR	99. FACILITY NAME (if not institution, give standard CROSS HOS RESIDENCE OF DECEDENT	SPITAL			SPRING	EATH	9c. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	10s. STATE 10b. COUNTY	GOMERY	10c. CITY,	ATION 10d. INSIDE LIMITS?						
FUNERAL	11927 VETRS MII	L ROAD, #40)1	101	2090	6	EN OF W	HAT COUNTRY	7	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) y:	or No-	Specify	American in white, atc.	ndlan,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	ON st of working	MONTGOM	ERY C	USTRY OUNT		
	12. 17. FATHER'S NAME (First, Middle, Last) ANTHONY	'ERAMO	SALESMAN	<u> </u>	16. MOTHER'S NA	LIQUOR ME (First, Middle, Maiden	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	D'ERAMO				REFNETT 1		Code)		
	DENNIS ANTHONY D'ERAMO 20e. METHOD OF DISPOSITION 1XI Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cartery of other place) CATE OF HEAVEN CEMETERY 5/1 SILVER SPRING 1. IN CARTERY 1. MD 20770 20c. LOCATION — City or Town, State CATE OF HEAVEN CEMETERY 5/1 SILVER SPRING 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE OF THE AVEN CEMETERY 1. IN CATE									
	21. SIGNATURE OF FUNERAL SERVICE LIC	type		100	J. COL					20901
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate intervel Between Onset and Deeth Onset									
¥	PART II. Other eignificant conditions Ocute, my Multysh	contributing to death	but not resulting in	the underlying	teor	Part i. 24e. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY AMAILABLE PRICE COMPLETION DO OF DEATH? 1 YES 2	PR TO F CAUSE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	stpetient 3 DOA 4	THER:	ACE OF DEATH (Ch	eck only ons) 8 Other (Specify)				
M 1 YES 2 NO									At the state of th	
4 Homicide detarmined City or Town, State)								ate Number,		
_ 11	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as									
10 BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr	j _{int)}	29c. LICENSE NUN	5-17	≥ 4	2	Month, Day, Year	>
	31. DATE FILED (Month, Day, Year)	39. REGISTRAR'S SIG	MATURE AND AND							



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

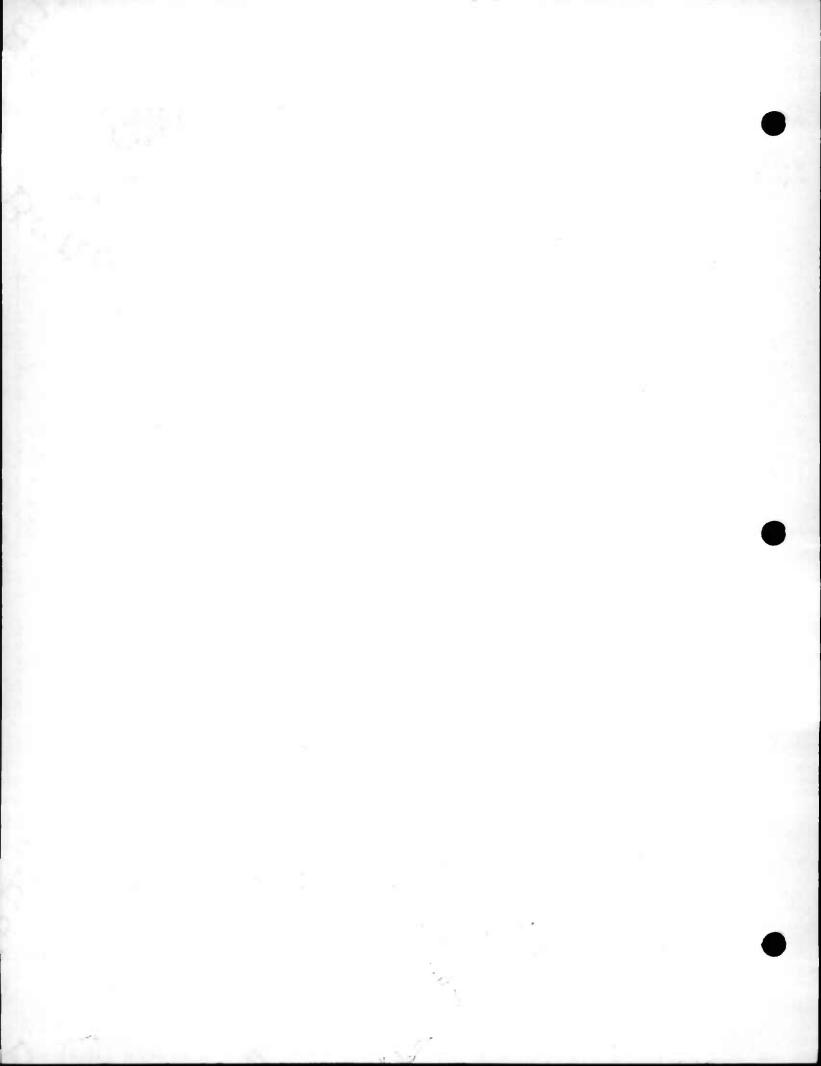
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN			
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3, TIME	E OF DEATH
LYDIA MARY	DURST				APRIL 25,		9:20	0 A M
		MC MC	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (Country)	
579-20-7360 1 9a. FACILITY NAME (If not institution, give street	□ M 2 反 F	68 YRS.			JAN.17, 1		IRGINI	A
12611 QUARTERHORSE	Alle separate	1"		R LOCATION OF O	EATH	1	Y OF DEATH	070
RESIDENCE OF DECEDENT	DKIVE		BOWI	.E		PRINC	E GEOR	<u>GES</u>
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				SIOE CITY MITS?
FLORIDA PINELLA 100. STREET AND NUMBER	AS	OLD	SMAR					ES 2 NO
103 MARY DRIVE			101	ZIP CODE			N OF WHAT CO	UNTRY?
	. WAS DECEDENT EVER II	N U.S. ARMED	13 WAS DEC	34677	NIC ODICING (P	US.	A. I. RACE — Ame	
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Never Married 1 Never Married 4 Never Married 1 Never Married 5 Never Married 1 Never Married 6 Never Married 1 Never Married 7 Never Married 8 Never Married 19 Never Mar							atc.	
15. OECEDENT'S EOUCATI		18a. DECEDENT'S US	UAL OCCUPATION	iM	16b. KIND OF BU	SINESS /INOLIS	WHITE	
(Specify only highest grade con Elementary/Secondary (0-12)	pleted) ollege (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done durina ma				IIII	
2		PRINTER			PRINT	ING		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BIZZEAL MEADOV	IS	14 1		GLADY	MEADOWS			
19a. INFORMANT'S NAME (Type/Print)	(Route Number, City or Tow			
JON LEE DURST 20a. METHOD OF DISPOSITION	(HUSBAND)				AR, FLORIDA			
1) Burlet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State Cen	o. PLACE AND DATE OF I	nlacel				y or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LICENS	IGA:	TE OF HEA	22. NAME AN	O ADDRESS OF EA	4/28 SIL			
> Kan 1066	_				LLINS FUNE			
23. PART I. Enter the diseases, Dr com	plications that couse	d the death. Do not	enter the mo	te of dving euc	BLVD.,W.	SIL.S.	PR.,MD.	
IMMEDIATE CAUSE (Final	Metastat	ech line,		cance			In	pproximate iterval Between nset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
d, _								
PART II. Other aignificant conditions of	ontributing to death b	out not reaulting in t	the underlying	ceuse given in	Pert i. 244. WAS AN PERFOF	MED?	AVAILAB COMPLE OF DEAT	UTOPSY FINDINGS ILE PRIOR TO THON OF CAUSE TH? S 2 \(\text{NO} \) NO
25. WAS CASE REFERRED TO MEDICAL			26 (24	ACE OF DEATH (Ch	ack anti seel			
EXAMINER?	OSPITAL:		THER:	A.4				
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO				
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)	et, factory, office		281. LOCATION (Street (City or Town, State)	and Number or	Rural Route Num	nber,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN DISCOUNTY ONE) 2 MEDICAL EXAMINER: 0	: To the best of my known the besis of examination	ledge, death occurred an and/or investigation, i	nt the time, data n my opinion, de	and place, and due	to the cause(a) and men	nner as stated,	ause(s) and ma	inner as stated,
29b. SIGNATURE AND TITLE OF CERTIFIER	Nonu	lle	w	29c. LICENSE NUN	ABER	29d. DATE S	-26-	93
30 NAME AND ADDRESS OF PERSON WHO GO					<u> </u>	7	70	
HANADI SHAMKHANI, 1	M.D. 4743	BRADLEY	BLVD.,	CHEVY C	HASE, MD 2	0815		
APR 2.9 1993 8	MA WEUGETON							1

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Memtal Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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LAND 21215-00	he hearing a
MARYL	rathinad has a
IMORE,	Dans & mar he r
BALT	ther dans

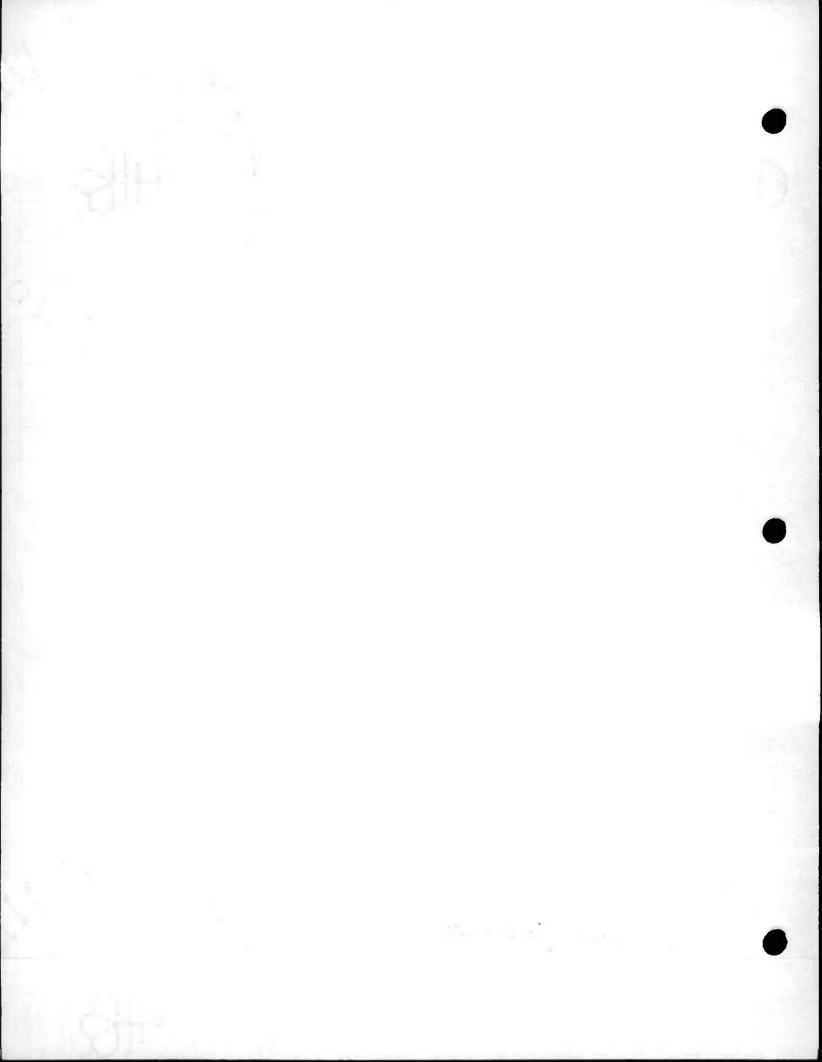
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IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF N	IARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN	E	13702			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Mary B. Dutko				Apr. 27.	1993	9:05 A. M			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a, Bif	RTHPLACE (State or Foreign			
	182-38-1426 1 M 2 TF 9a. FACILITY NAME (If not institution, give street and number)	89 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Oct. 17, 1	903 Pen	unny) Insylvania			
DIRECTOR	17309 Brown Rd.		Poolesv		N OF GEATH Soc. COUNTY OF DEATH Montgomery					
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Inc CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY			
E I	Maryland Montgomery		lesville	ion .			LIMITS?			
	100. STREET AND NUMBER	100		ZIP CODE		100 CITIZEN O	F WHAT COUNTRY?			
FUNERAL	17309 Brown Rd.		20	837-2014		U.S.A.				
5	11. MARITAL STATUS 12. WAS DECEDEN	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. RA	ACE — American Indian,			
BY F	1 Never Married 2 Married FORCES? 1 3 X Widowed 4 Divorced	YES 2 NO		city Cuben, Mexica 2 NO Specif	y:		ack, Whita, etc.			
	**						White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of v life. Do NOT us	VSUAL OCCUPATION Work done during mos	N st of working	16b, KIND OF BUS	HNESS/INDUSTRY				
12	Elementary/Secondary (0-12) College (1-4 or 5+	Home Ma			0 11		1			
MO	17. FATHER'S NAME (First, Middle, Last)	Thome Ma	KEI	18 MOTHER'S NA	Own H					
	Joseph Brogan				ine Battle		i			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Town					
2	Harry A. Dutko		as #10		•					
	20e, METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE AND DATE	OF DISPOSITION (Na.	ne of	DATE 20c. LO	CATION — City or	Town, State			
	4 Donation 5 Other (Specify)	cemetery, cremetory or of Cathedral	Cemeters	7	4/30 Scr	anton. F	PA			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	DADDRESS OF FA	k Dr. De Vo	1 Funer	al Home			
	J.S.X	-			Maryland 2		- 1			
	23. PART I. Enter the diseases, or complications that	caused the death. Do n					Approximata			
	shock, or heart failure. List only one cause iMMEDIATE CAUSE (Final		1				Interval Between Onset and Death			
	disease or condition a. Congestive heart facture loyers Due to (or as a conseduence of):									
	DUE TO	DUE TO (OR AS A CONSEDUENCE OF):								
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
AT	if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF	r):				i I			
FIG	CAUSE (Disease or Injury that Initiated events	DR AS A CONSEDUENCE OF	F):				<u> </u>			
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to	death but not mounting t	- 4							
PHYSICIAN: MEDICAL	1. Other agrifficant conditions contributing to	death but not resulting i	in the underlying	cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
Ē					1 [] YES 2	EKHO	COMPLETION OF CAUSE OF DEATH?			
Σ					-		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26 PL	ACE OF DEATH (Ch	ack only one)					
Sic	EXAMINER? 1 YES 2 XND 1 Inpattent 2	ER/Outpetient 3 DOA	OTHER:	- 25						
Ή	27. MANNER OF DEATH 28a. DATE OF	INJURY 28b. TIM	E OF 28c. INJ	JRY AT	6 ☐ Other (Specify) 28d, DE\$CRIBE HOW II	JURY OCCURED				
ВУ Р	1 Netural 5 Pending (Month, Da 2 Accident Investigation	ly, rear) INJ	M 1 7							
	3 Suicide 8 Could not be 28s. PLACE Of building.	INJURY — At home, ferm, a	street, factory, office		261. LOCATION (Street a	nd Number or Run	al Route Number,			
ET.	4 Homicide determined	City or France State)								
P	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of	my knowledge, death occurre	ed at the time, date	and place, and due	to the cause(e) and man	ner as stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of ex						e(s) and manner as stated.			
BEC	20h SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	WBER	29d. DATE SIGN	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WITD COMPLETED CAUS	E OF DEATH (ITEM 27) (Type.	Print)	411	- 1/ - (-		2			
	Leonard Sax 1	VID t	oole	Sville	e MD	20	837			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAL	P'S SIGNATURE DE								
	APR 29 1993 700000									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	SIAIE UF M				TOF H E OF			MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	D
- 0	Benjamin		Trew		Dur	Durding			Apri	1 20	W T	YEAR QQQ	2:40	M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDE		IF UNDER		7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreig	/n
	218-16-8000	1 ₹ M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 5/03/23			Country	" MD	
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN O	R LOCATI	ON OF D						
DIRECTOR	The Kent and Quee	n Anne's	Hospita	l, Ind	¢ .	(Chest	tert	own		Ke	ent		
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c CIT	V TOWN	OR LOCAT	ION							_
SIR!	MD Ken			100. 011		k Hal					10d. INSIDE CITY			
	10a, STREET AND NUMBER				NOCE		ZIP CODI				40- 0171		1 X YES 2 NO	
FUNERAL	Boundry Ave.					1.00	2166					USA		
Į.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EYER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPA	NIC ORIOIN	? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.	_
B	3 Wildowed 4 Divorced	R OR DATES			1 TYES				n, Puerto Rican, etc.)			v:		
	15. DECEDENT'S EDUCATION 16a. DECEDE					CCUPATIO			405	VIND OF BUILD	1	I I O Toma	White	
COMPLETED	(Specify only highest grade completed) (Give kind of life. Do NO? Elementary/Secondary (0-12) College (1-4 or 5+)							g	100.	KIND OF BUS	INESS/IND	USTRY		
7	12	College (1-4 or 5 +)		serva	ation	1 Tow	ær			II S	Gov	ernm	ont	
9	17. FATHER'S NAME (First, Middle, Last)					. 201		IER'S NA	AME (First, A	fiddle, Meiden		CITUIN	ent	_
BEC	Benjamin T. Durc	ding Sr.								holome				
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street ar				er, City or Town		Codel		
2	Janis Caldwell									rtown,			620	
	20s. METHOD OF DISPOSITION 1 Duriel 2 Cormation 3 Rem		20b. PLACE	ND DATE	OF DISPOS	SITION (Na			DATE			City or Tow	-	
	4 Donation 5 Other (Specify)	ol (rema	atory	7			Dove	er, D	E				
	21. SIGNATURE OF FINERAL SERVICE LIE	CENSEE		A		NAME AN								-
	Jarry B.	7/1/m	R /	1:0	149	3 H.	gh S	LLS	Lune	ral Ho	me MD	2	1620	
	23. PART I. Enter the discesses, Dr	complications that	coused the de	ath. Do r	not enter	the mod	da of dvi	ng. auc	ch as card	lac or reanis	etory err		Approximate	_
	anock, or nasrt lanurs.	List only Dna ceus	e on each line								albiy air		interval Betw	
	IMMEDIATE CAUSE (Final disease Dr condition Cartery Scale & Arthur Drawing Indiana Cartery Scale											POPUL		
1	resulting in deeth) a. Arteros clarke Heart Disease DUE TO (OR AS A CONSEQUENCE OF):													
z	Contenesclas Di													
5	Sequentially list conditiona, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or injury													
Ë	that initiated events resulting in death) LAST													
CERTIFICATION		d												
	PART II. Other aignificant condition	a contributing to d	leeth but not re	aulting	n the ur	nderiying	cause g	iven in	Part I.	24a. WAS AN		24b. \	WERE AUTOPSY FINDIR	vGS
DICAL	Confestive !	4eoit	Faile	ne						PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUS	E
	Hypertension	~ : / tru	elips	200		,			_ [T TES 2	□ NO		DF DEATH?	
إ	Low 62 6	leed of	. 1	2.50,00		,						1	1 YES 2 NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	7				28. PL	ACE OF DI	EATH (Ch	neck only one)				_
S	1 TES 2 DAO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R:			8 🗆 Other					
동	27. MANNER OF DEATH	28s. DATE OF th (Month, Day	YJURY	28b. TIM	E OF	28c. INJU	JRY AT		7	CRIBE HOW IN	JURY OCC	URED		_
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	, roar)	ire.	URY M	1 Y	ES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, at	INJURY — At hor	ne, farm, s	street, fact	tory, office			28f. LOCA	TION (Street at	nd Number	or Rural Ro	ute Number,	_
COMPLETED	4 Homicide determined		(-)						City	r Town, State)				
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	ny knowledge, des	th occurr	d at the t	ime, data :	and place,	and due	to the caus	e(a) and man	or as state	d.		_
8	one) 2 MEDICAL EXAMINE												and manner as stated	1.
	296. SIGNATURE AND TITLE OF CERTIFIE													
BE	1611. When	m.			29c. LICENSE NUMBER D 2/3/3				29d. DATE SIONED (Month, Day, Year)					
٥	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)						. /		10	_
	KIN K. WUN	, 216	High	54	. 0	her	tert	ow	n,	nd.	216	20		
	31. DATE FILED (Month, Day, Year) 7 1C		signature dia David											_
	APR 27 S	i gr	ina David	son-16	indelle	_								

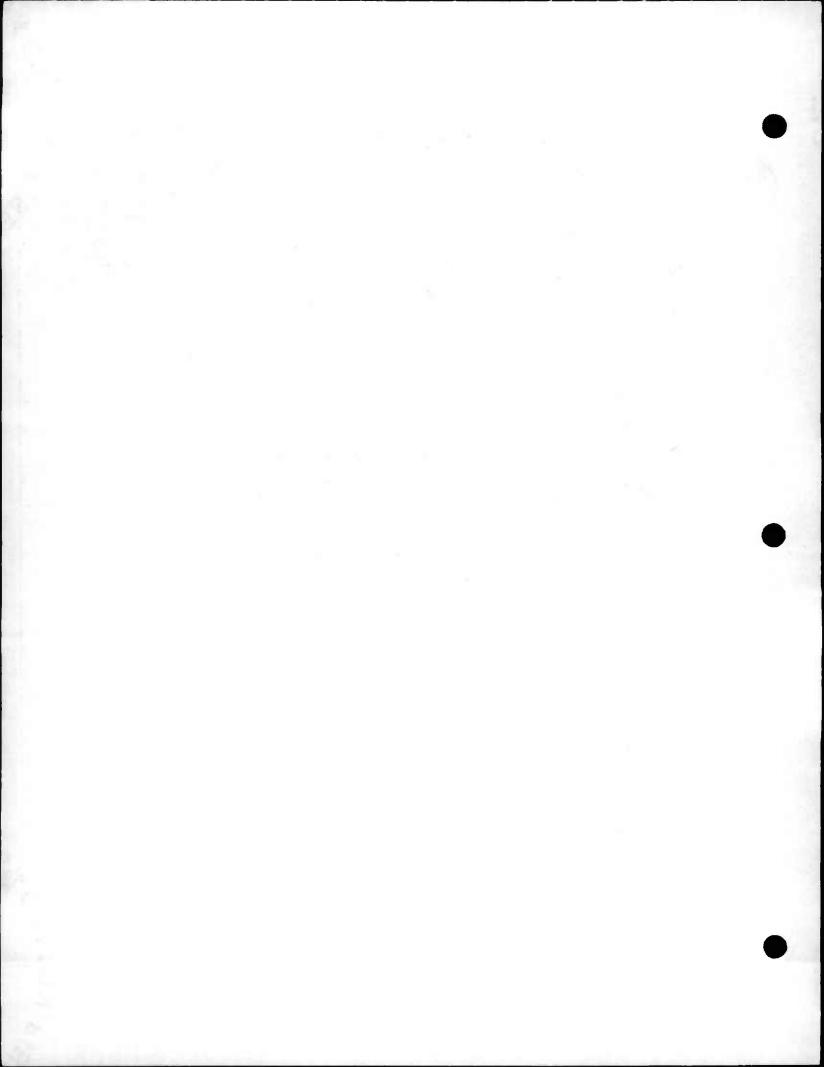
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH					
	Clarence, W. 1	DARSEY SR		MONTH DAY	93 235 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	162-22-2005 100-20	F 05 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 5/10/27	Maryland					
	9s. FACILITY NAME (If not institution, give street and number)	96. CIT	TY, TOWN OR LOCATION OF D		COUNTY OF DEATH					
FUNERAL DIRECTOR	Holy Cross Hospi	tal 5	ilver Sp.	RING M	lowtgomery					
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN	LOR LOCATION		tod, INSIDE CITY					
DIR	Md FREDER				LIMITS?					
AL.	10e. STREET AND NUMBER	11000	101. ZIP CODE	100	1 N YES 2 NO					
ER/	125 S BENTZ STR	eet	21701		115A					
5	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. ARMED 13	. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or N	lo— 14. RACE — American Indian, Black, White, stc.					
BY F	1 Never Married 2 Married FORCES? 3 Widowed 4 Divorced FORCES?	1 TYES 2 NO	If yes, specify Cuban, Mexico	in, Puerto Rican, etc.)	Black, White, etc. Specify:					
					white					
Ē	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16s. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	e during most of working	16b. KIND OF BUSINES	BS/INDUSTRY					
7	Elementary/Secondary (0-12) College (t-4 o	grounds		Coment						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	STOURIGE		Comsat ME (First, Middle, Maiden Surna						
	Arthur W. Dorsey			ie M. Stev ϵ						
BE	19s. INFORMANT'S NAME (Type/Print)	19b, MAILING ADDRE		Route Number, City or Town, Stell						
2	Judy A. Abrecht				ing, Md.20906					
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPO	OSITION /Name of		ON — City or Town, Stats					
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)	cemetery, crematory or other place BOYCS Fre	sbyterian	4/10 Boyds						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HILton Funeral Home									
	· Wm C /litt			le, Md. 208	338					
	23. PART i. Enter the diseases, or complications	that caused the death. Do not ente	er the mode of dying, suc	h es cardiec or respirator	ry arrest, Approximate					
	shock, or heert failure. Liet only one iMMEDIATE CAUSE (Final	ause on each line.	1		interval Between Onset and Death					
	disease or condition Caustio tespinalry facture									
		TO (OR AS A CONSEQUENCE OF):	1 4							
S	Sequentially let conditions. In Eld strang rend direct									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE DE):									
임	CAUSE (Disease or injury C.	TO (OR AS A CONSEQUENCE OF):								
E	that initiated events reaulting in death) LAST	1TV. DH								
	d									
CAL	PART il. Other algnificent conditione contributing			Part i. 24a. WAS AN AUTO PERFORMED?						
	Gostovi	tested blee	4.	1 🗆 YES 2 🗀 N	COMPLETION OF CAUSE					
M					1 TYES 2 NO					
ä										
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (Ch	eck only one)						
YS	t YES 30 NO TROpartient	2 ER/Outpatient 3 DOA 4 Nu	rrsing Home 5 - Residence	6 Other (Specify)						
		OF INJURY 26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	Y OCCURED					
à	2 Accident Investigation	F OF IN HAMY	1 YES 2 NO							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	E OF INJURY — At home, ferm, street, feeng, etc. (Specify)	ctory, office	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u> </u>	200. CERTIFIER									
M	(Check only one)	of my knowledge, death occurred at the	time, data and place, and due	to the cause(s) and menner a	a stated.					
႘	2 MEDICAL EXAMINER: On the basis of	1 stanination shotor investigation, in my	opinion, death occured at the	time, date end place, end due	to the ceuse(s) end menner es stated.					
H H	296. SIGNATURE AND TITLE OF CERTIFIER	10	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, M							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUGE OF PEATH (ITEM	1236	71	4-+75					
		OWVP-S (MD								
!		TRAR'S SIGNATURE								
- 1	APR 9 1002	undson-Randall			1					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent of Health and Mental Horiston and initial command or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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S	ned th	an
arine	Sign	M.S
A rec	beer	4
e lav	has	23
Ē	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial commation or removal	Hem
CIAN	be S	6
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10.1	2 4	불
		-

	FOR 1 - STATE REGISTRAR	STATE OF MARY				HEALTH AND F DEATH	MENTAL HYGIEN		3 13785	
1	1. DECEDENT'S NAME (First, Middle, Last) Olie Duvall	Olio	Pharm	» DIII	ALL		2. DATE OF OEATH	199	3. TIME OF DEATH 5:40 P.	
	4. SOCIAL SECURITY NUMBER									
	214-03-8405 9a. FACILITY NAME (If not institution, give str	1 🖾 M 2 🗆 F	79	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	L4	BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Montgomery Ge		pita		Olne	y or location of D	EATH		ontgomery	
DIRECTOR	Maryland Mont	gomery		10c. CITY, 1	TOWN OR LO	amascus			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 26526 Clarksbu	irg Rd.				101. ZIP CODE 20872		10g, CITIZE	N OF WHAT COUNTRY? USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	MED	If yes,	ECENDENT OF HISPA apecify Cuben, Mexico ES 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.) 5/2:	s or No— 14	RACE — American Indian, Black, White, alc. Specify White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Gi	Do NOT use n	done during stired.)	most of working	16b. KIND OF BU		ТПУ	
N N	17. FATHER'S NAME (First, Middle, Lest)		Me	chanic	& Sa	lesman		ctor S	Sales	
BE CC	Olie E	3. Duvall				N	ME (First, Middle, Maiden lettie Etcl	ison		
5	19a. INFORMANT'S NAME (Type/Print) Marguerite Beall	Duvall	196				Aoute Number, City or Town			
	20e_METHOD OF DISPOSITION 1	val from State	Beth	ND DATEOF	pisposition	emetery 4	DATE 200 LO	cation — cit Browni.r	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE Olive L. 9		th		22. NAME Olin	L. Moles	sworth, P. I	١.		
	23. PART i. Enter the diseases, or co	ist only one seven on	ed the de	eth. Do not	enter the r	node of dying, suc	h aa csrdiec or resp	Iratory arrest		
	ehock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) But Myo Condial Typercitism But Typercitism But Typercitism Condial Typercitism Atherm Centric Heart Misserse B. Atherm Centric Heart Misserse									
N	Sequentially list conditions,	Athern	SA CONSEC	whice of:	1200	art Dis	eose			
ICATIO	if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS								
CERTIFICATION	that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQ	UENCE OF):						
	PART II. Other significant conditions	contributing to death	but not re	eaulting in t	he underly	no ceuse diven in	Port I Dan uno au	ALFTORON		
PHYSICIAN: MEDICAL	old Myscold		erc	For		g could given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ									1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		7		28	PLACE OF DEATH (Ch	nok note one)			
Sic		HOSPITAL:	doublest 3		THER:	ome 5 Residence				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	γ Ι	26b. TIME O	F 28c. I	NJURY AT YORK?	26d. DESCRIBE HOW I	NJURY OCCUP	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJUI building, etc. (Sc	RY — At hor	ne, ferm, stre			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		IAN: To the best of my kno								
00		. On the ones of exeminat	ion and/or ir	ivestigation, i	n my opinion			d due to the c	ause(a) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTIPIER	N Ma	1			.D / 8 G			IGNED (Month, Day, Year) - 7-93	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Brint)

32. REGISTRAR'S SIGNATURE
Guna www.won-Randalles

RO

9 1993

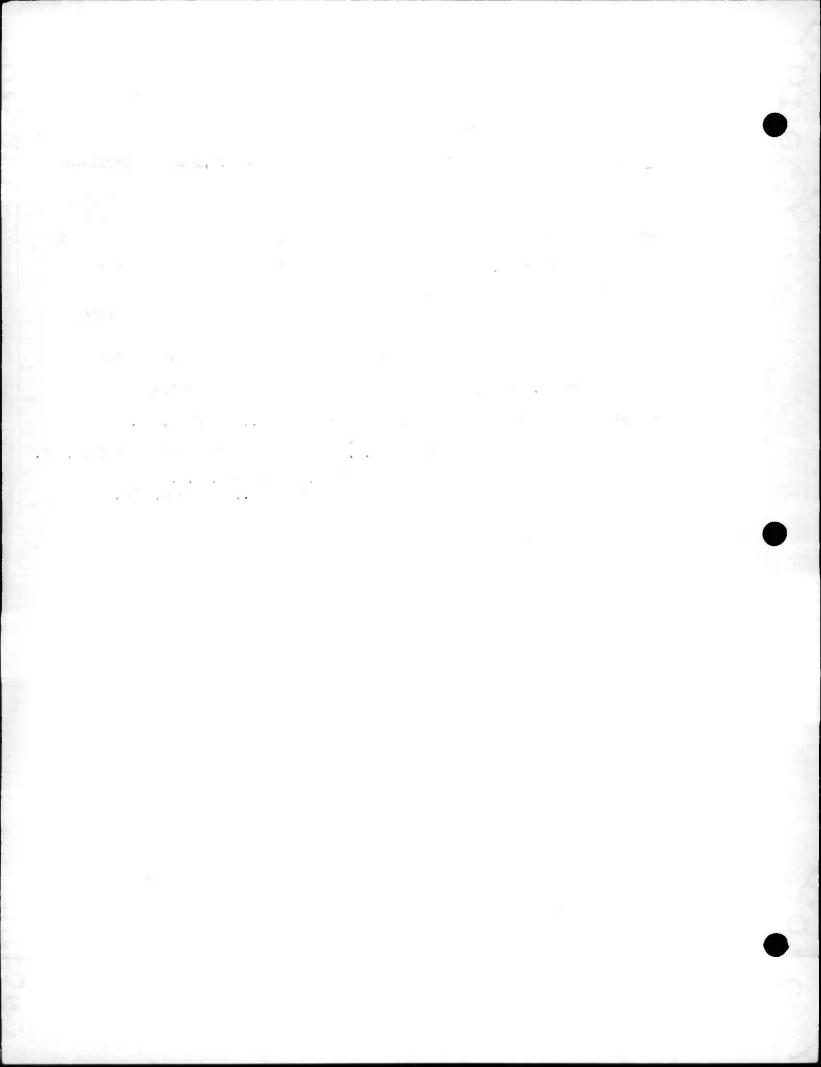
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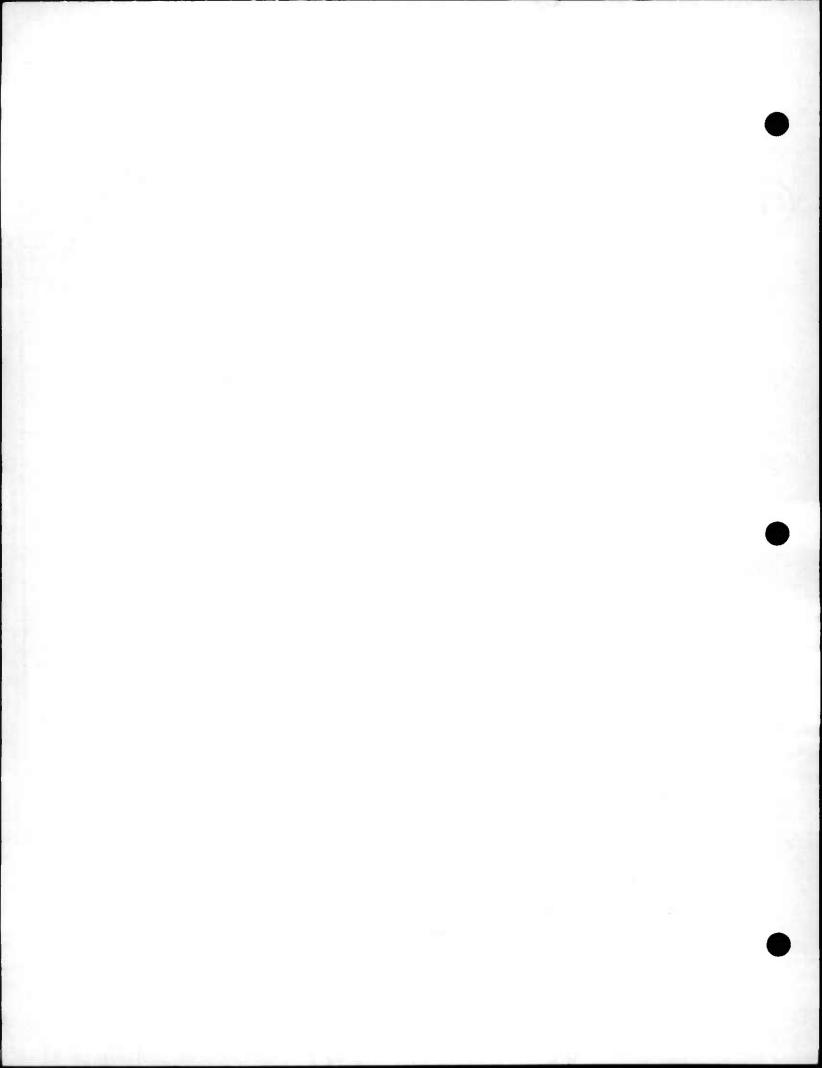
Md

Rd.#204 Betterde



	1 - STATE REGISTRAR	STATE UF N	MARYLAND /				DEAT		MENTA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND	A	LLEN	_ [DAVI	DSO	N		MONT	-	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	2.2 OF BIRTH		9 3 6 BIRTH	9 • 0 0 p M PLACE (State or Foreign
	213-88-3275	1xx M 2 □ F	26	YRS.	MONTHS	DAYS	HOURS	MIN.		/1966		Countr	yland
	9a. FACILITY NAME (If not institution, give s	ireet and number)			9b. CITY	Y, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							
0 8	235 SASSAFRAS	STREET			M	ILL:	INGT	ON			QUE	EEN .	ANNE"S
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
듬	Maryland Oueen	Anne's		M.	illi	nato	n.						LIMITS? YES 2 NO
FUNERAL	10s. STREET AND NUMBER					_	ZIP CODE		-		10g. CIT		THAT COUNTRY?
5	235 SassafrasStre						216	51			ט	.S.A	
Ē	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARM		13.	WAS DEC	ENDENT O	F NISPAI	NIC ORIGIN	? (Specify Yea	or No—	14. RACE Black	American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 YES		Specif		,		Specif	White
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N .		16b.	KIND OF BUS	INESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) iffe.	Do NOT u	e retired.)	auring mo	st of workin	g					
COMPLETED	11. 17. FATHER'S NAME (First, Middle, Last)			onst	ruct	ion	& Fi						
	Thomas Phillip Da	wideon								NacC -			
BE	19a. INFORMANT'S NAME (Type/Print)	VIUSOII	196	MAILING	ADDRESS	S (Street a				McGin		Ondel	
٤	Betty Ann Davidso	n											d 21617
	20a. METHOD OF DISPOSITION	mal from State	20b. PLACE A	ND DATE	OF DISPOS	SITION (Na				20c. LO			
	1 Burial 2 Cremation 3 Rame 4 Donetion 5 Other (Specify)		Sudle	natory or o rsvi	lle	Ceme		4	1/26/	93 Sud	llers	ville	e, Maryland
	21. SIGNATURE OF PUNGHAL SERVICE LIC	I DL	11 0		To	m He	lfen	beir	r Fun	eral H	lomes	, P.	A.
T	23. PART I. Enter the diseases, pro	pmplicetipne the	caused the dee	th Do	II 3	the mo	ear .	Roac	i, Ch	estert	own,	Ma.	21620
	IMMEDIATE CAUSE (Final	List Dnly one Ceu	se din each line.						II aa Celu	ec or reepi	ratory en	1081,	Approximete interval Batwean Onset and Death
NO	e. Short wow to USU Due to (or As a consequence of): Due to (or As a consequence of): Due to (or As a consequence of):												
CERTIFICATION	cause. Enter UNDERLYING	If any, leading to immediate cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(DR AS A CONSED	UENCE O	F):								
Ë	resulting in death) LAST	1											
	PART II. Other significant condition	s contributing to	death but not re	aulting	In the un	derlying	cause g	lven In	Pert I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									_	PERFORI			AMILABLE PRIOR TO COMPLETION OF CAUSE
핗									_				DF DEATH? 1 YES 2 NO
ÿ													
ਠੇ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATN (Ch	eck only one)			
¥ ¥	1X YES 2 NO 27. MANNER OF DEATH	1 Dipatient 2 D			4 🗆 Nun	sing Nome		sidence	6 Other				
	1 Netural 5 Pending		71993	26b. TIM INJ	URY M	28c, INJU		7.40	SUBJ	ECT (DURY OC		F
à	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF	INJURY — At hom	na, farm, a	street, fact			NO	28f, LOCA	TION (Street a			
	4 Nomicide determined	building,	etc. (Specify)	OME					235	SASS			TREET
٦ I	29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	CAN: To the beat of	my knowledga, deat	th occum	d at the t	lme, date	end place,	end due	to the caus				
281. LOCATION (Street and Number or Rural Route Number. 4 Nomicide 4 Nomicide 5 Could not be determined 4 Nomicide 4 Nomicide 7 Nomicide 7 Nomicide 7 Nomicide 8 Corrections Street 8 Could not be determined 4 Nomicide 8 Could not be determined 4 Nomicide 9 NOME 9 235 SASSAFRAS STREE 9 250 SASSAFRAS STREE 9 Nomicide								and menner as stated.					
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	. 1/					29c. LICE	NSE NUM	ABER		29d. DATI	E SIGNED	Month, Day, Year)
2	my something	Marle					0.0	.М.	E		▶ 04	1/23	/1993
	MARLAND ADDRESS OF PERSON WHO MARLAND D. V	4.4	V111 PI			ਸਤਤ	RΛ	ן ייין	MODI	Z MAD			
	31. DAYE FILED (Month, Day, Year)	32. REGISTRAL	r's sidenture of	2	O 1 1(<u></u>	, DA	TIT	INORI	J, MAK	тьАN	עט ע	1201
APR 26 '93 Julia Davidson-Manager													

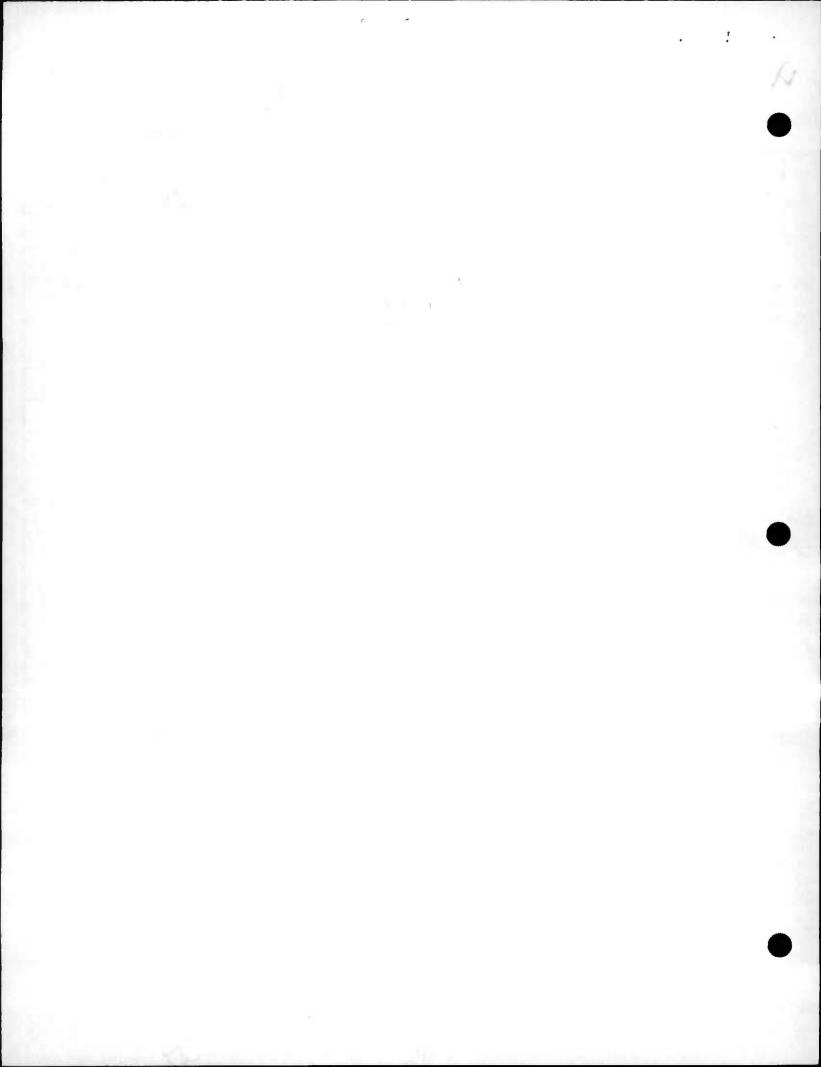
DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
	Margaret Marv	DEPR	IEST		AY YEAR						
			F UNDER 1 YEAR IF UNDER 24 HRS.	April 29	1993	THPLACE (State or Foreign					
			ONTHS DAYS HOURS MIN.	(Month, Day, Year)	Cou	intry)					
	218-28-0270 9e. FACILITY NAME (If not institution, give street and number)		b. CITY, TOWN OR LOCATION OF DE	8-1-190	7 B	altimore					
-		ATH	9c. COUNTY OF	DEATH							
Ö	Franklin Square Hospit		Baltim	ore							
5	RESIDENCE OF DECEDENT		Baltimore								
2	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY					
	Md Harford		Aberdeen			LIMITS?					
4	10e. STREET AND NUMBER		101, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
띮	128 Brannan Rd.		21001								
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1	VER IN U.S. ARMED	13. WAS DECENOENT OF HISPAN	IIC ORIGIN? (Specify Yes	USA OK NO. L 14 BA	CE — American Indian.					
	IE VEC ONE WAS	YES 2 XNO	If yes, specify Cuben, Mexice	n, Puerto Rican, atc.)	Ble	ick, White, etc.					
B	3 Wildowed 4 □ Divorced	ON ONIES	1 TYES 2 X NO Specify	<i>(</i> :	Spe	ecity:White					
COMPLETED	15. DECEDENT'S EDUCATION	18e. DECEDENT'S US	UAL OCCUPATION	16h KIND OF BUS	SINESS/INDUSTRY						
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during most of working etired.)	IOD. KIND OF BOX	SINESS/INDUSTRY						
7	7th College (1-4 or 5+)			Tn	Home						
ĕ I	17. FATHER'S NAME (First, Middle, Last)	Home Ma									
8				ME (First, Middle, Meiden							
BE	John Edward Kilduff 19a. INFORMANT'S NAME (Type/Print)		Alice OORESS (Street end Number or Rural F	Flanagan							
2	1 7 7 7	19b. MAILING AC	OORESS (Street end Number or Rural F	Route Number, City or Town	n, State, Zip Code)						
	Charles P. Kilduff	2171	Baltimore Bl	vd.Finksl	oura.Ma	3.21048					
	20e, METHOD OF DISPOSITION	20b. PLACE AND DATE OF I	DISPOSITION (Name of	DATE 20c LO	CATION - City or	Town, State					
i	13/ Buriel 2 Cremetion 3 Removal from State 6 Donation 5 Other (Specify)	Relair Mo	morial 5 darde	93 5.	1	7					
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	TECTOTIC ME	22. NAME AND ADDRESS OF FA	DIS. I BE	lair, N	10					
	Keriten Anus (U	201.1600	Tarring-Car	goFunera	Homo						
	23. PART i. Enter the diseases, or complications that c	gersell	333 S Park	e St Aha	rdeen	Md 21001					
	 PART i. Enter the diseases, or complications that c ahock, or haert fellure. List only one cause 	aused the death. Do not	anter the mode of dying, auci	as cardiac or reapi	ratory arreat,	Approximete					
	iMMEDIATE CAUSE (Final	on each line.				interval Between Onset and Deeth					
l	disease or condition reculting in death) Bilateral Pneumonia										
		AS A CONSEQUENCE OF:									
-											
CERTIFICATION	Sequentially list conditions, DUE TO (OI	AS A CONSEQUENCE OF):									
¥	if any, leading to immediate cause. Enter UNDERLYING					i					
프	CAUSE (Disease or Injury that Initiated evente OUE TO (OI	AS A CONSEQUENCE OF):									
E	resulting in death) LAST					i					
핑	d										
	PART II. Other algnificent conditione contributing to de	ath but not resulting in t	ha underlying ceuee given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS					
EDICAL				PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE					
				1 YES 2	No	OF DEATH?					
Σ				- 1	^	1 TES 2 NO					
3											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Che	ck only one)							
S			THER: Nursing Home 5 Residence	8 Other (Specify)							
품	27. MANNER OF DEATH 28a. DATE OF IN. (Month, Day,			26d. DESCRIBE HOW IN	JURY OCCURED						
<u>B</u>	Natural 5 Pending	into A	M 1 YES 2 NO								
	3 Sulcide 280. PLACE OF II	IJURY — At home, ferm, atree	e1, factory, office	281. LOCATION (Street a	nd Number or Rumi	Brute Number					
Ë I	4 Homicide determined building, etc	. (Specify)		City or Town, State)		The state of the s					
"	29e. CERTIFIER										
₽	(Check only one)	knowledge, death occurred a	t the time, date end piece, end due	to the cause(e) end man	ner ee stated.						
COMPLETED	MEDICAL EXAMINER: On the besis of exem	ination end/or investigation, is	n my opinion, death occured at the	lime, date end placa, end	due to the ceuse	(s) end menner se stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUM	BER	29d. DATE SIGNE	0 (Month, Day, Year)					
	TAN WROR					29, 1993					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (Type, Prin	nt)		Maril	73, 1330					
	Michael Suter, M.D., 9000			imore. MD	21237						
	31. DATE FILED (Month, Day, Year)	SIGNATURE	are prive, pare								
- 1	ADD 30'03	SIGNATURE									



CALLINORS, MANILAND ALLINORS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delatched for use as the burial-transit.	
LAMB &	y the hospital a	se detached for	if once.
221	o parietar	5 should	notified
Jul.	6 may be	tor, page	ust be
411111	death. Page 1	funeral direc	examiner m
	hours after	led in by the	medical
	within 24	pletely fil	ent, the
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	cate be	hysician	er traum
;	ath certif	tanding :	or oth
	at the des	by the at	/ Injury
0	puires tha	signed .	ows am
	e law re	has been	23 sh
	CIAN: Th	ertificate	or Item
,	B PHYSI	er this co	arked,
	TENDIN	TOR AN	28 is m
	L OR A	DIREC	Ile I
	TO THE HOSPITA	TO THE FUNERAL DRECTOR. After this certificate has been signed by the attending physician and completely filled in by the	De med within 2 hours are destin which the court contracts and return my recommendation of the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STA	TE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.			
	The state of the s	ENE	El	lis	2. DATE OF DEATH	3. TIME OF CEATH		
	031-16-6386	1 🗆 w 2 💢 # 8	2 YRS. W	FUNDER 1 TEAR FUNDER 24 HSS. ONTHE DAYS HOURS MW.	7. DATE OF BIRTH 00000, 23 1910	BIRTHPLACE (State or Foreign Canada		
CTOR	9a. FACILITY NAME (If not institution, give street and number) 452 Fairlane Court WESIDENCE OF DECEDENT			Severna Park	DEATH Se. CO	Anne Arundel		
DIRECTOR	Maryland Anne Arundel			Severna Park		10d. INSUDE CITY LIMITS? 1 □ YES 💥 NO		
FUNERAL		452 Fairlane Court Severna Park			The state of the s	U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S/ NO	13. WAS DECEMBENT OF HISP If yes, specify Cuban, Mozi 1 YES 2X NO Spec		y Yes or Mo- 14. ftACE — American Indian, flack, White, etc. Specify Caucasian		
BE COMPLETED	15. DECEDENT'S 6 (Specify only highest gr Elementary/Secondary (0-12) 12+	EDUCATION rade complete() College (1-4 or 5 +)	Ma. Decement's us (Give kind of wor Ma. Do NOT use of Registe	166. KIND OF BUSINESS:	B. KIND OF BUSINESS/INDUSTRY			
E COM	17. FATHER'S NAME (First, Mickille, Last) John MacDonald 18. MOTHER'S NAME (First, Mickille, Maiden Surreme)							
TO B	Mrs. Ella Duffy 190. MAILING ADDRESS (Street and 1) 452 Fairland Court Severna Park, MD 21146							
	20s. METHOD OF DISPOSITION 1 Burisi 3 Committee 3 Programme 1 Pro	lemoval from State	b. PLACE AND DATE OF metery, cremetory or othe Metro Cre	ematory		nore, Maryland		
CERTIFICATION	28. PART I. Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, slock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition positing in death) DUE TO (OR AS A BONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CE	PART II. Other significant condit	ions contributing to death	but not resulting in	the underlying cause given in	1 Part I, 24a. WAS AN AUTOPS PERFORMED? 1 TYES 2 NO.	Y 246. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
Y PHYS	1 YES 2 NO 27. MANNEH OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month. Day Year)	28b. TIME C		8 Other (Specify) 28d. DESCRIBE HOW INJURY O	CCURED		
TED BY		Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office			2Mr. LOCATION (Street and Member or Rural Route Number City or Town, State)			
Signification of the distance of the property of the distance								
TO BE C	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,							
	James Chaconas MO 1509 Ritchiethur Arnold, MO. 2192							
	APR 29 199	3 Suna Davidson	Andale.					

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John D. Jackson, 31. DATE FILED (MOOTH, Day, ther) APK 3 0 1993

S. DATE OF DEATH ON PART OF PEACH V. EARCH PART OF PEACH V. EARCH PART OF PEACH V. EARCH PART OF PEACH V. EARCH PART OF PEACH PART OF PEACH OF PEACH PART OF	FOR 1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPART	MENT OF	F HEALTH AND			9	3 13789
4. SOCAL SECURITY NUMBER 5. SEX 5. SEX 5. SEX 1.	1. DECEDENT'S NAME (First, Middle, Last)	Ernest	JEMIN N		, DEATH	2. DATE OF MONTH	DAY		3. TIME OF DEATH
Secretary for death secretary for death secretary for the secretar	578-01-4711	□ M 2½√¥F 8				7. DATE OF (Month, E	BIRTH Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
Second S	6 Willow Street	t and number)		9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN					
Second S	10a. STATE 10b. COUNTY	Arundel	10c. CITY,						10d. INSIDE CITY LIMITS?
September Determined Dete					101. ZIP CODE	401	1	_	OF WHAT COUNTRY?
Blanestery Recording (Part) Blanestery Recording (Part) Blanestery Recording (Part) Blanestery Recording (Part) Blanestery Recording (Part) T1. FATNETS NAME (First, Model, Late) 12. PAST NAME (First, Model, Late) 12. PAST NAME (First, Model, Late) 13. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing Beautician 14. Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 15. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 16. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 16. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 16. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 17. MAILTO A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 18. MAILTON A CORRESCOURNES (Street and Number or Pasts Roun Number (First, Model), Maint Stuffing 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 18. MAILTON A CORRESCOURNES (First Model) 19. MAINT (First Model) 19. MAILTON A CORRESCOURNES	1 Never Married 2 Married	2. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	If yes	, specify Cuban, Maxica	in, Puerto Rici	Specify Yea or an, etc.)		RACE — American Indian, Black, White, etc. Specify:
Septimizer Sequentially list conditions Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? PERFORMED? Contributing to deeth but not rasulting in the underlying ceuse given in Part I. 22a, WAS AN AUTOPS? 2a, No. WAS AN AUTOPS? 2a, No. WAS AN	(Specify only highest grade cor	npleted)	(Give kind of wor life. Do NOT use	rk done during retired.)	ATION a most of working	16b. KI	IND OF BUSIN	ESS/INDUS1	
198. MALING ADDRESS (Stone and Number of Paris Room Number City or Town, State, Zip Code) Bettha L. Haymaken Bettha L. Hayma			Beautic	rian_			dle, Maiden Sur		ing
Approximate Comparison Control	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town,				City or Town, S				
21 PART L Enter the diseases, or complisations that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Batween Onset and Death (Interval Batween Onset and Death (I	20a, METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 3 Remove	from State 20b.	PLACE AND DATE OF	DISPOSITION	(Neme of	OATE	20c. LOCAT	ION — City	or Town, State
Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE T	21. SHOWATURE OF FUNERAL SERVICE LICENT	les la		22. NAMI	Duke of GI	cility J	ohn M. ter St	Tayı Tayı	, marykand lor Funeral Ho napolis. MD
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PRIDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF C	iMMEDIATE CAUSE (Finel disease or condition	SEAS	ch line.	enter the	mode of dylng, suc	h es cerdiad	or respirate	ory arrest	Approximata Interval Batween Onset and Death
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATN (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation Investigation Investigation Investigation 28a. PLACE OF INJURY At home, farm, street, factory, office 28a. CERTIFIER (Check only one) 28a. PLACE OF INJURY At home, farm, street, factory, office 28b. CERTIFIER (Check only one) 28c. PLACE OF OEATN (Check only one) 28d. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. CERTIFIER (Check only one) 29d. CERTIFIER (Check only one) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year)	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Inpattent 2 ER/Outpatient 3 DOA 4 Nursing Nome Additionable S Dither (Specify) 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY OCCURED 1 Nomicide S Describe NOW INJURY OCCURED 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 28. PLACE OF INJURY — At home, farm, street, factory, office 29. LICENSE NUMBER 1 29. DATE SIGNEO (Month, Day, Year)	PART II. Other significant conditions contributing to deeth but not resulting in					PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
1 Matural 5 Pending Investigation 2 Accident 3 Suicide 4 Nomicide 6 Could not be determined 2. Chock only One) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMB	EXAMINER? 1 YES 2 MO								
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 120. DATE SIGNEO (Month, Day, Year)	1 Netural 5 Pending Investigation 2 Accident Accident Pending Investigation 3 Sulcide 6 Could not be Sulcide Sulci				ON (Street and				
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 129d. DATE SIGNEO (Month, Day, Year)	29a. CERTIFIER (Check only	29a. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
		Lee LAN	and/or investigation,	in my opinio	29c. LICENSE NUM	IBER		d. DATE SIC	GNEO (Month, Day, Year)

D. 1833 Forest Drive

32. REGISTRAR'S SIGNATURE

JUNE SUMMERS SIGNATURE

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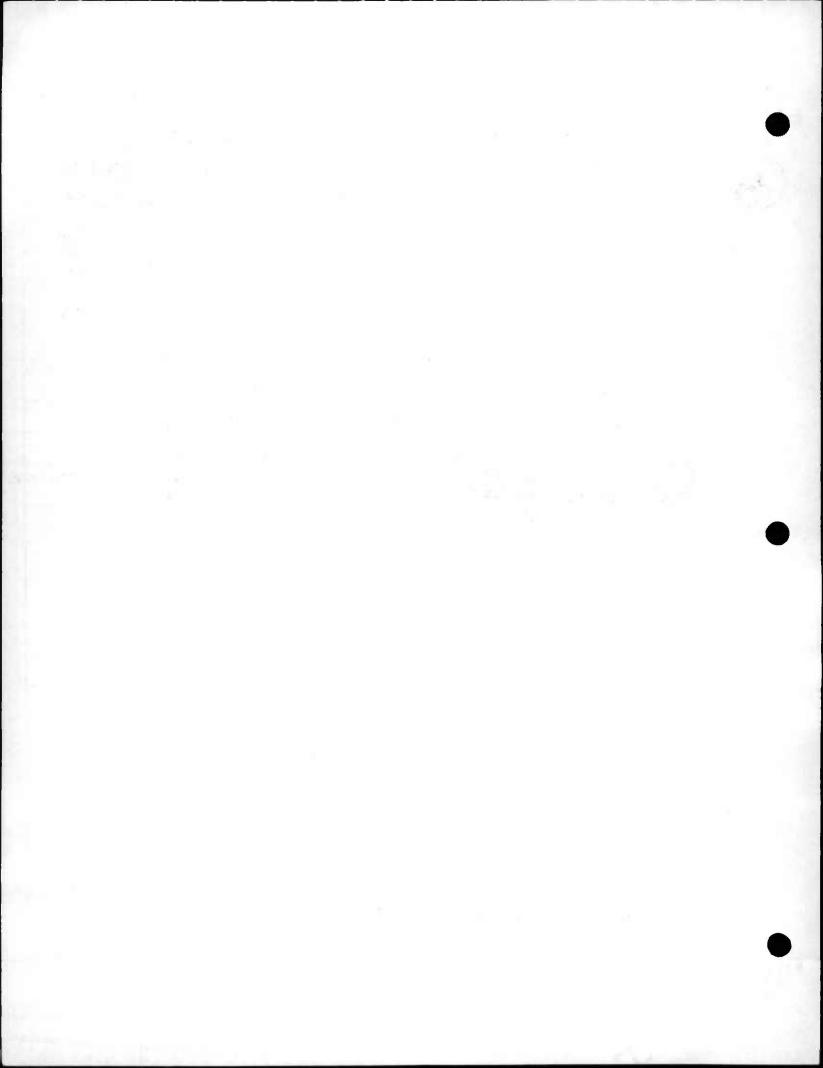
JUNE SUMMERS SIGNATURE

JUNE

M.D.

1993

Annapolis, Maryland 21401



BALTIMORE, MARYLAND 21215-002	ours after death. Page 6 may be retained by the hospital or attending pro-	I in by the funeral director, page 5 should be detached for use as the burn or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending plants.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundant in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.

Pages 1, 2, 3 should

ITEMS: 28a-f, PER MEO G-700 6/18/93 t.t/s.w 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LEON WARREN EWING 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State of Foreign JUN 26 219-70-7017 1 🔯 M 2 🗌 F 41 YRS 1951 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 589 NEW BRIDGE ROAD CECIL RISING SUN RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY I VES 2 NO RISING SUN MARYLAND CECIL FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21911 589 NEW BRIDGE ROAD USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried X2XXMerried BY 1 TES ZYNO Specify. 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY DUPONT lary (0-12) College (1-4 or 5+) CLERK CHEMICAL COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at JEAN LARRIMORE WARREN R. EWING BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOAN F. EWING 742 CONNELLY ROAD RISING SUN, MD 21911 Pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must R. TERRIS CREMATORY WEST CHESTER, 5 - 3examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY R.T. FOARD FUNERAL HOME RISING SUN, MARYLAND medicai 23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one couse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition runshot to reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART ii. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem 1 TYES 2 NO OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigat PM 1 YES 2 XXNO В 2 Accident
3 Suicide
4 Homicide FOUND: 4-28-93 SELF INFLICTEO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Floute Number, City or Town, State) 589 New Bridge RD. 69 COMPLETED 8 Could not be 28 Hem 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: It is (Check only one) Z MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c LICENSE NUMBER 29d. DATE SIGNED, (Month, Day, Year) 2 640 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

UNION HOSPITAL, ELKTON, MD 21921

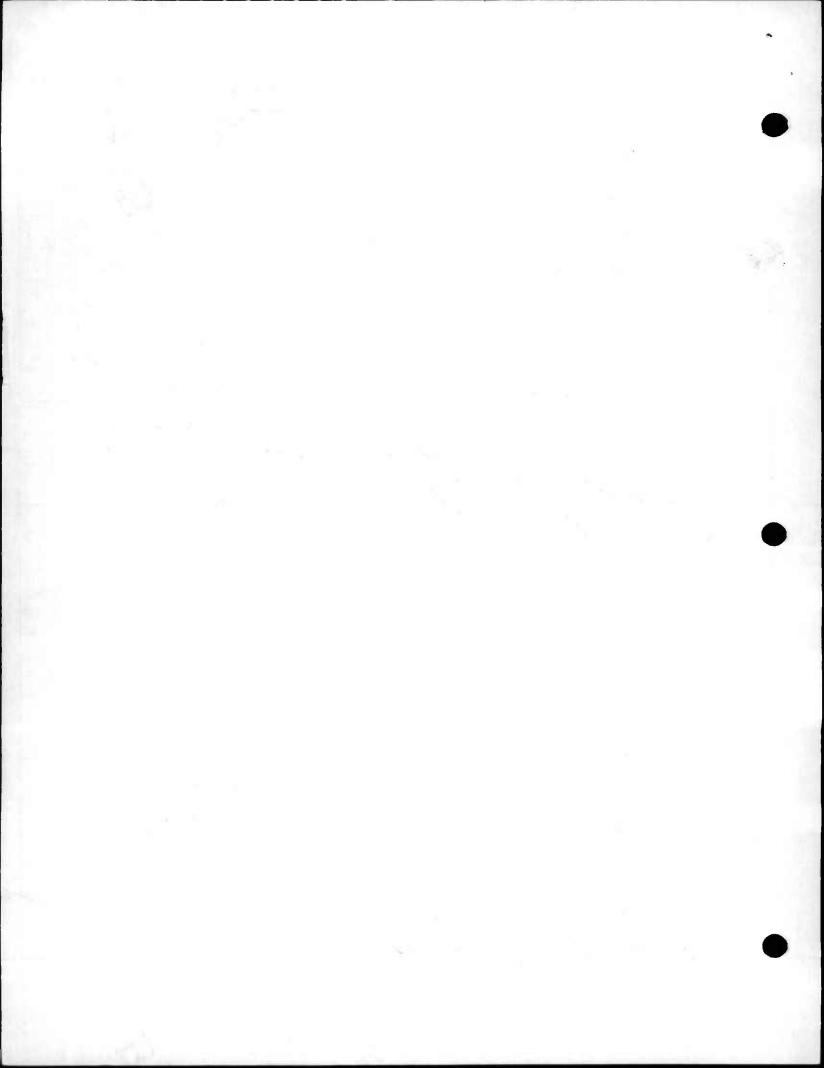
32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

OPINION

31. DATE FILED (Month, Day, Year)

MAY 0 4 '93



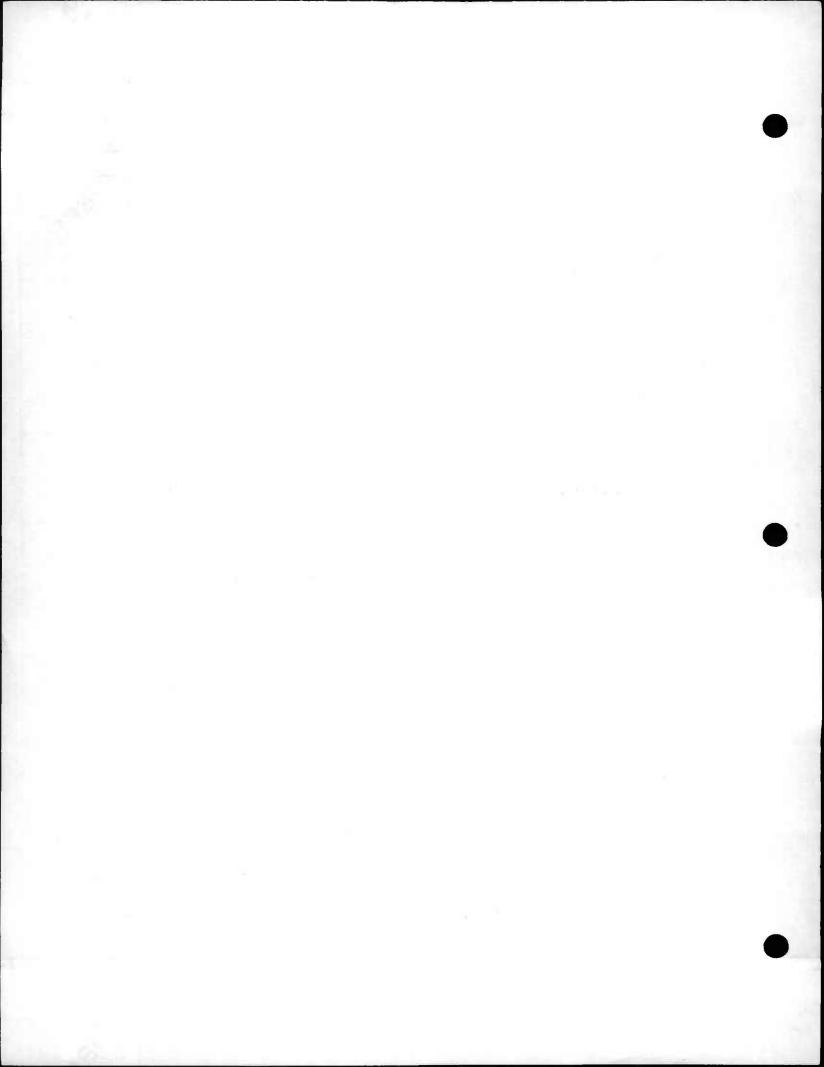
1 - STATE REGISTRAR		STATE OF A		D / DEPAR CERTIF					MENTA	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH		0.00	3. TIME OF DEATH
ISABELLA	J EN	GELHARI	Γ C						MONT	04	17	93	8:55 a m
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yr:	s. lest birthday)		ER 1 YEAR	IF UNDER			OF BIRTH		S. BIRTH	IPLACE (State or Foreign
048-16-972		1 M 2 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	10/	11/18	99	SC(TLAND
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
MONTGOMER	RY GEN	ERAL HO	OSPIT.	AL	0.	LNEY					MO	NTGO	OMERY
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y. TOWN	OR LOCAT	ION						MA MOIDE OUT
MD	MONT	GOMERY				R SP		C					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	110111	ООНЦИ		DI.	U V Li.	-	ZIP CODE		_		10a CIT	ZEN OF Y	1 ☐ YES 2 🔯 NO
3398 GLEN	E A GILE	S DB					090				iog. Gri		THAI COUNTRY?
11. MARITAL STATUS	I	12. WAS DECEDEN	T EVER IN U.S	. ARMED	13		- 2 -	-	NIC ORIGIN	17 (Specify Yea	or No.	USA	- American Indian
1 Never Married 2		FORCES? 1 IF YES, GIVE W				If yes, spe	city Cuba	n, Maxica	in, Puerto I	Rican, etc.)		Black Speci	— American Indien, , White, etc.
3 Widowed 4 Divo	rced						. 23	орчен	,			эресг	White
	EDENT'S EDUC y highest grade		16a	. DECEDENT'S (Give kind of	vork done	during mos		ю	16b	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5 d	-)	life. Do NOT us	e retired.)		•					
12		1		Acco	unt	ant						Acc	ounting
17. FATHER'S NAME (First, M.		2.2								Aiddle, Maiden	Sumame)		
Frederic	_	ota								Piper			
Bertsel A	100 777	nelhard	+	19b. MAILING		ss (Street ar				oer, City or Town	, State, Zip	Code)	
20a. METHOD OF DISPOSITI		Jernara		CE AND DATE		-							
1 Burial 2 Crematio		val from State	cametery	, crematory or o	thar place)	4	-21	-93	20c. LOC	ATION —	City or To	ord, CT.
21. SIGNATURE OF FUNERAL		ENSEE	Ira	TIATE	W C	. NAME AN	DADDRES	SS OF FA	CILITY T	<u>l wes</u>	T H	arti	ora, Cr.
De Salta	1				6	6633	Old	I A I	exa	nder :	Ferr	A B	ome, inc.
TO	Dale	1				Clini	ton.	Md.	207	35			
23. PART i. Enter the di aheck, or he	iseesea, or ci eart fallure. L	omplicetions that list only one ceu	t caused the	deeth. Do r iine.	ot ente	r the mod	te of dyl	ng, auci	h ss cerd	llac or respir	ratory an	reat,	Approximate intervel Between
IMMEDIATE CAUSE (Fin													Onset and Death
resulting in death)	→ .	DUE TO	Luca	1 AR Y	6	Dony	4						
Sequentielly list conditi		DIETO	FTA ST	ATIC ISEQUENCE OF	SF	SEAS		CAR	CIMO	ruch			
if any, leading to immed cause. Enter UNDERLYI		DOE TO	(OR AS A COR	ISECUENCE OF	-):								
CAUSE (Disease or inju- that initiated events		DUE TO	(OR AS A COA	ISEQUENCE OF	D:								
resulting in death) LAS	T .												į į
	-												
PART ii. Other significa	nt conditions	contributing to	death but n	ot resulting i	n the u	nderlying	ceuse g	iven in	Part i.	24a. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									_ 1	1 TES 2			COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	-	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ack only on	e)			
1 TYES 2 W NO		inpetient 2		t 3 □ DOA		rsing Home	5 🗆 Re	sidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH 1 1 1 Natural 5 1 1	Pending	26a. DATE OF (Month, Di		26b. TIM INJ	E OF URY	26c. INJU WOF	IRY AT		28d. DE\$	CRIBE HOW IN	JURY OC	CURED	
					M	1 🗌 Y	ES 2	NO					
	nvestigation							,					
2 Accident 3 Sulcide 6	nvestigation Could not be	28e. PLACE Of building,	F INJURY — A etc. (Specify)	t home, farm, a	treet, fac	tory, office			261, LOCA	ATION (Street as or Town, State)	nd Number	or Rural R	oute Number,
2 Accident 3 Suicide 6 4 Homicide	nvestigation Could not be determined	building,	етс. (ървспу)						City	or lown, State)			oute Number,
2 Accident 3 Suicide 6 C 4 Homicide 29a. CERTIFIER (Check only)	nvestigation Could not be determined	IAN: To the best of	my knowledge	, death occurre	d at the	time, data	and place,	and due	to the cau	se(a) and mani	ner as atat	ed.	
2 Accident 3 Suicide 6 C 4 Homicide 29a. CERTIFIER (Check only)	nvestigation Could not be determined	IAN: To the best of	my knowledge	, death occurre	d at the	time, data	and place,	and due	to the cau	se(a) and mani	ner as atat	ed.	oute Number,
2 Accident 3 Suicide 6 C 4 Homicide 29a. CERTIFIER (Check only)	Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER	IAN: To the best of	my knowledge	, death occurre	d at the	time, data	and place, with occur 29c. LICE	and due	to the cau	se(a) and mani	ner as stat	ed. e ceuse(e)	
2 Accident 3 Suicide 6 C 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE	Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER	IAN: To the best of an analysis of a	my knowledge	, death occurre	nd at the	time, data	and place, with occur 29c. LICE	and due	to the cau	se(a) and mani	ner as stat	e ceuse(e)	and menner ea stated.
2 Accident 3 Suicide 6 C 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	IAN: To the best of : On the basis of ex	my knowledge camination and	o, death occurre	od at the n, in my	time, data a	and place, ath occurs 29c. LICE	and due ed at the NSE NUM	to the cau time, data ABER	se(a) and mani	dua to th	ed. e ceuse(e) E SIONED	and menner ea stated. (Month, Dey, Year)
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF DR. MAYS	Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	IAN: To the best of : On the basis of ex	my knowledge camination and	o, death occurre	od at the n, in my	time, data a	and place, ath occurs 29c. LICE	and due ed at the NSE NUM	to the cau time, data ABER	se(a) and mani	dua to th	ed. e ceuse(e) E SIONED	and menner ea stated. (Month, Dey, Year)
2 Accident 3 Suicide 6 C 4 Homicide 6 C 29a. CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	Could not be determined IFYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WHO	IAN: To the best of : On the basic of ex	my knowledge camination and	o, death occurre	od at the n, in my	time, data a	and place, ath occurs 29c. LICE	and due ed at the NSE NUM	to the cau time, data ABER	se(a) and mani	dua to th	ed. e ceuse(e) E SIONED	and menner ea stated. (Month, Dey, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	the state of the s
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TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transin nermit. Phase	Z
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PHYSICIAN: MEDICAL CERTIFICATION

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COMPLETED

BE 2

13792 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH O 3. TIME OF DEATH DAY 23 1493 EKma 730 A onal 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Morth, Day, Year) Dec. 21,1924 471-20-8267 1 XM 2 F 68 Minnesota Se. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Chevy Chase 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4720 Chevy Chase Dr. 20815 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ physician private practice 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Carl O. Ekman Mathilda C. Renner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Donna E. Yurek 12948 Oak Lawn Pl., Herndon, Va. 22071 20a. METHOD OF DISPOSITION
1 □ Burlai 2 ※ Cremation 3 □ Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metropolitan Crematory 4-24-93 4 Donation 5 Other (Specify) Alex., Va. 21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 2222 Wisconsin Ave., N.W., Wash. 20007 23. FARM. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Daath** disease or condition weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Xeavs · C Cardiony 5 hemi Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, landing to immediata Colonery arter Xegus cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

PART	Ħ.	Other	aignificant	conditiona	contributing to	daath b	ut not	reauiting	in tha	undarlying	cause	givan in	Part
			. 1		MADD	/ I	42	2				_	
	_	-	100	2127	Moce								
_													

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

5 Pending Investigation

6 Could not be

datarmined

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF

4 - Nursing Home 5 - Residence 8 - Other (Specify)

26. PLACE OF DEATH (Check only one)

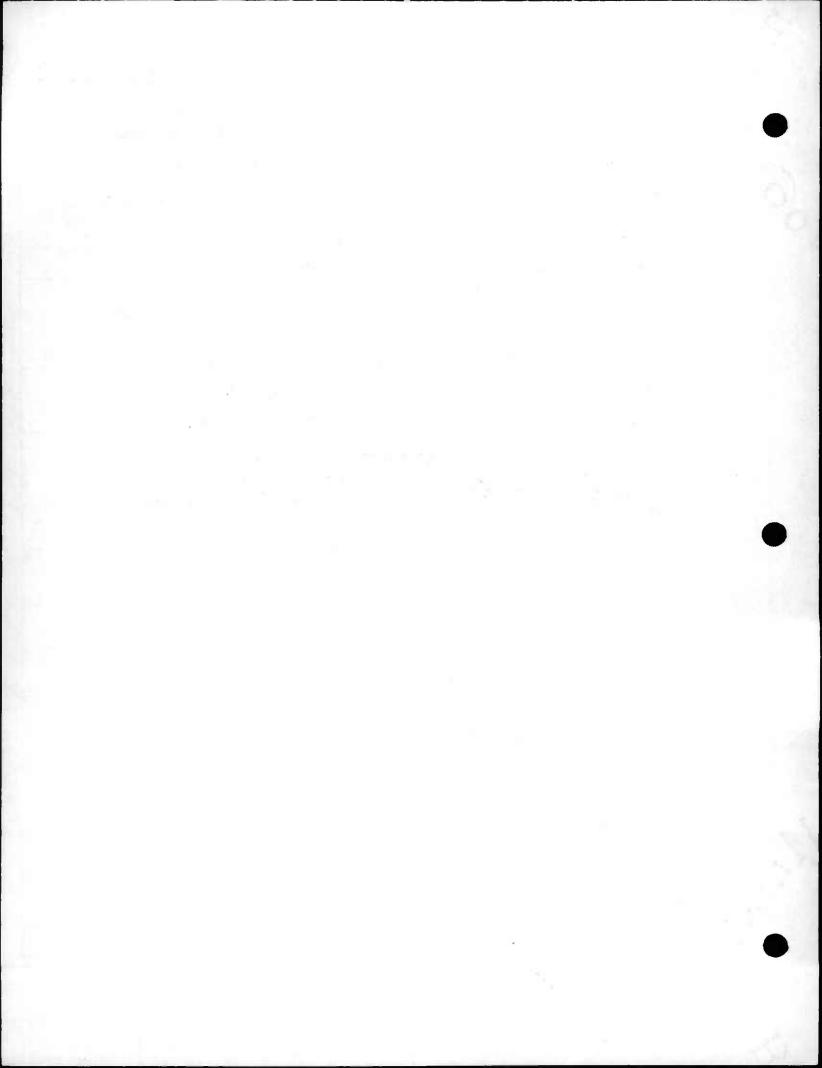
28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER	1 🗹 CERTIFYING PHYSICIAN: To the best of my knowledgs, death occurred at the time, data and place, and due to the cause(a) and manner as stated
(Check only	The century responsibilities the cause of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated
one)	2 MEDICAL FYAMINED: On the basis of examination and/or investment to

	the basis of examination and/or investigation,	in my opinion, o	leath occured at the time, data and place, a	nd due to the cause(s) and manner as stated,
BIGHATURE AND TITLE OF CERTIFIER	- Reviel	MP	29c. LICENSE NUMBER	29d, DATE SIGNED (Month, Day, Year)

AND TITLE OF CERTIFIER Person 10 10 10 10 10 10 10 10 10 10 10 10 10	NUMBER 9680	29d. DATE SIGNED (Month, D
ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) For 142 7715 K	Inner mes	ESPA MP

Live Davidson-Randelle 31. DATE FILED (Month, Day, Year) 97 1003



, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ary, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- sur after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

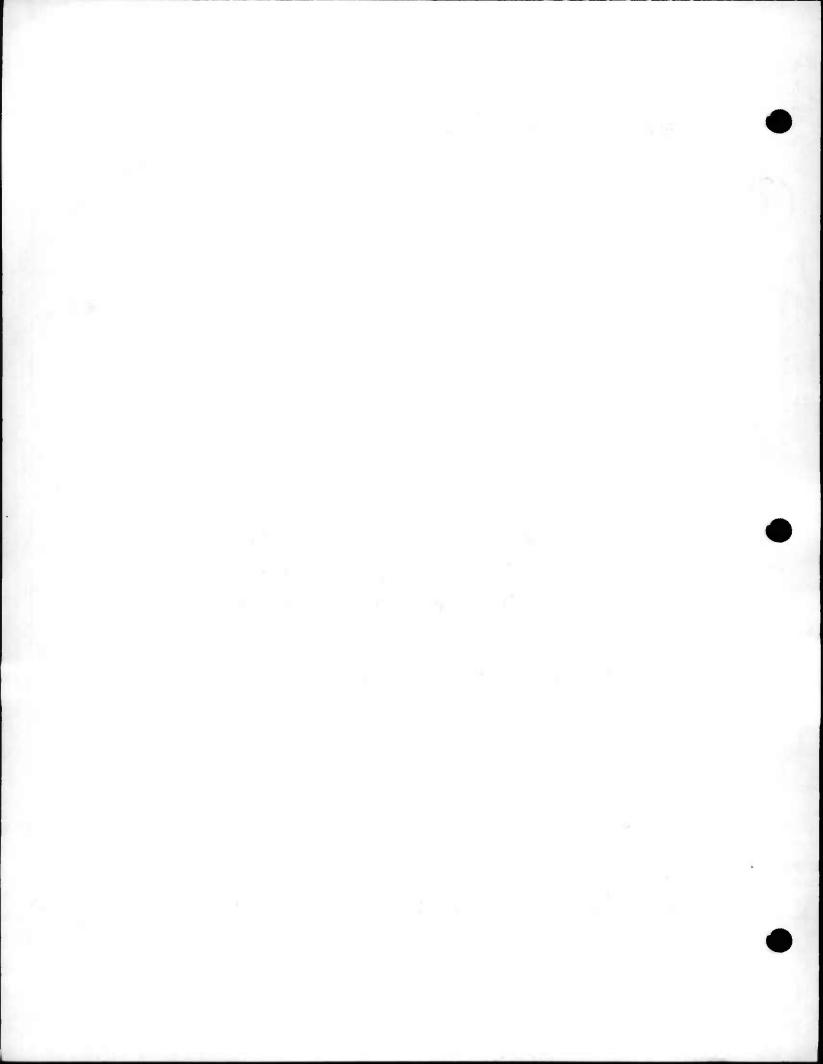
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1993

27

1. OECEOENT'S NAME (First,		Antonio	QIA	Enr:	iquez					2. DATE OF 1	DA	100	YEAR	3. TIME OF DEATH S:43 P. M	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In)					birthdey)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	April 23, 1993			6. BIRTI	6. BIRTHPLACE (State or Foreign	
45,000				77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 4-26-			Count	n) 11ipines	
90. FACILITY NAME (If not in		treet end number)		, ,		9b. CITY	, TOWN	OR LOCATI	ON OF OR		1717	9c. COL	INTY OF O		
Shady Grov	e Adve	entist Ho	ospit	tal		Ro	ckv	ille				Мо	ntgo	mery	
10e. STATE	10b. COUNTY	,			10c. CITY	TOWN C	OR LOCA	TION						10d. INSIDE CITY	
MD.	Mont	tgomery			Ga	ithe	reh	11170						LIMITS?	
10e. STREET AND NUMBER		egomer,			04	10110		r. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
670 West S	de Di	rive					- 1 -	2087	78			,	U.S.	Δ .	
11. MARITAL STATUS	rue Di	12. WAS DECEDEN						CENDENT C	F HISPA	VIC ORIGIN? (S			14. BAC	E — American Indian.	
1 Never Merried 2 🔀		FORCES? 1			0			pecify Cube S 2 🔯 NO		n, Puerto Ricer y:	i, etc.)		Spec	k, White, etc.	
3 Widowed 4 Divo														ilipinò	
	EDENT'S EDU highest grade			(GI	CEDENT'S L	ork done			ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	1000	Do NOT use	3411									
		5+			Dent:	Lst		7					enti)	stry	
17. FATNER'S NAME (First, M								16. MOT	HER'S NA	ME (First, Middle					
		riquez		T.,	88.610.222	. pp==-	0.75	Seat of the seat	1. 24/11				reja		
19a. INFORMANT'S NAME (7)										Route Number, C				20070	
Eloisa E.		S			OTZ (_				North). 20878 own, State	
1 ☑ Buriel 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other	n 3 🗆 Rem	oval from State	- 1	other pla	ice)										
21_SIGNATURE OF FUNERA		CENSEE	_ [Ge	ate (of He			NO ADDRE		CILITY				ng, MD.	
MI	1	01/	1.1							De				Home	
1000	Neu	×17-	n	w	ans	10) E.	Deer	Par	k Dr.,	Gai	ther	sbur	g, MD. 20877	
23. PART I. Enter the d ahock, or IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	List only one ca	use on e	ech line						A STATE OF THE STA	1000.	ratory an	ireat,	Approximate Interval Between Onset and Deeth	
Sequentially list condit If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events reaulting in death) LAS		b. CVC DUE TO C. OUE TO d.	O (OR AS A	A CONSEC	OUENCE OF	ce	wn	1 V	Bi	NAC What	7				
PART II. Other algnifica			death t	but not r	_		A.				. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
1207	46	1091	CON	ana	my !	BU	IN	16	983	1	YES 2			COMPLETION OF CAUSE OF DEATH?	
			(5	GRA	PT)	- 1						_		1 YES 2 NO	
25. WAS CASE REFERRED T	O MEDICAL							PLACE OF C	DEATH (C)	neck only one)					
1 PES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE		me 5 🗆 R	asidenca	6 Other (Sp	pecify)				
27. MANNER OF DEATH	Pending	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIMI INJ	E OF URY M	W	JURY AT	7	26d. DESCRI	BE HOW I	NJURY O	CCURED		
2 Accident	Investigation	28e. PLACE	OF IN.III	Y _ At he	me term -			YES 2 [_ 40	281 LOCATIO	N /Ctrant	and No	er or Dune	Route Number,	
	Could not be determined	building	, etc. (Spe	ocify)			, 0111				wn, State)	erru rturrillot	o or north	rous runnos,	
29a. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the best of	of my know	vledge, de	ath occurre	d at the	time, dat	te end plece	e, end du	to the causele	and me	nner ee st	eled.		
one)				on end/or	investigatio	n, In my	opinion,	desth occu	red at the	Hme, date end	l place, er	d due to	the ceuse	(a) end menner as stated.	
250. SIGNATURE AND TITLE	9 CENTIFIE	H T		_				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
ASPI	Atm	news	WY)				Do	009	45		▶ .	4-2	3-93	
38. NAME AND ADDRESS &	~	NO COMPLETED CAN		EATH (ITE	M 27) (Type,	Print)	Ken	2 Mm	MOUN	w Pos	an	Ge	ionna	0 (Month, Day, Year) 3-93 MBW ~ MB 20874	
31. DATE FILEO (Month, Day,		12. DEGISTA		NATURE			v 4		11000		- 10			20874	



21215-0020	tal or attending physician. for use as the burial-transit perm		TO BE COMPLETED BY FUNERAL DIRECTOR
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospit by the funeral director, page 5 should be detached moval.	ical examiner must be notified at once.	TO BE COMP
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

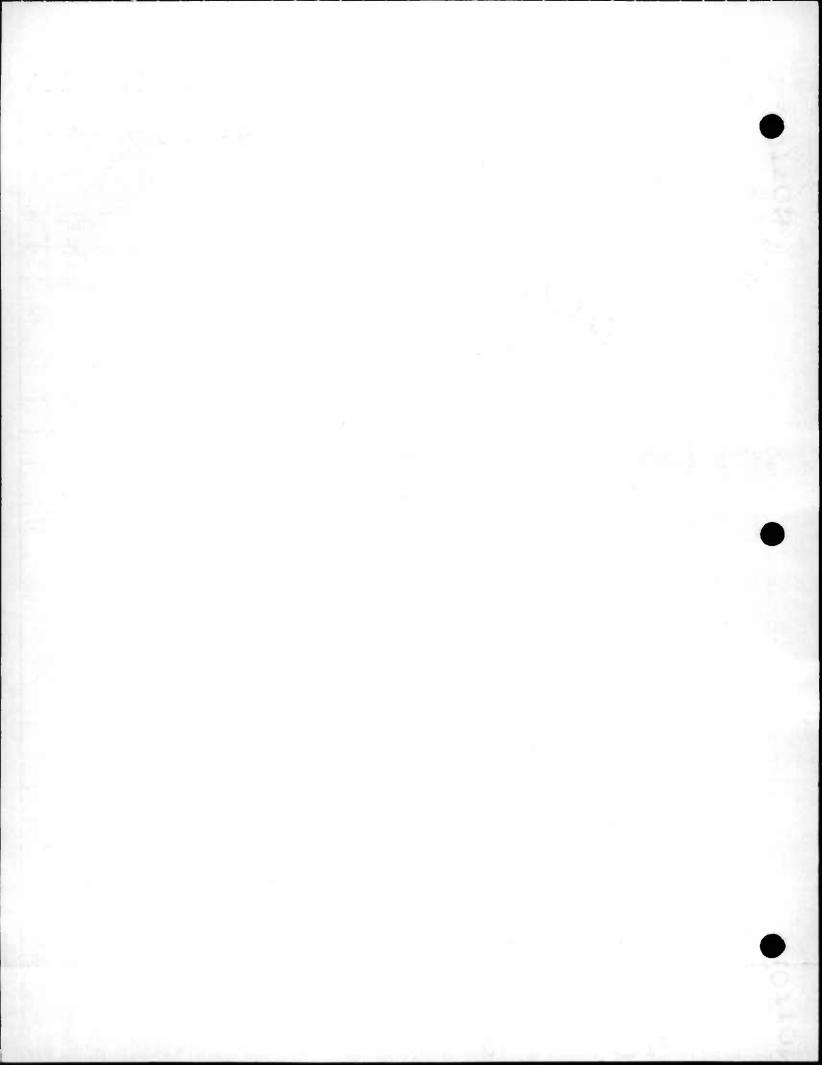
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CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR 4:35 P DOROTHY KATHERINE EVANS APRIL 993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 2/14/1912 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 | M 2 | F MD. 212-36-2318 YRS 81 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. Frederick Thurmont 1XXYES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 37 Water Street 21788 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri 1 TYES 2 NO Specify: BY 3 Mildowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) cafeteria supervisor hospital 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lee W. Morgan Nannie R. Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth L. Morgan 5 Wood St., Woodsboro, Md. 21798 20c. LOCATION --- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE tery, cremetory or other place)

Olivet Cemetery Mt. 4 Donation 5 Other (Specify) 4/8/93 Frederick, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Lemmer Frederick, Md. 21702 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximeta shock, or heert fellure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Peritonis DUE TO (OR AS A CONSEQUENCE OF): GATIC YCER 0 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? come 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 1 NO ng Home 5 Residence 8 Other (Specify) 4 - Nu 27, MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO Accident 28a. PLACE OF INJURY — Al home, larm, street, factory, offica building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER HED (Month, Day, Year) Diegam 1_ a millen 4 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR Junia Luydson-Randale 7 1993

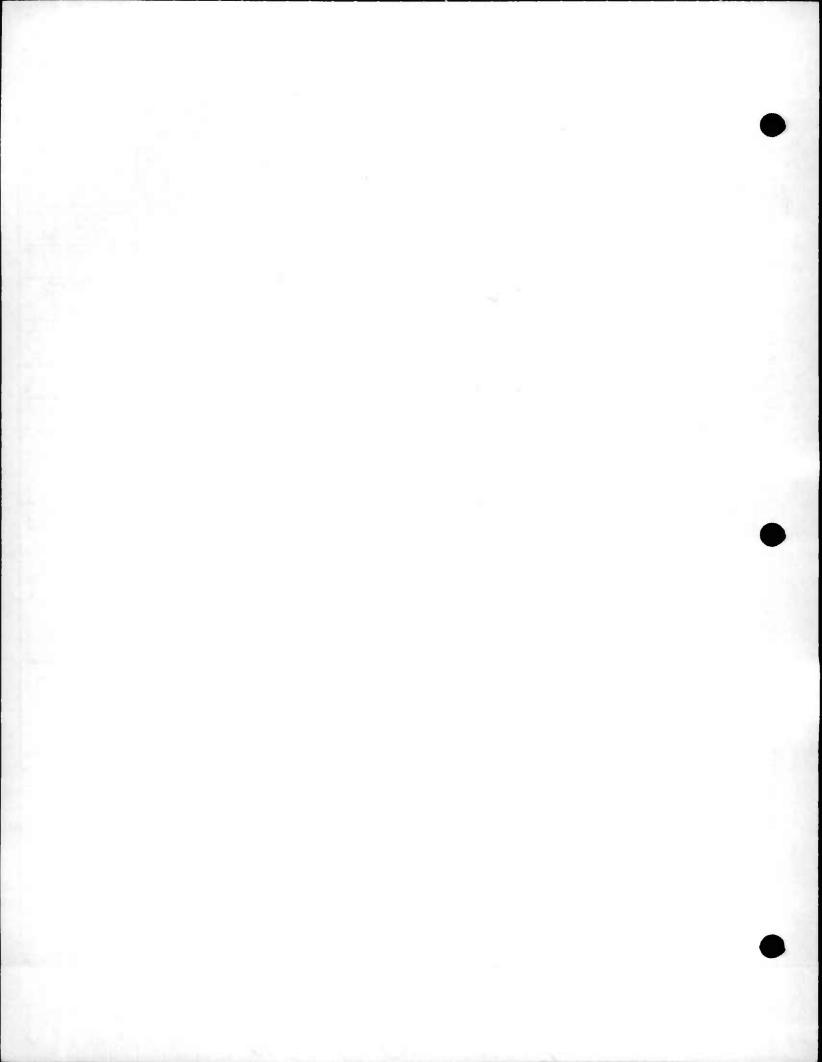


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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours atter death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE PEGISTRAR

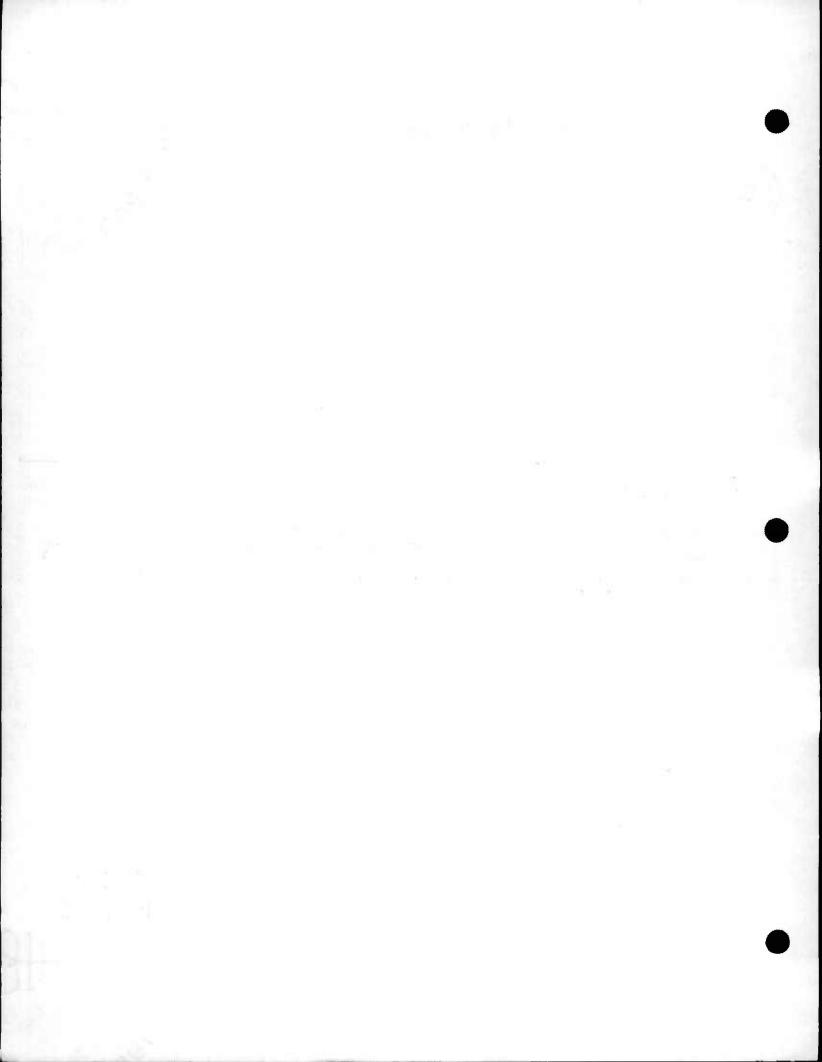
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
200	1. DECEDENT'S NAME (First, Mikidie, Last) ANNA CATHERINE ENGLE E.	LLSMORE		2. DATE OF DEATH DAY	9 2 3. TIME OF DEATH 2. 20 p M				
- 0			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH					
8	128-18-3543 1□M2∑F		THE DAYS HOURS MIN.	3-14-1905	8. BIRTHPLACE (State or Foreign Country) Maryland				
	Sa. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF D	EATH S	C. COUNTY OF DEATH				
TOR	Frederick Memorial Hospital		Frederick		Frederick				
m	10a, STATE 10b, COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY				
DIF	Maryland Frederick	Thur			1 YES 2 NO				
ERAI	8 Sunny Way		21788	,	U.S.A.				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE.	2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 VES 2 NO Specifi	in, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify: White				
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of worlding lired.)	16b. KINO OF BUSIN	ESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 10 Years	Homemake							
ő	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden Sur	name)				
BE	Howard Nicholas Engle			Florence Ma					
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural						
	Terry Davis	8 Sunn	y Way Thurmont	, Maryland 2	21788				
	117 Burial 2 Commetted 3 Removal from State	PLACE AND DATE OF DI tery, cremetory or other p a ceham Cet			ceham, Maryland				
Ì	21. SIGNATURE OF FUNERAL SERVICE UCENSEE	accitain oci	22. NAME AND ADDRESS OF FA	CILITY	UNERAL HOMES, P.A.				
	Kull 2- Kola	6			RMONT, MD 21788				
	23. PART I. Enter the diseases, or complications that caused	the death. Do not e	enter the mode of dying, suc	h as cardiac or respirat	ory arrest, Approximate				
	snock, or neart failure. List only one cause on as	ch iina.		and the second second	intervai Between				
	IMMEDIATE CAUSE (Final disease or condition								
H	DUE TO (OR AS A CONSEQUENCE OF):								
_			Grewmont	0 '	.				
CERTIFICATION	Seguentially list conditions	CONSEQUENCE OF):	Therow	a share					
2	cause, Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events resulting in death) LAST	CONSEQUENCE OF):							
H	d.								
2	PART ii. Other significant conditions contributing to death bu	t not reaulting in th	e undariying cause given in	Part i. 24s. WAS AN AU	TOPSY 24b. WERE AUTOPSY FINDINGS				
EDICAL	old ceretrovamin			PERFORME 1 YES 2	COMPLETION OF CAUSE				
Σ	Organic Brin Syr	Lyne			OF DEATH?				
ÿ	Virel Tristome								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		26. PLACE OF DEATH (Ch	, , , , , , , , , , , , , , , , , , , ,					
\$	1 YES 2 2 NO 1 Shpettent 2 ER/Outper 27. MANNER OF DEATH 28e. DATE OF INJURY	tient 3 DOA 4 2	Nursing Home 5 Residence						
	1 Netural 5 Pending (Month, Day, Year)	INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJU	IRY OCCURED				
B	Accident Investigation Suicide 6 Could not be 28e. PLACE OF INJURY building set (Specific	- At home, farm, street	, factory, offica	281. LOCATION (Street and	Number or Rural Route Number,				
TED	4 Homicide determined building, etc. (Specific	y)		City or Town, State)	vecee i armie armi				
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurred at	the time, data and place, and due	to the cause(s) and manne	r as stated.				
9	one) 2 MEDICAL EXAMINER: On the basis of examination	and/or investigation, in	my opinion, death occured at the	time, date and place, and d	us to the cause(s) and manner as stated.				
ш	296. SIGNATURE AND TITLE OF CENTIFIER	0	29c. LICENSE NUI	MBER 2	9d. DATE SIGNED (Month, Day, Year)				
0	Coulom A. And	-	0-18		4-10-97				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print	"						
ł	31. DATE FILED (MONTH) Pay, You'l 32. REGISTRAR'S SIGNA	U. N	which n	m. 217	٥١				
	31. DATE FILED (MORTE) Day, 1001) 1993 32. REGISTRAR'S SIGNA	on-Randall							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be associated within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Debt. of Health and Mental Housen prior to burial, companies, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hopens prior to burst, companion, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury,	

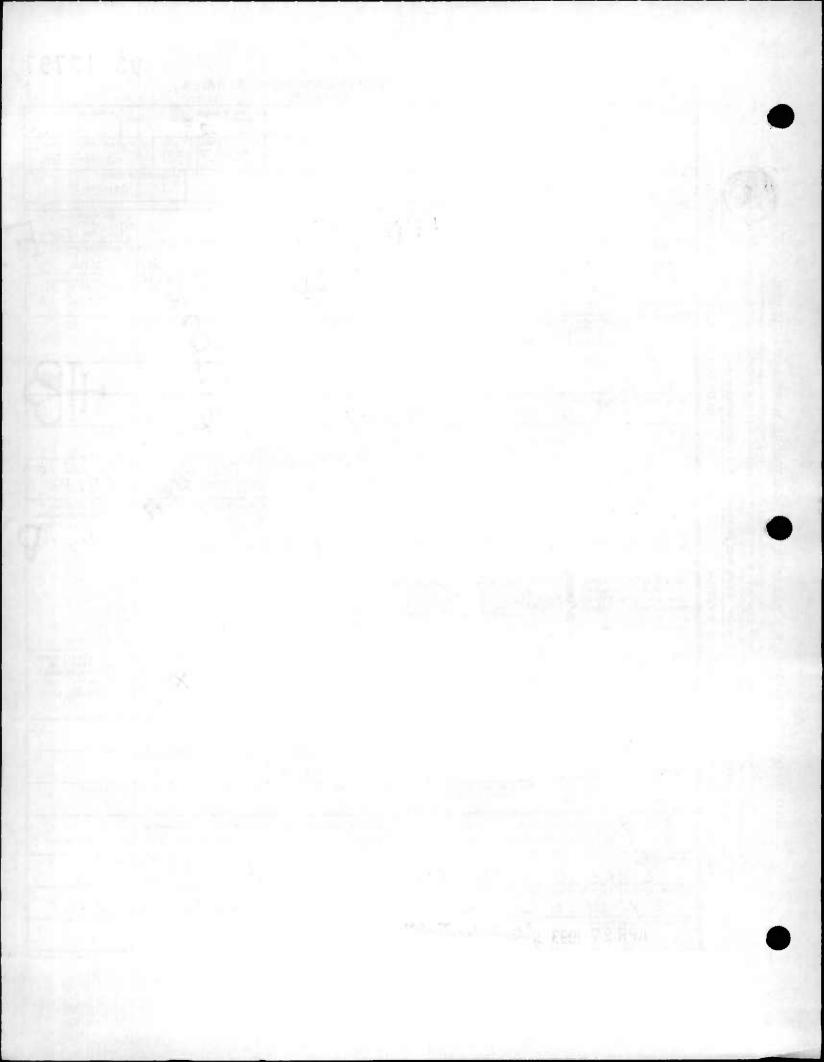
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (Fire Joidle, Last) Mary Ann	FIEN	IING			2. DATE OF DEATH D. 4-21-1993	AY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE 1 M 2 XF 7		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-3-1918	S. Bill Co	erthplace (State or Foreign unitry)		
O.	99. FACILITY NAME (If not institution, give str 432 Manor Road	eet and number)	91		nold	EATH	anne	rundel		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne	Arundel	10c. CITY, T	own or locat	2			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 432 Manor Road	Arnold			ZIP CODE	12		F WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 XDivorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes, sp	ENDENT OF HISPAI ocity Cuban, Mexica 2X NO Specif	NIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	St	ACE — American Indian, ack, Whita, atc. secily: AUCASIAN		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12+	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Supriv	done during mo- tired.)	IN st of working	16b. KIND OF BUS	ical Fac			
BE CON	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Malden				
5	19a. INFORMANT'S NAME (Type/Print) Mrs. Susan Ann W	lirth				old, Maryla		012		
	20e, METHOD OF DISPOSITION 1	val from State cen	netery: crematory or other LOTTaine	Park Ce	emetery	4-23-93 1		ce, MD		
	Sames &	Stark	mod					ark, MD 21146		
CERTIFICATION	Approximate interval Between Onset and Darth Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) List poly one cause on ach lina. Approximate interval Between Onset and Darth Due To (or As A consequence of): Due To (or As A consequence of):									
CEHT	that initiated events resulting in death) LAST		A CONSEQUENCE OF):				_			
N: MEDICAL	PART II. Other significant conditions	contributing to death b	out not resulting in t	he undariying	cause given in	Part I. 24s. WAS AN PERFOR 1 UYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Ch					
۵.	27. MANNER OF DEATH 1 🔀 Netural 5 🗌 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Z8c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURED			
I ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28s, PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree city)	t, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Run	of Route Number,		
COMPLEI		IAN: To the best of my know						e(e) and manner as stated.		
O BE C	29 SIGNATURE AND TITLE OF DENTIFIER	ac-	(P-2)		29c. LICENSE NUM			ED (Month, Day, Year)		
=	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	2 Aelm	eHui	I. Avnald	MO	21(1)7		
	APR 29 1993 4	32. REGISTRAR'S SIGN	nda 22			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.10	4010		



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	1 - STATE REGISTRAR			CATE OF		REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lest)		24. 00			2. DATE OF DEATH	MY Y	3. TIME OF DF				
н	WILLIAM (ON. SR.			April 23,	1993	11:32				
	220-16-495.2	/	66 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fo				
	9a. FACILITY NAME (If not institution, give		80	9b. CITY, TOWN 0	OR LOCATION OF DE	04-13-19	9c, COUNTY	Pennsylvani				
OR I	Anne Arundel Med				polis	23111		Arundel				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TOWN OR LOCAT	TION			10d. INSIDE CITY				
DIRECTOR	MD Anne	2 Arundel		Annapo				LIMITS?				
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	111 Magnolia La				21403			ed States				
è l	11. MARITAL STATUS 1 Never Married 2 X X Arried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 11 VY IF YES, GIVE WITH OF WWT T	R IN U.S. ARMED ES 2 NO 1 DATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No 14.	RACE — American India Black, Whita, atc. Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S L	JSUAL OCCUPATION done during mo	ON and working	16b. KIND OF BU	SINESS/INDUS					
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT use	retired.)	as or working		4 . 0 4	96 J-1				
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Manage	ı			ety Sto	res				
S	Guy Sciple Fergi	14 on			134-1-2	ME (First, Middle, Meiden Hallie Sai						
m	19a. INFORMANT'S NAME (Type/Print)	~~~	19b, MAILING	ADDRESS (Street a		Route Number, City or Tox		de)				
임	Ruth D. Ferguson	1				inapolis, I						
	20s. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Ren	noval from State	20b. PLACE AND DATE OF	F DISPOSITION (Na	ime of	DATE 20c. LC	CATION - City	or Town, State				
	4 Donation 5 Other (Specify)	N	emotory, cromatory or oth ID Veteran	Cemete	ry 04-27	-93 Cr	ownsvi	ele, MD				
	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Ho 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or competications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
N: MEDICAL			Total not resulting in	Titla underlying	y couse given in	Part I. 24a. WAS AN PERFO! 1 TYES 2	RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C DF DEATH? 1 YES 2 N				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	eck only one)						
S.∤	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	utpetient 3 DOA	4 - Nursing Hom	e 5 🗆 Residence							
- 10	1 Natural 5 Pending	(Month, Day, Year		RY WO	VES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU building, atc. (S	RY — At home, farm, sti			281. LOCATION (Street City or Town, State)	and Number or I	Rural Route Number,				
O BE COMPLET		HICIAN: To the best of my kn ER: On the basis of examina				time, data and place, ar	nd due to the co	GNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHEEL W CO LE	5 TH 91	DO BES	TOAT	ERD	ANNA	P. M	D 2140,				
	31. DATE FILED (MOOTH, Day, Year) APR 2 7 1993	3. REGISTBAR'S SH Julia Davidos	mandell									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physiciam.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training has filed within 72 hours after clearly with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PHYSICIAN: MEDI

BY

BE COMPLETED

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	FOR STATE REGISTRAR	STATE OF M			RTMEN					HYGIENE REG. NO.	9	3	13798	
	1. DECEOENT'S NAME (First, Middle, Last,	1. DECEOENT'S NAME (First, Middle, Last) Elva L. Finney 2. OATE OF DEATH MONTH 4-23-93											TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER 219-44-5968	OCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday)							7. DATE OF (Month, L)	7. DATE OF BIRTN 8. BIRTNPL, (Month, Day, Year) Country)			5:00 P. M MCE (State or Foreign on, Md.	
CTOR	98. FACILITY NAME (If not institution, give Devine Haven RESIDENCE OF DECEDENT		Home		9b. CIT		Elkt		EATN	9c.	Cec		N	
DIREC	10s. STATE 10b. COUN			10c. CI1	FY, TOWN	or Locat							d. INSIDE CITY LIMITS? X YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 247 Mackall						, ZIP COD	2	1921		Ţ		· A .	
BY	11. MARITAL STATUS 1- Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	IMED NO		If yes, sp		m, Mexica	n, Puerto Ric	Specify Yes or No an, atc.)	В	lack, W	American Indian, hite, atc. White	
COMPLETED	15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12)	s USUAL OCCUPATION f work done during most of working use retired.) & Operator Rooming House						е						
BE CON	17. FATNER'S NAME (First, Middle, Lest) Walter L. Finney 18. MOTNER'S NAME (First, Middle, Melden Surmame) Elizabeth Barber													
TO B	19e. INFORMANT'S NAME (Type/Print) Norma L. Hoste	etter								City or Town, State Pa. 1				
	20e. METHOD OF DISPOSITION 1		20b. PLACE other pi	OF DISPO	Elkton Cemetery Elkton, Md.									
	21. SIGNATURE OF UNERAL PROVICE L	21. SIGNATURE OF TUNERAL PREVICE LICENSEE							Gee Funeral Home Elkton, Md					
	23. PART I. Enter the disease or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart letters. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. CO COST TO CONSEQUENCE OF:											Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): AMERICA CHIEF CAMPICA CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CHIEF CAMPICA CAMPICA CONSEQUENCE OF): CHIEF CAMPICA CAMPICA CONSEQUENCE OF):													
CAL CER	PART II. Other algnificant condition								Part I. 2	4a. WAS AN AUTO PERFORMED?		AM	TRE AUTOPSY FINDINGS	

1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)

OF DEATH? 1 | YES 2 | NO

4-13-93

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 6 \(\text{Other (Specify)} \) 1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED Natural 5 Pending investigation м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicida

29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

007463

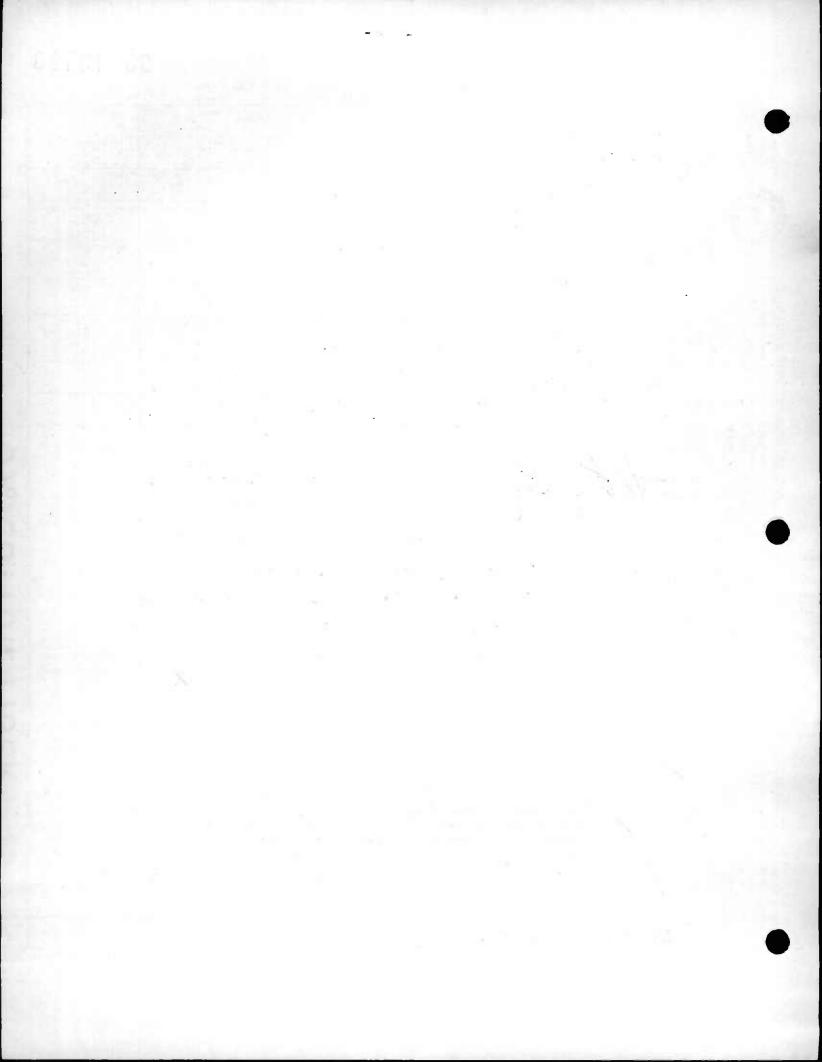
30. NAM AND ADDRESS OF PERSON WNO ODMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21921 105 E. Main Street, Elkton, Md. Najera, M.D. Rolando A.

31. OATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 28'93

Sulia Savidson-Randoll

DHMH-18 Rev 1/89



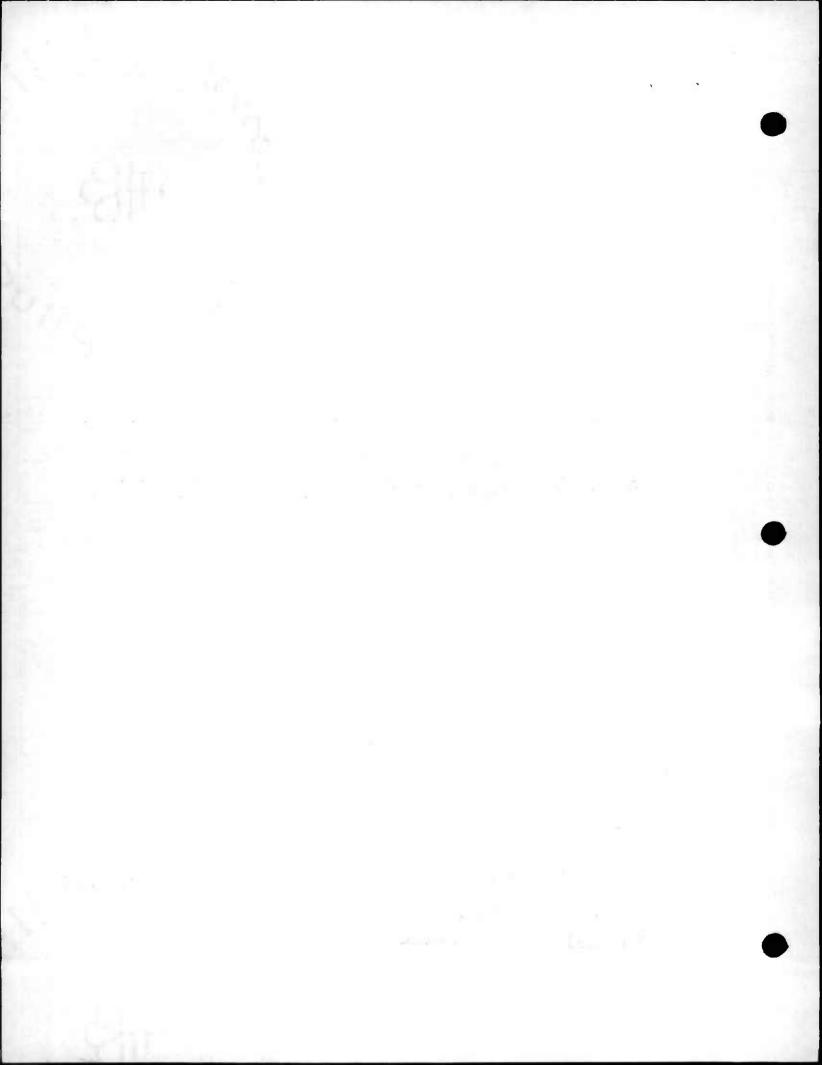
FOR

	1 - STATE REGISTRAR	OINIE OI	CI	ERTIF	ICATE C	OF DEATH	MENIAL HTG REG.			
	1. DECEDENT'S NAME (First, Middle,	Last)				, BERTH	2. DATE OF DEAT	Н		3. TIME OF DEATH
	Edward J	ohn Ferns	S				0.4	7 A	YEAR Q 3	7:00 %
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	1	8. BIRTI	HPLACE (State or Foreign
	365-16-768	34 1 X M 2 F	73	YRS.	MONTHS BA	YS HOURS MIN.	(Month, Day, Yea 8 - 28 -		Count	(17)
	Se. FACILITY NAME (If not institution,	give street and number)		_	9b. CITY, TOV	WN OR LOCATION OF E			DUNTY OF D	DEATH
OR	Meridian Nursing Center - The Pines Easton, MD Ta								albot	
DIRECTOR			1110	_				110	ITOOL	
2	715 FILE.			Y, TOWN OR LO					10d. INSIDE CITY LIMITS?	
		lbot		5	C. MIC	chaels				1 TES 2 XNO
A.	10e. STREET AND NUMBER					101. ZIP CODE		1 1		WHAT COUNTRY?
FUNERAL	23751 Mt. Pl		-			21663			JSA	
	11. MARITAL STATUS 1 Never Married XIX Married	12. WAS DECEOE!	NT EVER IN U.S. AR IXYES 2 II MAR OR DATES	RMEO NO		DECENDENT OF HISPA			14. RACI Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced				10	YES 2 XNO Spec		,	Spec	ffy:
	15. DECEDENT'S		Coast C		USUAL OCCUP	METION				White
Ë	(Specify only highest	grade completed)	(G	ive kind of a Do NOT us	work done during	most of working	16b. KIND OF	BUSINESS	INDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)		e Fore	eman	NJ S	tate	Poli	CO
COMPLETED	17. FATHER'S NAME (First, Middle, Las	st)					AME (First, Middle, Me			
ŏ	Edward Josep						Riddel			nd.
BE	19e. INFORMANT'S NAME (Type/Print)		100	- MAII INC	ADDRESS (OL	eet and Number or Rural				Id
2	Edward J. Fe		100							St. Michae
	20a. METHOD OF DISPOSITION		20h BI 405	_	OF DISPOSITION			LOCATION		
	1 Burial 2 Cremation 3 4 Donation S Other (Specify)		cemetery, cre	matory or o	ther place)				C. C.	
	21. SIGNATURE OF FUNERAL STRVIN		Salis	bur		natory E AND ADDRESS OF F	ACILITY	alisi	oury	Maryland
	R. Kai	H Pl		FSP	Min	wnam Fun		me, 1	P.A.	
	N /sec	in 1 mps	1	,	200	O S. Har	rison S	t., 1	East	on, MD
	23. PART I. Enter the diseases shock, or heart fell	, or complications the lure. List only one car	at caused the de	eth. Do i	not enter the	mode of dying, su	ch aa cardiac or r	espiretory	arreat,	Approximate
	IMMEDIATE CAUSE (Finel		-		•					Interval Between Onset and Death
	disease or condition resulting in death)		DIAC	- 1	ARREST					
	OUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,									
CERTIFICATION	if any, leading to immediate									
일	cause. Enter UNDERLYING CAUSE (Disease or Injury									
Ë	that initiated events resulting in deeth) LAST	506 10	(OR AS A CONSE	OUENCE O	F):					
ij.	WWW.Eskovapeski - 152	d								
	PART II. Other algnificant cond	ditions contributing to	death but not r	resulting	in the underl	ying cause given in	Part I. 24s. WA	S AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS
DICAL		HEMIG	MRES	15			40.00	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀							1 U YE	S 2 PINO	- 1	OF OEATH?
2										1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDIC	AL			28	I. PLACE OF DEATH (C	heck only one)			
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ 004	OTHER:					
Ξ̈́	27. MANNER OF DEATH	28e. DATE OF		26b, TIM	E OF 28c.	Home 5 Residence	28d. DESCRIBE H	W IN HIST C	CCUBED	
	Natural S Pending	(Month, E	Day, Year)	INJ	URY	WORK?		, madrii (JOGONED	
В	2 Accident Investiga 3 Suicide	28e. PLACE C	F INJURY — At ho	me, farm,			28f. LOCATION (St	net and Num	her or Rumi I	Prude Number
	4 Homicide determin	Duliding.	atc. (Specify)	arine in			City or Town, S	tate)	Del Of Horal /	tone manuol,
COMPLETED	29e, CERTIFIER				roessy t					
MP		PHYSICIAN: To the best of								
8		AMINER: On the beele of e	xamination end/or	investigatio	n, in my opinio	n, death occured at the	e time, date end place	e, end due lo	the ceuse(e	e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CER	TIFIER BALL	14			29c. LICENSE NU	IMBER	29d. D	ATE SIGNED	(Month, Day, Year)
2		- o isaun	111)			D0025	0		4/1	4193
-	30. NAME AND ADDRESS OF PERSO				•					
	Callum R. W.	Bain, M	.D., 41	.5 E	. Dove	er Stree	t, East	on, N	1D 2]	601
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE							
	APR 1 5 1993	in the make	idson-Rand							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

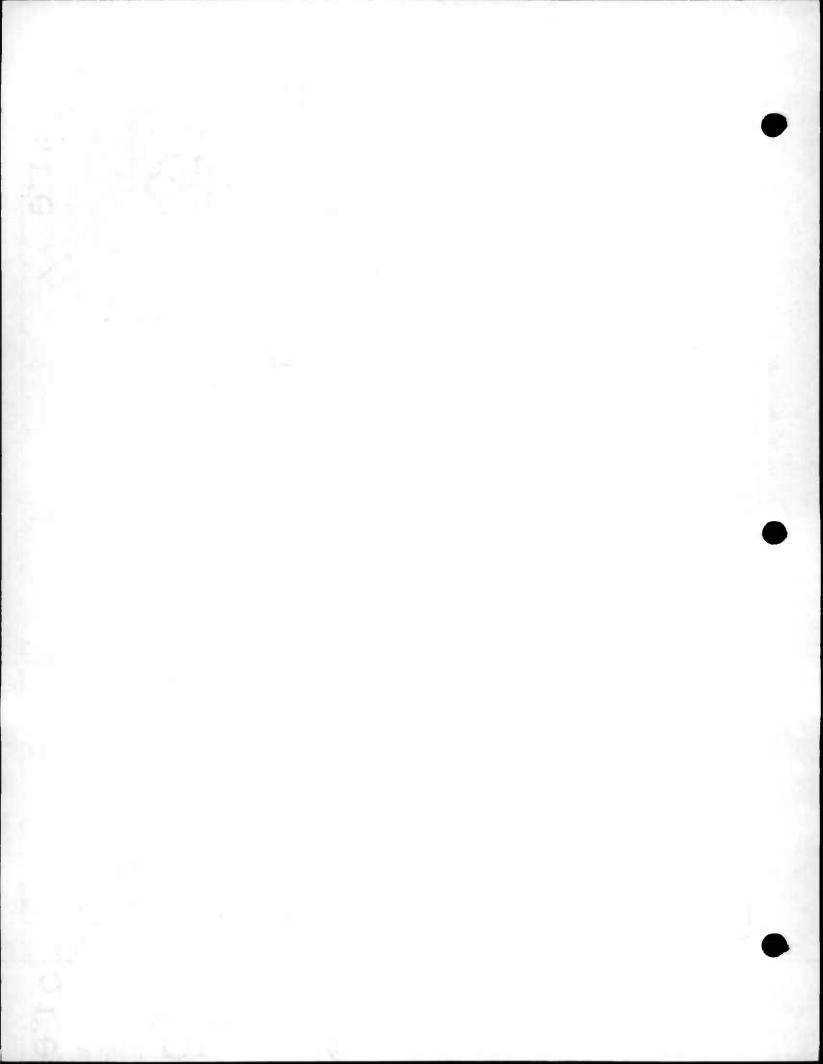
DHMH-16 Rev 1/89



BALLIMORE, MARTLAND	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	THE HISPITIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be then when 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VII	THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNEFIAL DIRECTOR; After this certificate to the New With the State	IMPORTANT: If Item 28 is marked, or ite

-	FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
D.	ECEDENT'S NAME (First, Middle, Last)			2. DATE O	F DEATH

	1 - STATE REGISTRAR	SIATE OF MA	AKYLANU / DEP CERTI	ARIMENT (FICATE			ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last,	,		107112	O. DEA		2. DATE OF DEATH			3. TIME OF DEATH	
- 0	JOHN AGUSTA	FITZGERALD					MONTH D	AY	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. lest birthde	y) IF UNDER 1 Y	EAR IF UNDER	24 400 2	APRIL 17	1993		6:40p.m. M	
	225-32-7754	1 💢 M 2 🗆 F	60 YRS	MONTHS C	AYS HOURS		(Month, Day, Year) 2-4-1933		Countr	V)	
- 9	Sa. FACILITY NAME (If not institution, give		96. CITY, TOWN OR LOCATION OF							VIRĞINIA	
œ			TMAT				Н		NTY OF D		
2	DOCTORS COMMU	NIII HUSP	IIAL	LANE	AM-SEAF	ROOK		PKI	NCE	GEORGE'S CO.	
DIRECTOR	10a. STATE 10b. COUNT	ТҮ	10c.	OTY, TOWN OR	OCATION					10d. INSIDE CITY	
뜸	MARYLAND PRINC		EW CARI					- 1	LIMITS?		
	10e. STREET AND NUMBER	al Gloralo		DIV CANA	10f. ZIP COD			10m CIT	TEN OF W	HAT COUNTRY?	
5	8301 SPRAGUE PI	LACE			2078	_		log. Cit		MAI COONTRIT	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT	EVED IN 11 S ADMED	12 40			ORIGIN? (Specify Yes	1	USA		
	1 Never Married 2 Married	FORCES? 1	YES 2 ()(10	H v	s. specify Cube	n. Mexican I	ORIGIN? (Specify Yer Puerto Rican, etc.)	or No-	14. RACE Black	— American Indian, , Whits, etc.	
B	3 Widowed 4 Morced	IF YES, GIVE WAI	R OR DATES	1 [YES 2 XWO	Specify:			Specif	And the second second	
	15. DECEDENT'S ED	UCATION	16a, DECEDEN	I'S USUAL OCCI	IPATION		16b. KIND OF BU	SINESS/INI	MICTOV	WHITE	
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done dun use retired.)		ng	Total Killio Or Bo	311E33/111E	/V31N1		
4	9th	Conege (1-4 or 5+)	MECH	ANTC			PRIV	AUE			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11113011	211110	18 MOT	HED'S NAME	(First, Middle, Maiden				
	FRANK FITZGERAI	B					ELICK	Surname)			
8	19a. INFORMANT'S NAME (Type/Print)		195 MAII	NG ADDRESS /S			Ite Number, City or Tow	- 0 7-	2		
2	ELSIE TINSLEY									00/704	
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA			ACE IV.	EW CARROI			20784	
- 1	1 Burisi 2XXCremation 3 Ref	noval from State	RIVERDAL			ODV 4	OATE 20c. LO		10.5.51 9.5		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TIT ATTITUDAT	E PARK	CULMAI	ORI 4	TZU KI	VERD.	ALIE,	VERAL HOME	
	Humberli	_									
		/					ROAD LAN		•	0 20785	
	23. PART i. Enter the diseases, or shock, or heart fellure	List poly one cause	aused the death. D	not enter th	e mode of dy	ing, such a	aa cardlac or reap	iratory an	reat,	Approximate	
	IMMEDIATE CAUSE (Final									Interval Between Onset and Death	
	disease or condition resulting in death)	. Sep	AS A CONSEQUENCE OF):								
Z	aspiration preumonia									240	
E	Sequentially list conditions, if any, leading to immediate	DUE TO O	R AS A CONSEQUENCE	OF):	1 11	1	_	1			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	a prof	ound 1	r en	ellepate	4		1 WK			
늗	that initiated events resulting in death) LAST	DUE TO(JO	R AS A CONSEQUENCE	OF):	~ /~	c 5	C				
CERTIFICATION	resulting in death) EAST	a. / ive	direu	u/c	ir-no	15				6 yrs	
	PART II. Other significant condition	ns contributing to de	eath but not regulting	g in the unde	riving cause	niven in Pe	ort I. 24e. WAS AN	ALITTOREY	245	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL		acreosis			., mg cadec	givon mira	PERFOR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
		•					_ 1 _ YES 2	NO		OF DEATH?	
Σ	hepatorena		elum				- ′			1 TYES 2 NO	
A S	25. WAS CASE REFERRED TO MEDICAL	abus									
S	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF O	EATH (Check	only one)				
₹	1 YES 2 TONO 27. MANNER OF OEATH	1/-	R/Outpatient 3 DO/			sidence 6	Other (Specify)				
	1 Natural 5 Pending	28s. DATE OF tN (Month, Day,		INJURY	c. INJURY AT WORK?		ad. OEŞCRIBE HOW I	NJURY OC	CUREO		
B	2 Accident Investigation				YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE OF I building, at	NJURY — At home, farr c. (Specify)	n, street, factory	office	2	81. LOCATION (Street of City or Town, State)	and Number	or Aural A	oute Number,	
E									305		
립	(Check only 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, death occ	urred at the time	dats and place	, and due to	the cause(s) and mar	nner as stai	led.		
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of sxar	mination and/or investig	ntion, in my opin	on, death occu	red at the tim	ne, dats and placs, sn	d due to th	e cause(s)	and menner as stated.	
	296. SIGNATORE AND TITLE OF CENTIFIE	m. 04			29c. LIC	ENSE NUMBE	ER	29d. DAT	E SIGNÉD	(Month,;Day, Year)	
BE C	() and	& Yalore	1.4		2	4331	1	•	4/2	0/93	
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	pe, Print)		0			1	-1.7	
	DAVID ESTOY	LES TO	mr. D	201 /	ANDOL	1-70 1	20 -140	TUR	YM	1000786	
- 1		-C 3 \	La La								
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	501 6	20,000	C/C /	, Cuc	D C		0 20 785	
		32. REGISTRAR	S SIGNATURE Davidson-Ro	ndell	21,11901	Cic /	, 000	00.00		020785	



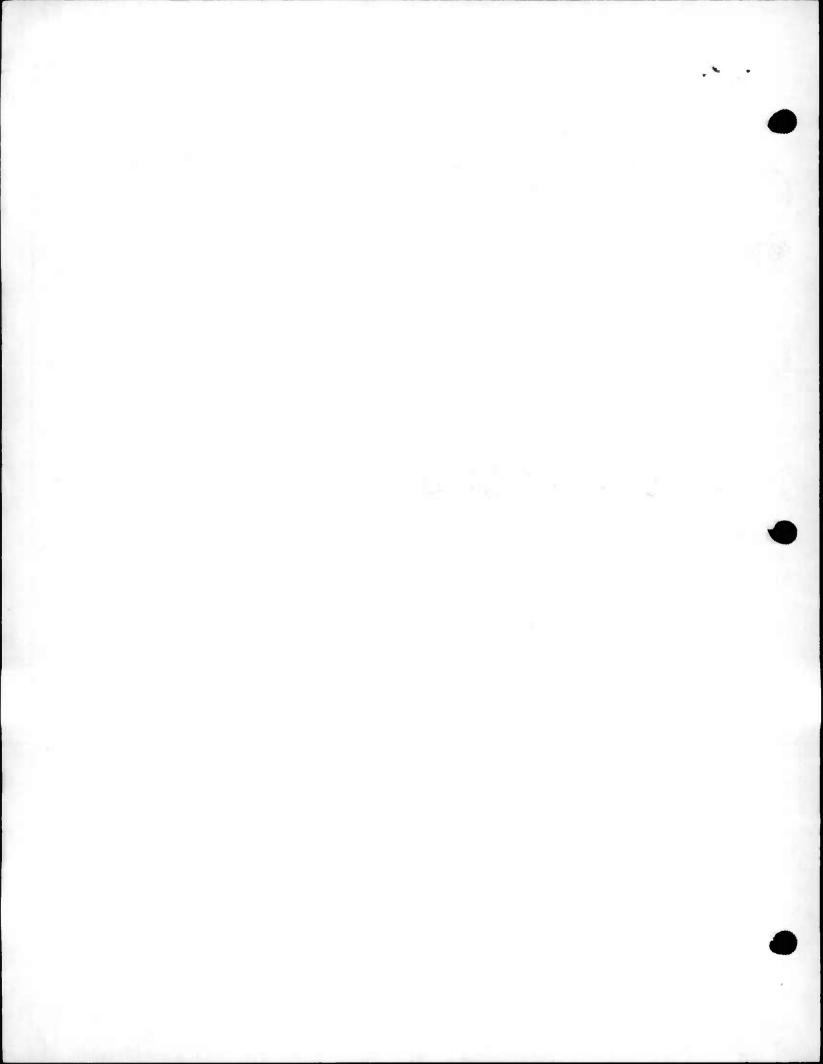
nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)		- -			2. OATE OF	DEATH	40	YEAR	3. TIME OF	DEATH
Mary Madeleine	e Fort	enberry			05	02	[~] 9.	3	1:	15 PM
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)		a. BIRTH	PLACE (State	
226-46-8039	□ M 2 🔀 F	55 YRS.	NTHS DAYS	HOURS MIN.	2-1	5-19	38	Was	" hingt	on DC
9a. FACILITY NAME (If not institution, give street	and number)	91	. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	NTY OF D	EATH	
Potomac View Roa	ad Box 12	6B	Newl	ourg			Cha	rle	S	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I so CITY T	OWN OR LOC						10d. INSIDE	OITY
	-1								LIMITS	?
Maryland Char	ries		Newbu	IT S of, ZIP CODE			ton CITI	ZEN OF V	1 TYES	
Rt 1 Box 126B			- 1	20664			,		WIAI COOK!	nir
	WAS DECEDENT EVER IF	IIIS ADMED	12 WAS DE	CENDENT OF HISP	ANIC ORIGINS	Sancifu Vac	USA		E _ Americas	Indian
1 Naver Merried 2 X Merried	FORCES? 1 YES	2 🔯 NO	If yes, s	pecify Cuban, Maxie	can, Puarto Ric	an, atc.)			E — American k, White, etc.	i iirainii,
3 Widowed 4 Divorced	IF 123, GIVE WAN ON DE	NES.	'''	S 2X NO Spec	апу:			Wh	ite	
15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON Oleter()	16a. DECEDENT'S US	UAL OCCUPAT	TION	16b. K	IND OF BU	SINESS/IND			
	ollege (1-4 or 5+)	(Give kind of world life. Do NOT use n	etired.)	lost or working						
9		Deli Cl	erk		F	ood	Indu	str	У	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	IAME (First, Mic	ldle, Malden	Surname)			
John Burt Doing				Made	leine	Emm	a Ge	ige	r	
19a. INFORMANT'S NAME (Type/Print)				and Number or Rura				,		
Linda Ann Stuart				.26B Ner		_				
20a. METHOD OF DISPOSITION 1	from Stata	PLACE OF DISPOSITI			•	20c. LO	CATION —	City or To	own, State	
4 Donation 5 Other (Specify)		Huntt Cr			5/3	Wa	ldor	f, I	MD	
21. SIGNATURE OF FUNERAL SERVICE LICENS				hart-Ec		Fund	eral	Hor	me T	nc
Bruton C	· lchors			. Box 5						iic.
23. PART I. Enter the diseases, or com-	plications that caused	the deeth. Do not							Appro	oximete
shock, or heart failure. Liet IMMEDIATE CAUSE (Final	only ona ceuse on e	ach line.								rai Between t and Dasth
disease or condition	Acusto	1-00kg	mli						4.	- M
resulting in deeth) a	OUE TO (OR AS A	CONSEQUENÇE OF):	114						+ 1	40-7
	che	mother	up							
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	0)							
cause. Enter UNDERLYING CAUSE (Disease or Injury										
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
d										
PART II. Other significant conditions of	ontributing to death b	ut not resulting in	the underlyi	ng cause given i	n Part I. 2	4a. WAS AN	AUTOPSY	248	. WERE AUTO	PSY FINDINGS
000	VIUN C4	nce				PERFO	7		AVAILABLE P	
						YES 2	2 John		OF OEATH?	
					_		(1 TYES	Z [] NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Check only one)					-
	OSPITAL:		THER:	me 5 🗆 Realdance		Speciful				
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C	OF 28c. II	NJURY AT	*		INJURY OC	CURED		
1 Natural 5 Pending	(Month, Day, Year)	INJUR	4.0	YORK? YES 2 NO						
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, stre	et, factory, of	lica				or Rural	Route Number	
4 Homicide detarmined	building, atc. (Spe	ony)			City or	Town, State)			
298. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my know	ledge death occurred	at the time de	te and piece, and d	un to the anua	(a) and ma		arl.		
(Check only one) 2 MEDICAL EXAMINER: 0									a) and manne	r as stated.
29b, SIGNATURE AND TITLE OF GERTIFIER	41							-		
A SIGNATURE AND THE OF CERTIFIED	7/ ·			29c. LICENSE N	979	3	29d. OAT	E SIGNE	Month, Day,	rear)
30. NAME AND ADDRESS OF PERSON WHO CO	DIN LETED CAUSE OF OF	ATH (ITEM 27) (Time D	int)	1 27	1///			1	117	
William R. K	12/4 MD	STM	14/4's	Hup.	tal.	Lesu	1 WIV	110	m)]	1080
31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGN	ATURE	1	0	1					



	TOTAL CHARGE TO THE CONTRACT OF STATE O
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
DALLINORE, MANICAN	

3 '93

2

						93	13802				
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN		, , , , , , ,				
1	1. OECEDENT'S NAME (First, Middle, Last)	et Elizabeth			2. DATE OF DEATH	2 0 4	3. TIME OF DEATH				
		5. SEX 6. AGE (In yrs. las		R t YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7 7 2	5 11 U:15 M "				
1	214-16-1943	1 □ M 2× F 70	YRS. MONTHS	DAYS HOURS MIN.	7/6/1922	100	BIRTHPLACE (State or Foreign Country) Maryland				
TOR	9a. FACILITY NAME (If not institution, give stre Sinai Hospital RESIDENCE OF DECEDENT	et and number)	96. CIT	Raltimore	DEATH	9c. COUNTY	OF OEATH				
DIRECTOR	10a. STATE 10b. COUNTY	arroll	10c. CITY, TOWN	OR LOCATION Hampste	ead.		10d. INSIDE CITY LIMITS? 1 MY YES 2 NO				
7	10e. STREET AND NUMBER			101. ZIP CODE	-	10a CITIZEN	OF WHAT COUNTRY?				
FUNERAL	4220 Crystal Cour			2107		Ţ	JSA				
BY FU	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☐ N IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexico 1 YES 2 NO Specify Cuban	en, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, etc. Specify:				
							White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+) (Gi	CEDENT'S USUAL C to kind of work done Do NOT use retired.) Peacher	CCUPATION during most of working	Carrol		ty Schools				
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Malden		01 00110020				
BE C	Samuel G. Frederic			Alice	Margaret Ko	pp					
2	19a. INFORMANT'S NAME (Type/Print) 19a. MAILING AGORESS (Street and Number or Rural House Number, City or Town, State, Zip Code) 2734 E. Oakland Ave.C-23, Johnson City, TN 37601										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of cameters cremation or other place) 20b. PLACE AND DATE OF DISPOSITION / Name of cameters cremation or other place)										
	New Lutheran Cemetery 5/3 Manchester, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home										
_ \	· Steven 1	V, Eline			riiie i		d, Md. 21074				
	23. PART I. Entar the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Commo (Buly	the mode of dying, sur	ch as cardiac or reapli	story arrest. Alen	Approximate Interval Between Onset and Death				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other algolificant conditions	contributing to death but not n	eaulting in the u	nderlying cause given in			24b. WERE AUTOPSY FINDINGS				
: MEDICAL					YES	erfor erfor	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 10				
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)						
Sic		HOSPITAL:	DOA A Nu	R: rsing Home 5 - Residence	& Cl Other (Panella)						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	IJURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At hos building, etc. (Specify)	me, farm, street, fac		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED		AN: To the best of my knowledge, de On the basis of examination and/or i					iuse(a) and menner as stated				
BE CC	290 SOCIATURE AND TITLE OF CONTIFICE	- DAnc	3°C 100	29c. LIGENSE NU			CalEO (Month Day, Year)				

ZK

29a. CERTIFIER (Check only	1 DENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as state
one)	

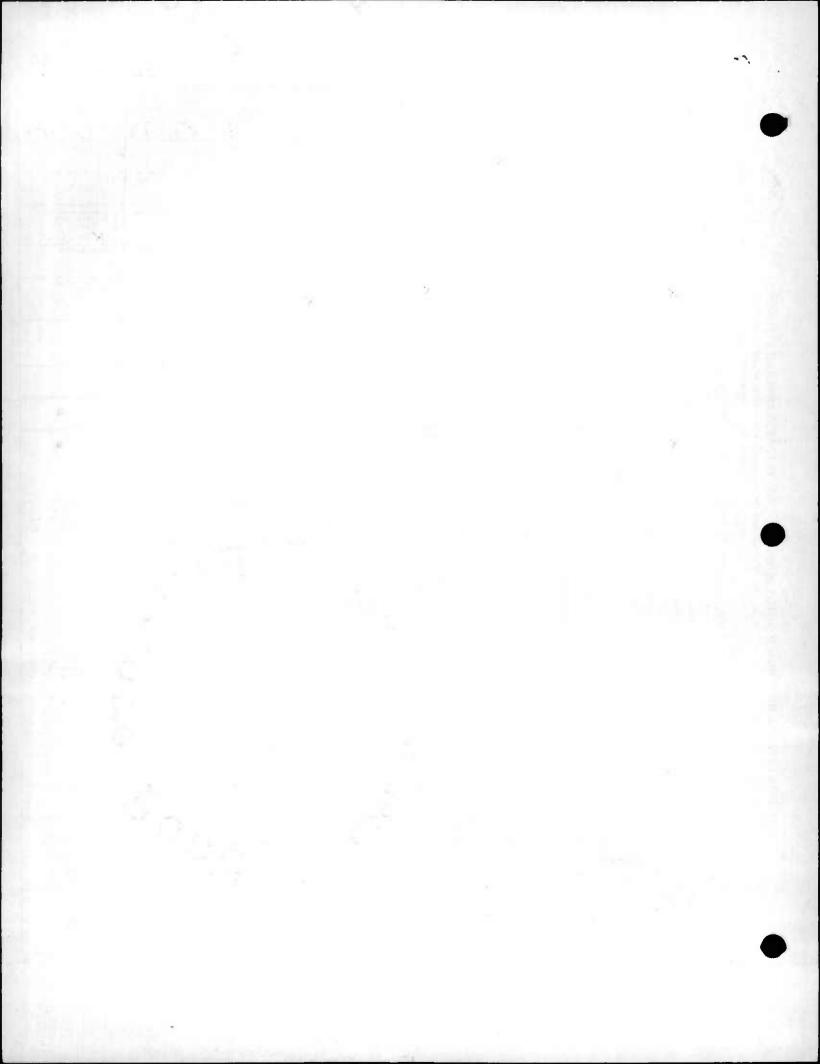
287

からい 30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

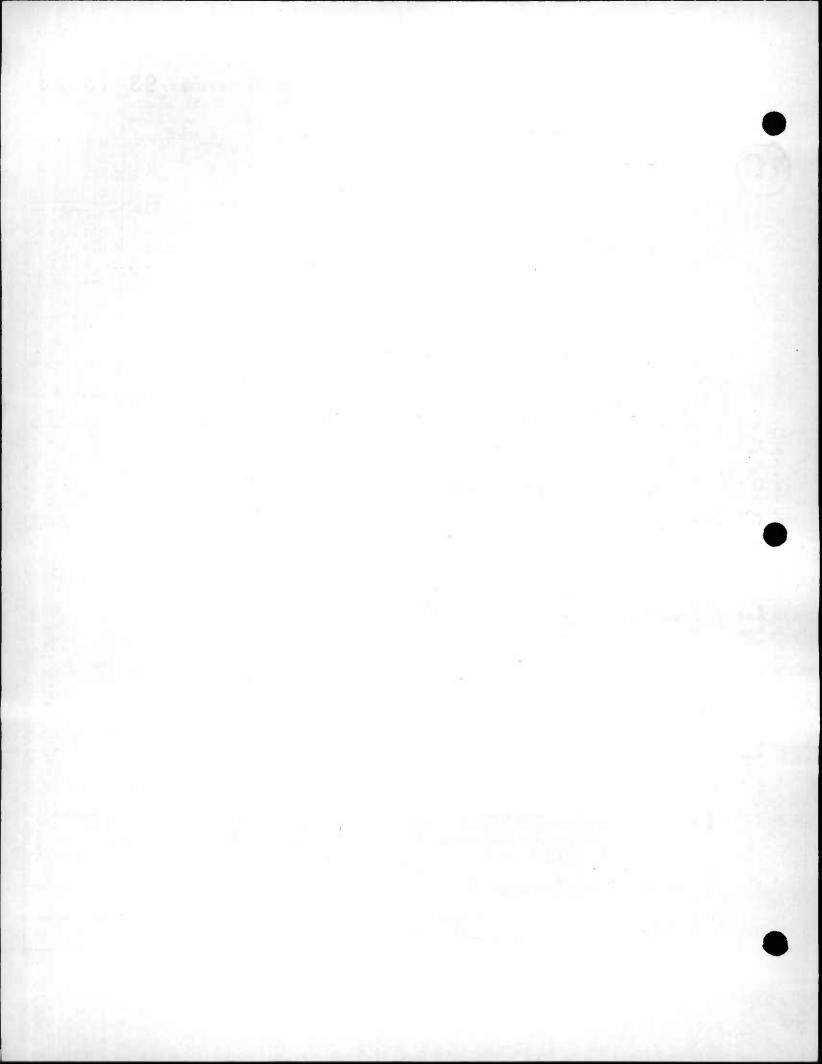
Do 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



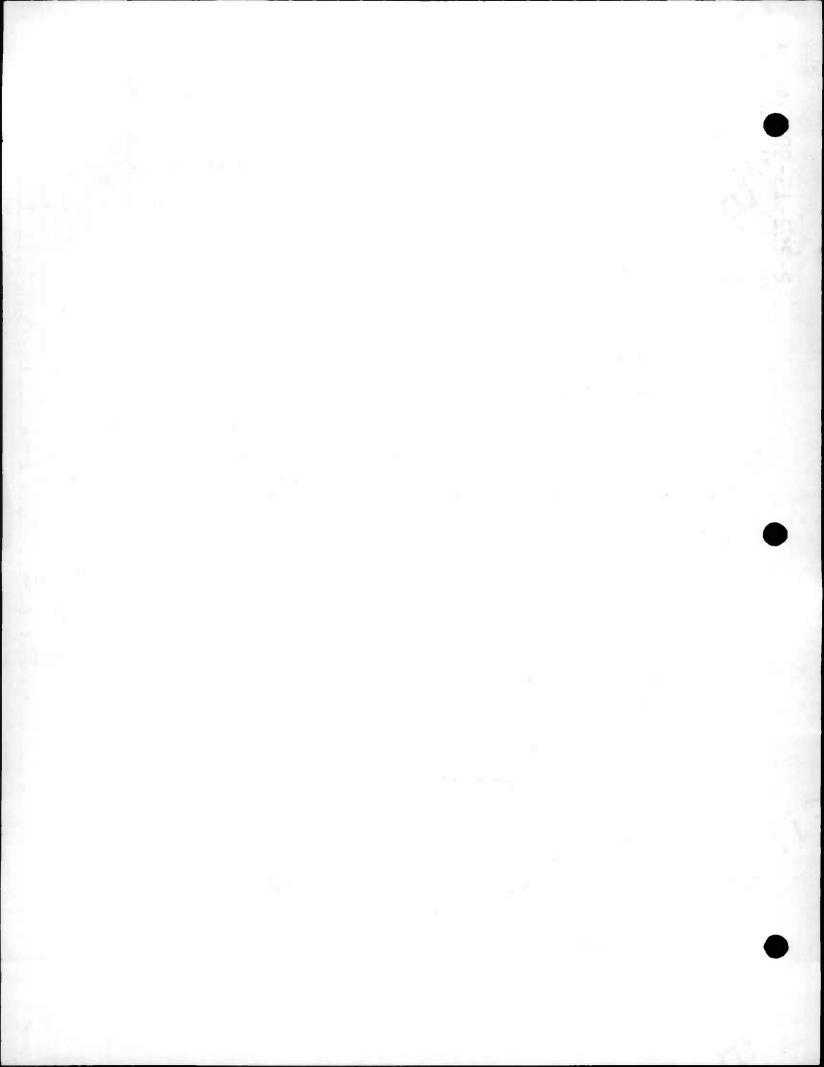
	1. DECEDENT'S NAME (First, Middle, Li	ist)				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF D	
	JOHN PRICE F	ARSHT				April 24,	1993			
	214-10-4503	5. SEX	6. AGE (In yrs. last birt.	RS. FUNDER t YEAR	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	000	Country)	LACE (State of	
		-4503 1 LXM 2 F 84 YRS. May 16, 1908 MaryLa E (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
CTOR	9439 Baltimore		Pike	Myers v.	ille		Fred	deric	k	
DIRE	Maryland Fre		10				IOd. INSIDE (LIMITS?			
ERAL	100. STREET AND NUMBER 9439 Baltimore	National 1	Piho	10	21773			S.A.	IAT COUNTR	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	L STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexical IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical IF YES, GIVE WAR OR DATES 1 YES, 2 NO Specific						14. RACE - Black,	- American White, etc.	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KINO OF BUSINESS (III. Do NOT use retired.)									
LET	Elementary/Secondery (0-12)	College (1-4 or 6+	Store	ost or working	General	Stone	0			
COMPL	17. FATHER'S NAME (First, Middle, Last, William Albert	18. MOTHER'S NAME (First, Middle, Melden								
BE	19a. INFORMANT'S NAME (Type/Print)	i ruisiii	19b. M/	ILING ADORESS (Street		I Route Number, City or To		Codel		
10	Paul Farsht					, Hagersto			40	
	20s. METHOD OF DISPOSITION 1 Derived 2 Cremetion 3 1	Removal from State	other place)	ISPOSITION (Name of or			OCATION — C			
	4 Donation 5 Other (Specify)	E LICENSEE	Harmony		thren Ce	metery Har				
	NO.	001	-			Ricket				
	23. PART i. Enter the dispesses,	or complications that	caused the death			et, Myersv	uce,	MU Z	1//3	
	shock, or neart failt			Do not entar tha m	oda of dying, au	ch as cardisc or res	piratory arre	est,	Appro	
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	. 15	chause	God	1	pollty		est,	Appro	
z	disease or condition resulting in death)	. 15	Chameler of the consequent	God	1			est,	Appro	
MOIT	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	S. JS	chause	God ICE OF):	1			est,	Appro	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	s. OUE TO (Champer of the constant of the	God ICE OF):	1			ent,	Appro	
RTIF	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s. OUE TO (OR AS A CONSEQUE	God ice of):	1			est,	Appro	
L CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	s. OUE TO (OR AS A CONSEQUE	G odd	liò myo	porthy			Appro- interve Onset	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. OUE TO (OR AS A CONSEQUE	G odd	lò my	Part I. 240. WAS A	AN AUTOPSY DRIMED?	24b. V	Approinterve Onset	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST	S. OUE TO (DUE	OR AS A CONSEQUE	ICE OF): ICE OF): ICE OF): ICE OF): ICE OF):	lò my	Part I. 24a. WAS A PERFC 1 YES	AN AUTOPSY DRIMED?	24b. V	Approximatery Interval Onset	
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST PART II Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	S. DUE TO (DUE	COR AS A CONSEQUER (OR AS	ICE OF): ICE OF	ng cause given in	Part I. 24a. Was a PERFE 1 YES	AN AUTOPSY ORMEO? 2 \(\text{NO} \)	246. 1	Approximatery Onset WERE AUTOPHARILABLE PROMPLETION OF DEATH?	
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST PART IV Other significant cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	S. OUE TO (b. DUE TO (c. DUE TO (d	COR AS A CONSEQUER (OR AS	ICE OF): ICE OF	ng cause aller le	Part I. 24a. WAS A PERFC 1 TYES	AN AUTOPSY ORMEO? 2 \(\text{NO} \)	246. 1	Approinterve Onset	
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	S. DUE TO (b. DUE TO (c. DUE TO (d. HIDDE CONTRIBUTING to L. HOSPITAL: 1 Inperient 2 OF (Month, Due contributing to 25s. DATE OF building.	COR AS A CONSEQUER (OR AS	ICE OF): ICE OF	PLACE OF DEATH (Come 5 Death AT ORKY) YES 2 NO	Part I. 24a. Was a PERFE 1 YES	AN AUTOPSY ORMEO? 2 NO	24b. V	Approxinterve Onset WERE AUTOPHANICABLE PR COMPLETION OF DEATH? 1 YES 2	
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investiget 3 Suicide 6 Could not determine 25s. CERTIFIER CRESSING P	S. DUE TO (DUE	CONTROL OF THE PROPERTY OF THE	ICE OF): ICE OF	PLACE OF DEATH (Come 5 DAVIDENT AT NORKY 1 YES 2 NO	Part I. 24a. WAS A PERFO 1 YES Check only one) a Other (Specify) 28d. DESCRIBE HOW City or Town, Status of the cause(a) and must be to the cause(a) and must be cause(b) and must be cause(b) and m	AN AUTOPSY ORMED? 2 NO v INJURY OCC	24b. V	Approxinterva Onset WERE AUTOPHARILABLE PROMPLETION OF DEATH! I YES 2	
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST PART I/ Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 6 Could not detarmine 29. CERTIFIER CERTIFYING P	S. DUE TO (CONTROL OF THE PROPERTY OF THE	ICE OF): ICE OF	PLACE OF DEATH (Come 5 DAVIDENT AT NORKY 1 YES 2 NO	Part I. 24a. WAS A PERFO 1 YES Check only one) a Other (Specify) 28d. DESCRIBE HOW City or Town, Status of the cause(a) and must be to the cause(a) and must be cause(b) and must be cause(b) and m	AN AUTOPSY ORMED? 2 NO v INJURY OCC	24b. V	Approinterve Onset WERE AUTOPARAILABLE PF COMPLETION OF DEATH! I YES 2	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST PART IV Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	S. DUE TO (b. DUE TO (c. DUE TO (d. Stitlons contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contribution Contributio	COR AS A CONSEQUER (OR AS	ICE OF): ICE OF	PLACE OF DEATH (Come 5 DAVIDENT AT NORKY 1 YES 2 NO	Part I. 24s. WAS A PERFC 1 YES Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Yown, Status of the cause(a) and me time, date end place,	NAUTOPSY DRINED? 2 NO V INJURY OCC et and Number te) tenner ee state end due to the	24b. V	Approinterve Onset WERE AUTOPARAILABLE PF COMPLETION OF DEATH! I YES 2	
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daeth) LAST PART I/ Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 3 Suicide 6 Could not detarmine 29. CERTIFIER CERTIFYING P	S. DUE TO (b. DUE TO (c. DUE TO (d. Stitlons contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contributing to Grant Contribution Contributio	COR AS A CONSEQUER (OR AS	ICE OF): ICE OF	PLACE OF DEATH (Come 5 Residence NJURY AT ORKY YES 2 NO lice	Part I. 24s. WAS A PERFC 1 YES Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Yown, Status of the cause(a) and me time, date end place,	AN AUTOPSY DRIMED? 2 INO VINJURY OCC of and Number tel anner se state and due to the 29d, DATE 0	CUREO Or Rural Ro ed. e ceuse(e): 4/24	Approinterve Onset	



BALTIMORE, MARYLAND 21215-0020

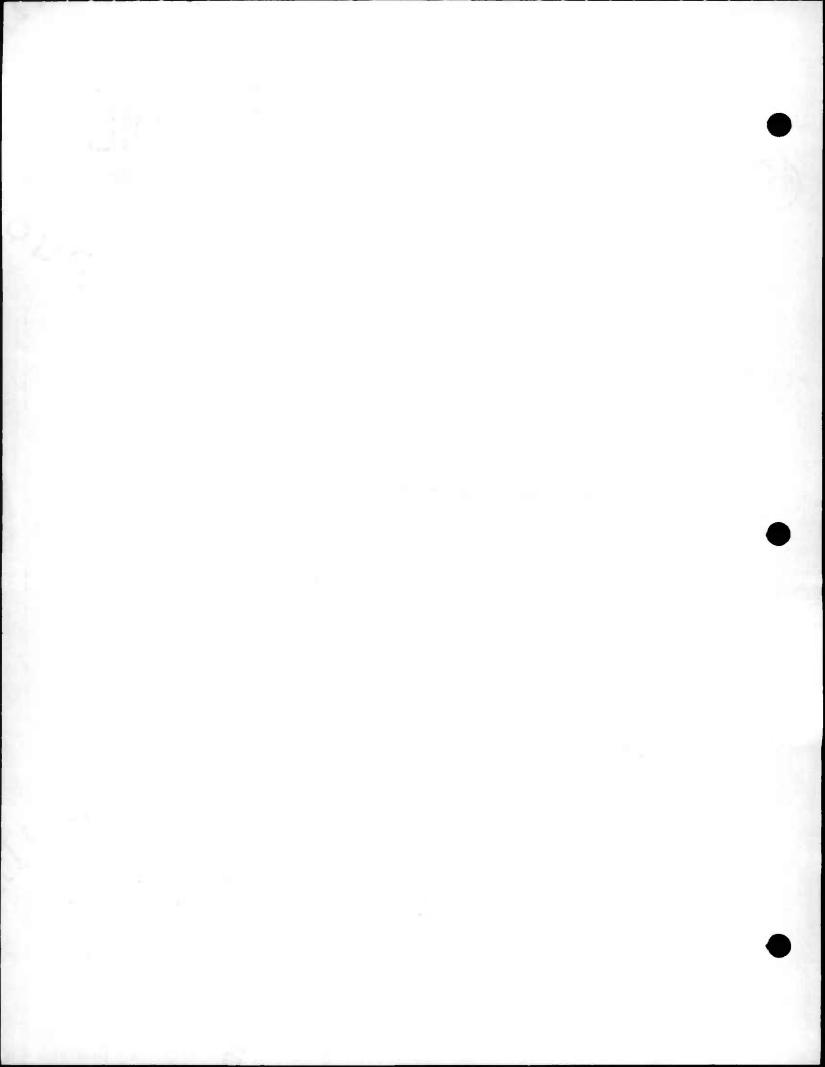
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	NICHOLAS	FEL	Ben .				20. 199	
	4. SOCIAL SECURITY NUMBER 212-18-2175	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Manch 4, 1	922 M:	BIRTNPLACE (State or For Country) aryland
_	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	THE JOHNS HOPKI	NS HOSPITAL		BALTIM	ORE CITY		BALTIN	MORE
DIRE	Maryland Washi	ngton		ers town				10d. INSIDE CITY LIMITS? 1 X YES 2
FUNERAL	100. STREET AND NUMBER 561 Jefferson Str	71	2	10	21740			OF WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. ARMED	If yes, s		NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American India: Black, Whita, atc. Specify: White
9	15. OECEOENT'S EOUC. (Specify only highest grade c	ATION ompleted)	18ª DECEDENT'S II	SUAL OCCUPATI rk done during m retired.)	ION lost of working	16b. KIND OF BU	JSINESS/INOUST	
MILLEI	12 years	College (1-4 or 5+)	sales	retired.) man		lumber	compar	ny
E COMPL	17. FATHER'S NAME (First, Middle, Last) Aloysus Bernard H	Fell				ME (First, Middle, Meide) et Scheel	1 Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Margaret F. King				and Number or Rural	Route Number, City or To		
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Remove	val from State Ca	b. PLACE AND DATE OF	DISPOSITION /N	iame of		VIANG Z.	
	4 Donation 5 Other (Specify)		edar Lawn			4/23 Has		n, Maryland
100	Guald).	Minne	ch	Funer	NO ADDRESS OF FA Id N. Mir cal Home	Has	erstown	tomac Streen, Maryland
- Saper	23. PART i. Enter the diseases, or co- ahock, or heart fallure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death)	DUE TO (OR AS	Capaia.			ostructive		Approximatinterval Bell Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Smol	A CONSEQUENCE OF):	ge) bacco	1		diseas	30 ye
MEDICAL	PART II. Other significent conditione CAD: SIPNOWM COT PUIMONALE	contributing to death i				Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FIN AMILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF OEATN (Ch			
	27. MANNER OF DEATH Netural 5 Pending	26a. DATE OF INJURY (Month the Year)	26b. TIME (OF 28c. IN.	JURY AT ORK?	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW	INJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre		YES 2 NO	28t. LOCATION (Street City or Town, State	and Number or Ru	ural Route Number,
COMPLET		AN: To the best of my know						use(s) and menner as sta
E C								
2	30. NAME AND ADDRESS OF PERSON THO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type. P	rint)	420	105	1 4-	20-93
	HILLAMY HAHA 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DE	EN DO	Crok's	Lowi	E Jun	+ BA	T MO
	APR 22 1993	JZ. HEGISTHAR'S SIGN	ATURE					



BALTIMORE, MARYLAND 21215-0020	4 nours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	Naomi Roset	Total Control	פשבים							2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER										April 22, 1993			M
		ER	5. SEX		t birthday) YRS.	IF UNDER	DAYS	IF UNDE	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count		
	220-28-7719	titution also a		58	THS.	401 400							ryland	
DIRECTOR	9s. FACILITY NAME (If not institution, give street and number) 812 Concord Street Hagerstown Washington													
E C	10a. STATE	10b. COUNT	Y		10c. CI1	Y, TOWH (OR LOCAT	TION					10d, INSIDE CITY	_
F	Maryland	Washi	ington		Ha	gers	stown	n					LIMITS?	
Maryland Washington Hagerstown 100. STREET AND NUMBER 812 Concord Street 21740 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO II Was peeclfy Cuban Marken Plant Street in the specific Cuban Marken Plant Street							-	10g. CIT	IZEN OF V	WHAT COUNTRY?				
812 Concord Street 21740						USA								
5	11. MARITAL STATUS 1 Never Married 2 X I	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR		13.	WAS DEC	ENDENT (OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-		E — American Indian, k, White, etc.	_
BY	3 Widowed 4 Divon		IF YES, GIVE W	AR OR DATES			1 TYES	2 🔯 NO	Specify	y:		Spec Whi	ry:	
8	15. DECE	DENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/IN		.ce	_
COMPLETED	(Specify only Elementary/Secondary (0-		College (1-4 or 5 d	(Gi	Do NOT u	work done se retired.)	during mo	ast of worki	ng	I all or use				
MP	10		0	1	nomen	naker								
	17. FATHER'S NAME (First, Mic							18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Richard D. 1		lberger							V. Bowers				
2	James O. Fis									Route Number, City or Tow				
	20e METHOD OF DISPOSITIO			20b. PLACE					Hage	erstown, M				
	1 Burial 2 Cremation 4 Donation 5 Other	3 🗆 Ram	oval from State	cemetery, cree Hage1	matory or o	ther place)	ew) MOITIE	toru		DATE 20c. LO			wn, State Maryland	
	21. SIGNATURE OF FUNERAL		CENSEE	- Inagez		22.	NAME AN	ND ADDRE	SS OF FAC	CILITY	gerst	.UWII,	Maryland	_
	1200	10	Male	nne	L					AL HOME				
	23. PART I. Enter the dis	leases, or o	complications the	t caused the de	eth Do	41	.5 E.	Wi	Lson	Blvd., Ha	gerst	own,		0
	enock, or ne	ert fallure.	List only one ceu	se Dn eech iine		DI GINGI	the mo	de Di dy	ing, suci	n es cerdiec or reepi	retory an	rest,	Approximate interval Between	
	iMMEDIATE CAUSE (Fine disease or condition	-		Cars	lis &	ul;	ren	2000	1	200-1	-		Onset and Da	ath
- 1	resulting in death)		DUE TO	(OR AS A GONSEO	-			7		- van	6			
Z		Metostatic Capita To Brain												
CERTIFICATION	Sequentially list condition if any, leading to immed	late	DUE TO	OB AS A CONSEC	WENCE O	× 2)					
5	cause. Enter UNDERLYIN CAUSE (Disease or injur		C. DUE TO	(OR AS A CONSEQ	lery	<u></u>	ou	ile	/_					
Ē	that initiated events resulting in death) LAST			Low	0/	inte	2.	81	Cio	ariele &	20			
			d	My			7		//				+	_
MEDICAL	PART II. Other significen	t condition	a contributing to	death but not re	euiting	in the un	derlying	g ceuse !	given in i	Part i. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	38
ă										1 _ YES 2	-NO		COMPLETION OF CAUSE DF DEATH?	:
×													1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL												
PHYSICIAN	EXAMINER?	WEDICAL .	HOSPITAL:	FD10		OTHER	R:	11		eck only one)				_
Ĭ	27. MANNER OF DEATH		1 Inpetient 2 I		28b. TIM	_	28c. INJ	~	sidence	6 Other (Specify) 28d. DESCRIBE HOW II	M ILIEN OC	CURED		_
	1 Netural 5 P	ending rvestigation	(Month, De			URY M	WO	RK?	NO	200. DESCRIBE NOW II	NJUNT OC	COMED		
D BY	3 Suicide 8 C	ould not be	28e. PLACE OF	F INJURY — At hor	ne, ferm, s	street, fact	ory, office			261, LOCATION (Street &	nd Number	or Rural F	loute Number,	_
<u> </u>		stermined	Danning,	etc. (Specify)						City or Town, State)				
2	29a. CERTIFIER (Check only	YING PHYSI	CIAN: To the best of	my knowledge, des	th occum	d at the ti	me, date	and place	, and dua	to the cause(s) and man	ner sa stal	ed.		
COMPLETED										time, data and place, an) and manner ea stated.	
w II	29b. SIGNATURE AND TITLE C	OF CENTIFIER	1					29c. LICE	NSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)	_
TO B		40	wohld	He				Ĺ	27	1898	1 4	1/23	192	
	30. NAME AND ADDRESS OF	-RAN	CISCO 2	E OF DEATH (ITEM	ADE	Print)	35	01	412	7898 2 ST. HA	6ERS	Town	4 HD217K	シ
	31. DATE FILED (MONTH). Day, Your) APR 26 1993 32 SEGISTRAR'S SIGNATURE.													



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

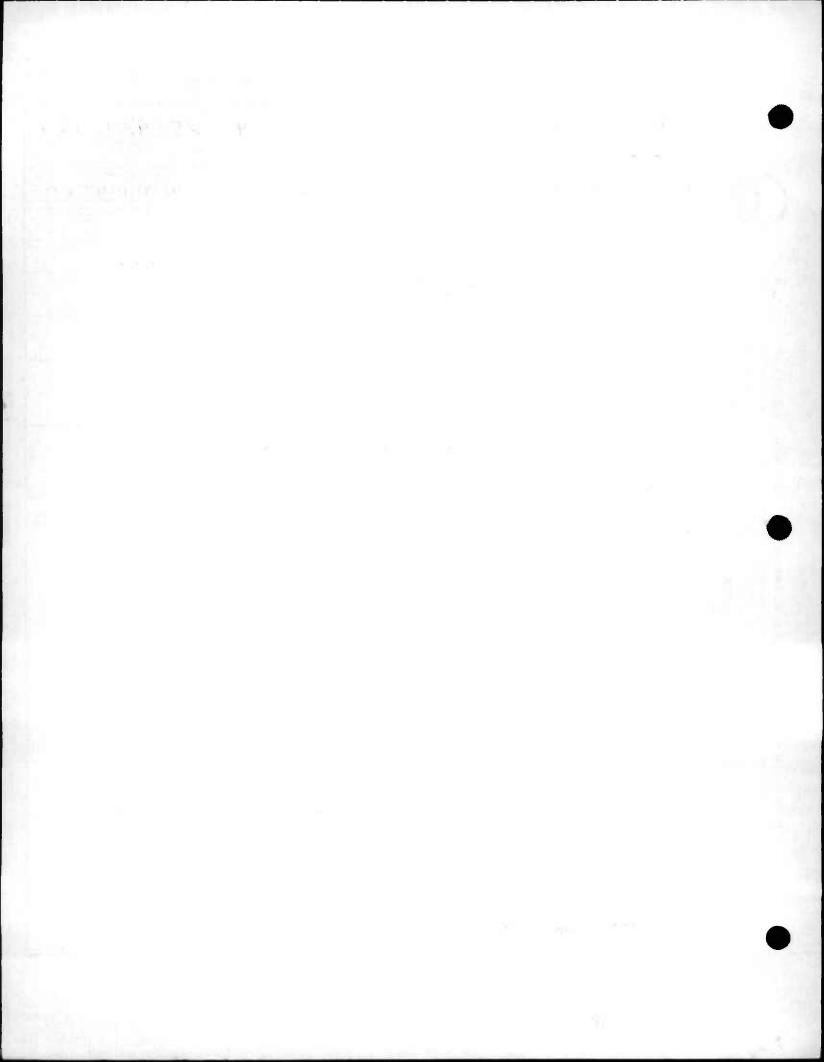
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	ATE OI	DEATH	REG. No	D		
	la Fa				2. DATE OF DEATH MONTH	15	VEAR	O:26 PM
213-40-6730	□ M 2 💢 F 9	2 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			6. BIRTHPLI Country) Maryl	and
Fahney-Keedy RESIDENCE OF DECEDENT		96		or Location of or			shin	gton
10a. STATE 10b. COUNTY Maryland Washin	ATION	TION 10d. IN LII						
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? BLUE Ridge Drive 21713 U.S.A.								
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. HAMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR GATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 14. RACE — American Indian, Black, Whita, atc. 15. YES 2 NO Specify: White, atc.						nita, atc.		
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work illa. Do NOT use re Homemake	done during n tired.)	TION nost of working	Own Ho		JSTRY	
17. FATNER'S NAME (First, Middle, Last)		Tromenace	L	18. MOTNER'S NA	ME (First, Middle, Maide		-	
Charles Sherden	Myers			Amanda	Catherin	e Moz		
Nancy Bagent					Proute Number, City or To			2
20g. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b.	PLACE AND DATE OF D	isposition()	vame of List Cemt.	DATE 20c. L	yers v	ille,	State Maryland
21. SIGNATURE OF FONERAL SERVICE LICEN	ickette		22. NAME /	ano address of fa	CILITY Ricket et, Myersv	ts Fur ille,	neral MD 21	Home 1773
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):						Interval Batween Onset and Daeth	
that initiated eventa resulting in death) LAST		CONSEQUENCE OF):						
PART II. <u>Other algnificant conditions</u> c	contributing to death be	ut not resulting in t	ha underlyl	ng cause given in		RMEO?	AM COI OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	0	26. I	PLACE OF OEATN (Ch	ack only one)			
27. MANNER OF GEATN 1 Netural 5 Pending	Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)		F 28c. In	me 5 Residence	8 Other (Specify) 28d. DE\$CRIBE NOW	INJURY OCCI	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree			28t. LOCATION (Street City or Town, State	and Number o	or Rural Route	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER	Van - 12	sett no)	29c. LICENSE NUM			SIGNEO (Mo	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C				D1801	7		1160	کـ ۱
VASANT DA				MAGE	NWOTES	My	217	40
31. DATE FILEO (MONTO, DAY, 1801) APR 27 1993 32. REGISTRAR'S SIGNATURE APR 27 1993 Francisco Parister April 27 1993								

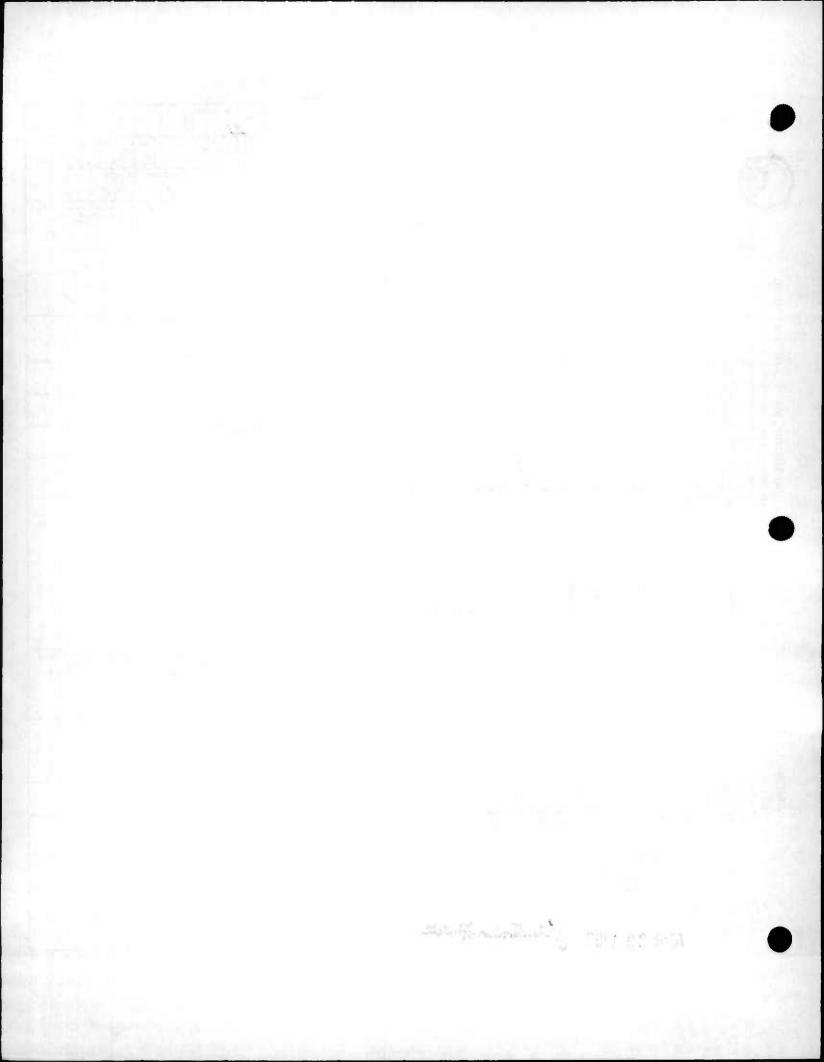


DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with

8	-	ft. Pages 18	0		
BALLIMORE, MARTLAND ZIZIS-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, sages	ion, or removal.	the medical examiner must be notified at once.	
THE DECORDS, F.O. BOA 507 50,	ICIAN: The law requires that the death certificate be executed within 24 ho	certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked	

STATE OF	MARYLAND / DI	EPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
		RTIFICATE				REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM	ENT OF HEALTH A	ND ME	NTAL HYGIENE REG. NO.	.	10007
	1. DECEDENT'S NAME (First, Middle, Lest NEW M. F.R.					DATE OF DEATH MONTH DAY	Ç Z	3. TIME OF DEATH 7: 15 PM
	4. SOCIAL SECURITY NUMBER 248-056076 99, FACILITY NAME (If not institution, give	5. SEX 1 M 2 F SUF	YRS. MON	INDER t YEAR F UNDER 24 THS DAYS HOURS 6 CITY, TOWN OR LOCATION	m.	DATE OF BIRTH (Month, Day, Year)	8 Soil	ARTHPLACE (State or Foreign punity) With CayoLing
DIRECTOR	Bethesda Ret	ab + Nsg, Cen		hevy Cha			MOY	itgemeny
	10e. STATE 10b. COUN	TY .		WN OR LOCATION INGTON, D.C.	•			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1789 LANIER PLA			107. ZIP CODE 2000)9		10g. CITIZEN C	U.S.A.
B₹	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECENDENT OF N If yes, specify Cuben, N 1 ☐ YES 2 ☒️NO	lexican, Pu	RIGIN? (Specify Yee ourto Ricen, etc.)	В	ACE — American Indian, leck, White, etc. pecify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use reti	lone during most of working)R	16b. KIND OF BUSI		Y
BE CO	17. FATHER'S NAME (First, Middle, Lest) HENRY MURI	RAY				First, Middle, Maiden S		
10	J. GEORGE FRAIN	11		RESS (Street end Number of I SAME AS # 1(Number, City or Town,	State, Zip Code)	
	20e. METNOD OF DISPOSITION 1	moval from State cemetery, or MT.	ematory or other p	CEMETERY 4	/28/9	93	ALEX.	. VA.
	> Veinow	Ammos		22. NAME AND ADDRESS OF STREET	. NW	WASHINGTO	ON. D.C	
	23. PART I. Entar the diseases of shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A CONSE	AL IN	nter the mode of dying,	such as	cardiec or respira	itory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS A CONSE C. DUE TO (OR AS A CONSE						
CERTI	that initiated events resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other significant condition DEMENTA,	ns contributing to deeth but not	resulting in the	o underlying cause give	n in Part	I. 24s. WAS AN AN PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 PNO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		28. PLACE OF DEAT				
BY PHYS	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outpetient 3 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 8 Reside 28c. INJURY AT WORK? 1 YES 2 No	28d	Other (Specify) DESCRIBE HOW INJ	JURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, atreet,	factory, office	28f.	LOCATION (Street end City or Town, State)	d Number or Run	al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMIN	BICIAN: To the best of my knowledge, do	enth occurred at i	he time, date end place, end my opinion, death occured a	due to the	e ceuse(e) end manne data end place, end	er as atated. due to the ceus	e(s) end manner ee stated.
TO BE	30. NAME AND ADDRESS OF PERSON WI	roma MD	M 27) (Time Print)	29c. LICENSE	NUMBER 166	3		ED (Month, Day, Year) 24-93
	ALVIN S. MADAR 31. DATE FILED (MONTH, Day, Year)	ANG, MD 6121 M	POUTRO	SERD ROCK	ville	E, MD 21	0852	
	APR 29 1993	32. BEGISTRAR'S SIGNATURE	2					



notified at

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di		Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	REC	hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal,	E
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TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR LEONARD FRIEDMAN APRIL 27, 5:15 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)

1 - 27 -8. BIRTHPLACE (State or Foreign DAYS HOUSE 578-42-9289 1 M 2 | F 71 YRS. 1922 WASHINGTON, D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 505 DOMER AVENUE #302 SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 505 DOMER AVENUE #302 20912 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yee, specify Cuban, Mexican, Puerto Ricen, etc.) F YES, GIVE WAR OR DATES 1 K Never Merried 2 Merried BY 1 TES 2XXNO Specity: 3 Widowed 4 Divorced WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) STOCK BROKER FINANCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) NATHAN FRIEDMAN BE SARAH STEIR 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MELVIN KARSH 1111 UNIVERSITY BLVD. W. #604-SILVER SPRING,MD.20902 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE t X Buriet 2 ☐ 4 ☐ Donetion MT. LEBANON CEMETERY 4/30 ADELPHI, MARYLAND DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MD. 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or treit feiture. List only one cause on each line. Approximets
Interval Between IMMEDIATE CAUSE (Flori **Onset and Desth** disesse or condition Cardiovaralar resulting in desth) DUE TO (OR AS A CONSEQUENCE OF)-MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, atreef, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, end due to the cause(e) and menner as atated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5800 46 8 93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Son ber RY 2218 WIS CONSIN AUR o der 31. DATE FILED (Month, 'Day," Year) 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

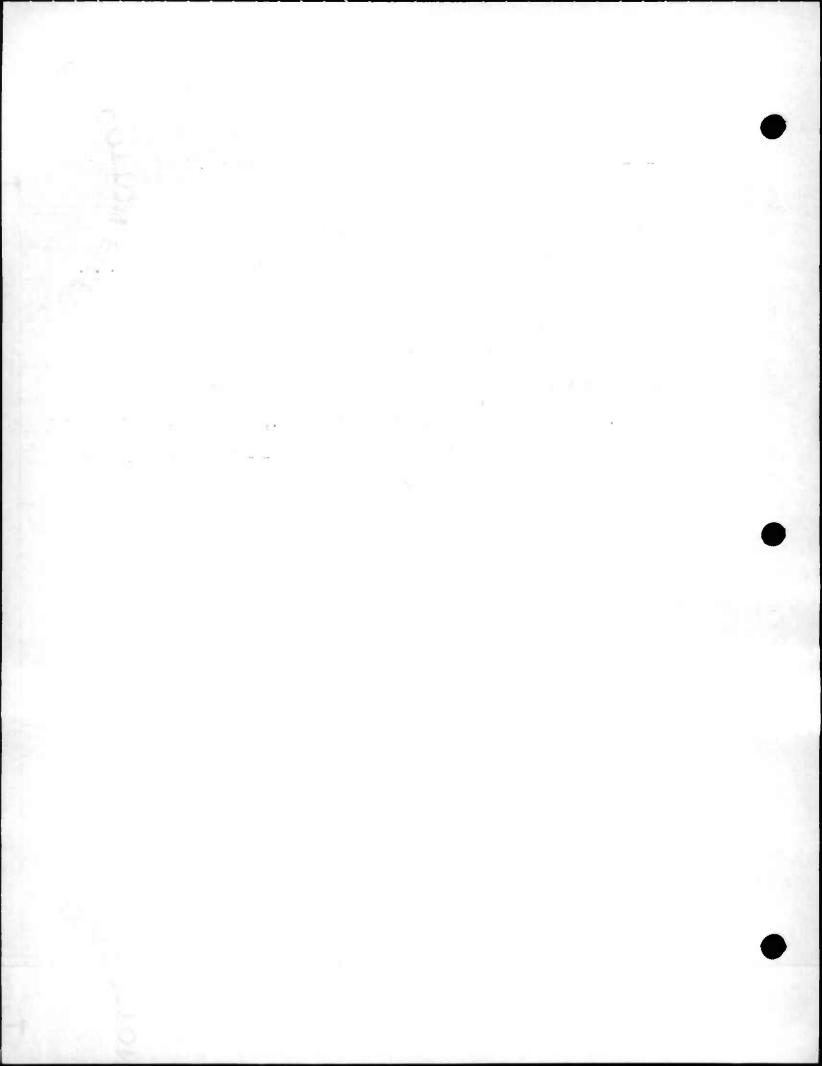
DIVISION OF VITAL

The first

MALIFICANTIAN CONTROLLER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	3. TIME OF DEATH		
	Merton Joshua			FOR	NEY		Apri	1 6,	1993 YEAF	12:55 a w	
	4. SOCIAL SECURITY NUMBER 219-03-0530	219-03-0530 1□№2□				IF UNDER 24 H	ns. 7. DATE (Mont	of Birth h, Day, Year) h 9, 19	0.046	HTHPLACE (State or Foreign unitry) Maryland	
TOR	9a. FACILITY NAME (If not institution, give so Pleasant View Num RESIDENCE OF DECEDENT		me	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D MOUNT Airy Howa							
DIRECTOR	10a. STATE 10b. COUNTY	Howard		10c. CITY, TOWN OR LOCATION Mount Airy				·	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	4101 Baltimore 1	ational	Pike	101. ZIP CODE 2177:					WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	NT EVER IN U.S. ARI I YES 2 NA MAR OR DATES	NO If yes, specify Cuben, Mexica					ACE — American Indian, ack, White, etc. ec/ly: White			
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	+) (GA	CEDENT'S USUAL OCCUPATION we kind of work done during most of working Do NOT use retired.) ### Tarner					Famin			
BE CON	17. FATHER'S NAME (First, Middle, Last) Jesse Samuel Forr			1	s name (First, I	Middle, Maiden S					
TO B	190. INFORMANT'S NAME (Type/Print) Linda K. Tucker						y, Maryland 21771				
	20s. METHOD OF DISPOSITION 1 Devile 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremetory or other place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State									Town, State	
10	21. SIGNATURE OF FUNERAL SERVICE LIC	- Bask	MOOC		Keen	ey & B	asford	Funera	al Home		
CERTIFICATION	23. PART I. Enter the diseases, proshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE OF AS	VENCE OF): Tailu UENCE OF): Whe	20.	And	Da		and y arrival,	Approximata Interval Between Onset and Death	
MEDICAL C	PART II. Other eignifican condition	death but not re	resulting in the underlying cause given in Pa			in Part I.	24a. WAS AN A PERFORM	AED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	1 YES 2 NO 27. MANNER OF DEATN 1 Operating	25e. DATE OF (Month, D		28b. TIME OF INJURY	28c, INJ WO	0 5 Resider URY AT RK? /ES 2 NO	28d. DES		JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	OF INJURY At hone etc. (Specify)	ne, farm, street,			28f. LOC	ATION (Street an or Town, State)	nd Number or Runs	ni Route Number,	
COMPLET	29a. CERTIFIER (Check only 000) 2 MEDICAL EXAMINED	AN: To the best of	my knowledge, des	th occurred at th	e time, date y opinion, d	end place, end	due to the cau	use(e) end mann	ner as stated.	e(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	_ A.	manh	n.0.		D1819	NUMBER		29d. DATE SIGNE	ED (Munth, Day, Warr) 1 6, 1993	
01	Dr. Arthur G. Mar 31. DATE FILED MONTH POR 1995	alo, M.I		nomas J	ohnso			derick,			



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	
Σ	B ret	•
MORE,	age 6 may b.	
ALTI	death. P.	
•	after	
	hours	
	24	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

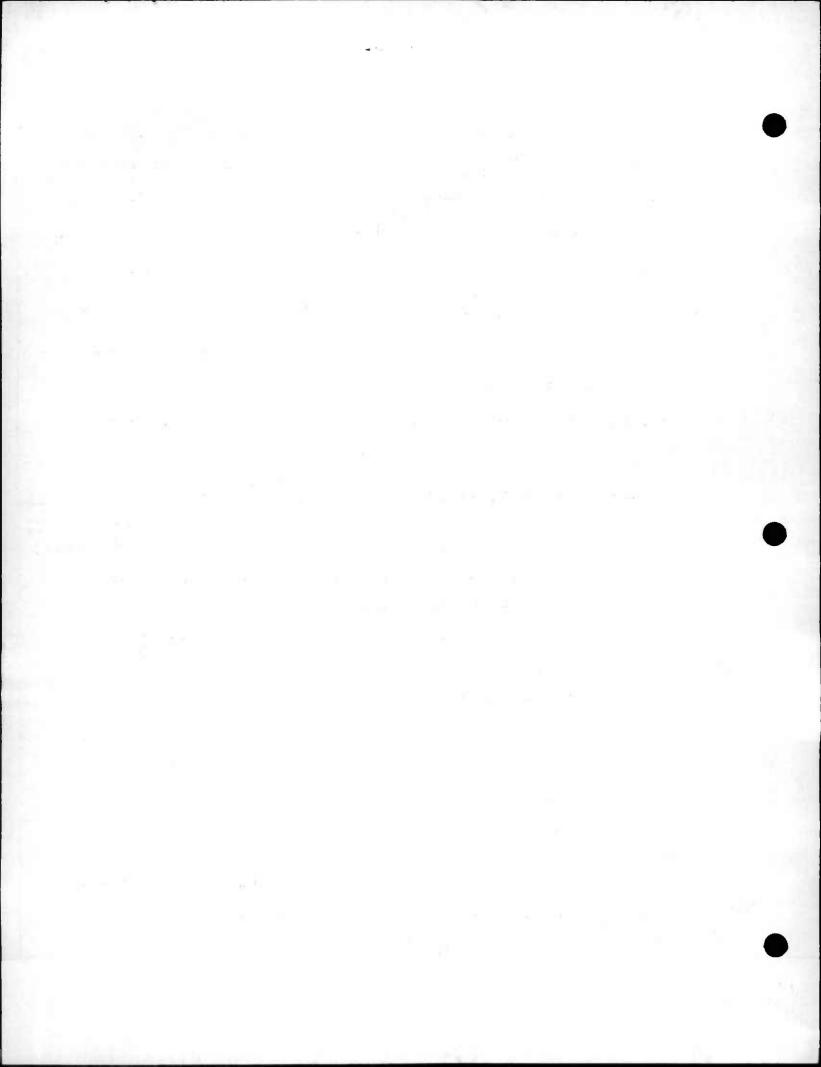
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

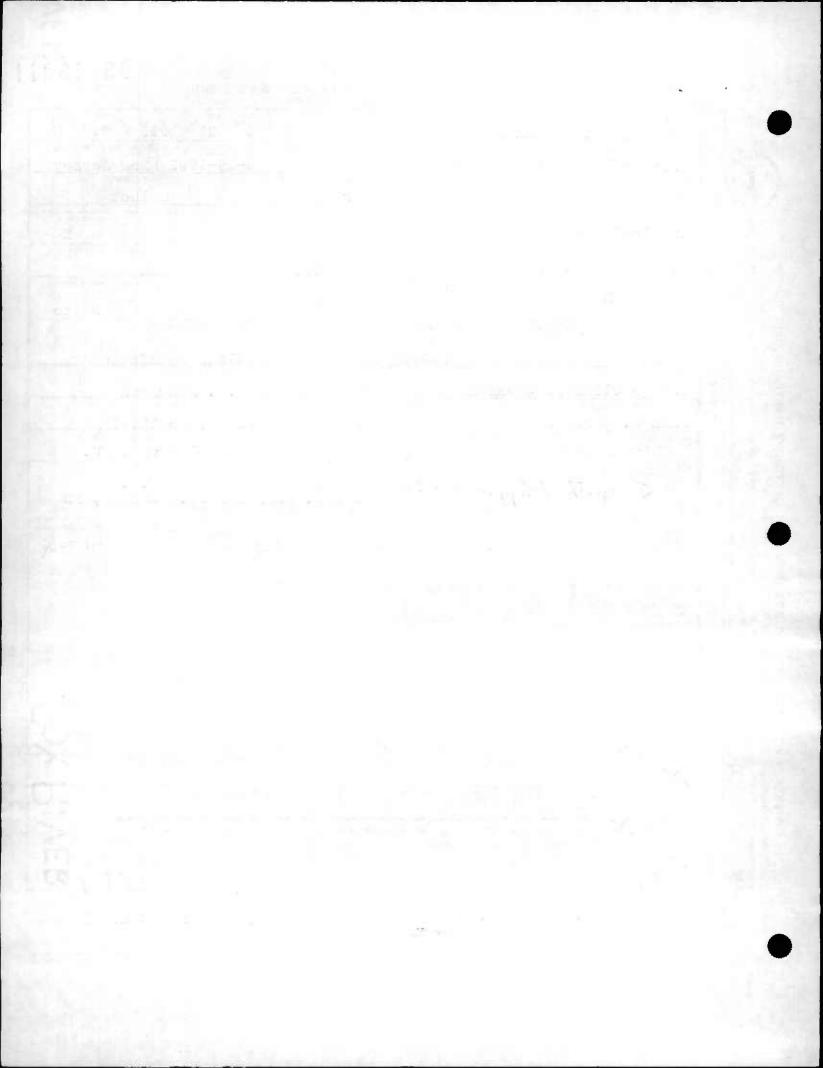
	REG. NO.														
	1. DECEDENT'S NAME (First,	Middle, Last)	Emil	Gurecki,	Sr					2. DATE OF MONTH April	Di	NY TI	YEAR 993	3. TIME OF DEATH 2115	
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 7540	IF UNDER	24 1000	7. DATE OF I		, 1			М
	192-12-729		1 🔀 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 2	ly, Year)	.923	Count	HPLACE (State or Foreign ry) nnsylvania	
~	9e. FACILITY NAME (If not in					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OR					DEATH			
DIRECTOR	Union Hosp	ital of	f Cecil	County		El	kton					Cec	il		
H	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Cecil	L		Ea	Earleville								1 TES 2 NO	
FUNERAL	20 Green S	treet		2-							S.A.	WHAT COUNTRY?			
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13.	WAS DEC	ENOENT C	F HISPAN	IIC ORIGIN? (S	pecify Yee			E — American Indian.	
BY F	1 Never Married 2 XX 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 1	Ю			2 NO		n, Puerto Ricar	n, etc.)		Speci	E — Americen Indien, k, White, stc. //y:	
				War II		!								White	
	(Specify only highest grade completed)			(G	CEDENT'S ive kind of a Do NOT us	Work done	CCUPATIO)N st of workin	ng	16b, KIN	D OF BUS	SINESS/INC	DUSTRY		
COMPLETED	College (1-6 or 5 +)				elde					Aut	omob	ile	Manu	facturing	
ő	17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NA	ME (First, Middl	e, Maiden	Surname)			_
H			arry Gur							Theodo				.)	
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Mrs. Willie Mae Gurecki 20 Green Street - Earleville, MD 21919														
f	20e. METHOD OF DISPOSITI	ON		20b. PLACE	ND DATE	OF DISPOS	•		- Ed		_	CATION -	2191 City or To		_
					matory or o	Memorial Park 15-3 Glen Mills,					PA				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22.	Hick	S HO	me f	or Fun	eral	s, P	.A.		
Dones S. ticks 103 West Stockton Street Elkton, MD 21921-5521															
- 1	23. PART I. Enter the di shock, or he	seesea, or co eart fellure. L	omplications that ist only one cau	it coused the de	eth. Do r	not enter	the mo	de of dyl	ing, suci	h aa cerdiac	or reapi	ratory en	est,	Approximate Intervel Between	-
	IMMEDIATE CAUSE (Fin disease or condition	el	0.	. +	0		+	1	-	1		L	eft	Onset and Dea	
	disease or condition resulting in death) a. Brainstein lernation due to marsine CVA Hours DUE TO (OR AS A CONSEQUENCE OF):														
Z	Corrections list condition	ь.	Tar	ombo	Lis o	PS	2 RH	Ca	wit	id ar	tere	1 Doz	t-0-1	\	
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING						0						-		
임	CAUSE (Disease or inju- that initiated events	NUENCE OF	9711 F):	4-					0						
CERTIFICATION	resulting in deeth) LAS	cle	lerosis/hypertousion Broking												
	PART II. Other eignifice	nt conditiona	contributing to	death but not n	eeuiting	in the un	derivino	Ceuse C			. WAS AN		245	. WERE AUTOPSY FINDING	26
MEDICAL	Hyperco		ig in the underlying couse given in rait i.					PERFORMED? AVAILABLE PRIO COMPLETION DE			AVAILABLE PRIOR TO COMPLETION DF CAUSE				
	Plevis	ul i.	ept C	VA						_ '	_ 1 YES 2 NO OF DEATH?			OF DEATH?	
N.			V							_					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	111000	HOSPITAL:			OTHER		ACE OF O	EATH (Che	ack only one)					
14S	1 YES 2 NO		1 Inpatient 2 I		DOA 28b. TIM	4 🗆 Nun	ing Home		sidence	a Cother (Sp.					
	1 Netural 5 🗌	Pending	(Month, D.			URY	28c. INJU WO		NO.	28d. DESCRIE	BE HOW IN	IJURY OC	CURED		
D BY	3 Suiolde	nvestigation Could not be	28a. PLACE O	F INJURY — At ho	me, farm, s	street, fact			, ,,,	2af. LOCATIO	N (Street a	nd Number	or Aural F	Toute Number.	\dashv
ш		letermined	building,	etc. (Specify)						City or To	wn, State)				1
P.			IAN: To the best of												T
COMPLET	one) 2 MEDIO	CAL EXAMINER	: On the basis of si	xamination end/or i	nvestigatio	n, In my o	pinion, de	eath occur	ed at the	time, date and	plece, en	d due to th	e ceuse(e) end manner ee stated,	
H H	296. SIGNATURE AND THE	29b. SIGNATURE AND THE OF CENTIFIER						29c. LICE	NSE NUM	BER		29d. DATI	E SIGNED	(Month, Day, Year)	\exists
<u>و</u>	30. NAME AND ADDRESS OF	PERSON WHO	OCHE ETED CAUS	SE OF OFATH ATT	1070 /5	Onine*			7301	291		<u> </u>	7/2	9/93	\Box
	Robert Den:	11					lton	MD	21	913			,	,	
H							LCOIL	, PID	<u> 41</u>	213	_				\dashv
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE															
	APR 30'93	}	Julia Davi	dson-Rand	200										





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IVISION

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH						
	LESTER H. GREASON 4 21 DAY 1993 9:00													
	4. SOCIAL SECURITY NUMBER 5. SE	6. AGE (In yrs.		IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)						
	135-09-7711 IX	M 2 □ F 90	YRS.	MONTHS DAYS	HOURS MIN.	6-29-19		lew Jersey						
	9e. FACILITY NAME (If not institution, give atreet an	d number)		9b. CITY, TOWN	OR LOCATION OF DE	9c. COUNTY								
8	Meridian-The Pin		Eas	ton		Tal	bot							
5	RESIDENCE OF DECEDENT	1												
DIRECTOR	Maryland Talbo	4-		TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?						
		L	ьа	ston				1 TYES 2 X NO						
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
里	46 Wayman Avenue				21601		USA							
3	1 Never Married 2 N Married	MAS DECEDENT EVER IN U.S., ORCES? 1 YES X YES, GIVE WAR OR DATES	ARMED NO	If yea,	specify Cuban, Mexica		or No 14.	RACE — American Indian, Black, White, etc.						
à	3 Widowed 4 Divorced		1 🗆 YI	ES 2 NO Specif	y:		Specify: White							
- 11	15. DECEDENT'S EDUCATION	DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF BUS	I INESS/INDUS								
COMPLETED	(Specify only highest grade comple	etect)	(Give kind of w life. Do NOT use	f work done during most of working										
1	10		alesm	man Glass Manufacturer										
S I	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)										
S I	George Clifford	Greason				er V.D. A		12.0						
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow								
2	John W. Greason													
	20a. METHOD OF DISPOSITION	20b. PLA				Easton,								
	1 Buriel 2 Cremetion 3 Removal fr	om State of cemeta	ry, crematory	TE OF DISPOSITION (Name ry or other place) TV Crematory A-22 Salisbury, MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		rzoni		MATORY AND ADDRESS OF FA			11						
i	RWITT	1	550			neral Hom	e. P.	Α.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
CERTIFICATION	disesse or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
투비	reaulting in death) LAST													
B	d													
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 TO THE PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE ANALL COMPONE OF DE							24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?						
<u> </u>	25 WAS CASE REFERRED TO MEDICAL													
	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: DTHER:												
	EXAMINER?		3 [] DOA		ome & C Sealder	1 VES 2 10 10 1 Inpetient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 8 Other (Specify)								
	EXAMINER?	Inpatient 2 - ER/Outpatient 28e. DATE OF INJURY	28b. TIM	Nursing H	ome 5 🗆 Residence	8 Other (Specify)	NJURY OCCUR	RED						
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH Netural 5 Pending	Inpatient 2 - ER/Outpatient	28b. TIM	Nursing H E OF 28c.	INJURY AT WORK?		NJURY OCCUP	RED						
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Neturel 5 Pending investigation	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At	28b. TIMI	Nursing H E OF 28c. URY H	NJURY AT WORK? YES 2 NO									
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending investigation 1 1 1 1 1 1 1 1 1	Inpatient 2 - ER/Outpatient 28e. DATE OF INJURY	28b. TIMI	Nursing H E OF 28c. URY H	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	end Number or							
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 VES 2 NO 1 VES	Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, atc. (Specify)	28b. TiM INJ home, farm, a	Nursing H E OF 28c. URY M 1 [street, tectory, of	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	end Number or	Rural Route Number,						
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 4 Could not be determined 20 CERTIFER Only 1 CERTIFVING PHYSICIAN:	Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Ibar) 28e. PLACE OF INJURY — At building, atc. (Specify) To the best of my knowledge,	28b. TiMi	Nursing H E OF 28c. URY M 1 [street, tectory, of	NJURY AT WORK? YES 2 NO Hice	28d. DESCRIBE HOW I	end Number or	Rural Route Number,						
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 4 Could not be determined 20 CERTIFER Only 1 CERTIFVING PHYSICIAN:	Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, atc. (Specify)	28b. TiMi	Nursing H E OF 28c. URY M 1 [street, tectory, of	NJURY AT WORK? YES 2 NO Hice	28d. DESCRIBE HOW I	end Number or	Rural Route Number,						
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 4 Homicide 4 Could not be determined 20 CERTIFER Only 1 CERTIFVING PHYSICIAN:	Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Ibar) 28e. PLACE OF INJURY — At building, atc. (Specify) To the best of my knowledge,	28b. TiMi	Nursing H E OF 28c. URY M 1 [street, tectory, of	NJURY AT WORK? YES 2 NO Hice	28d. DESCRIBE HOW I	end Number or	Rural Route Number,						
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 TO 1 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide a Could not be determined 20 CENTIFICH CONTROL ONLY MEDICAL EXAMINER: On	Inpatient 2 ☐ ER/Outpatient 28e. DATE OF INJURY (Month, Day, Ibar) 28e. PLACE OF INJURY — At building, atc. (Specify) To the best of my knowledge,	28b. TiMi	Nursing H E OF 28c. URY M 1 [street, tectory, of	NJURY AT WORK? YES 2 NO Hice ate end place, and du a, death occured at the	28d. DESCRIBE HOW I	end Number or	Rural Route Number,						
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 1 27. MANNER OF DEATH 1 Netural 5 Pending investigation	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) To the best of my knowledge, the beste of examination and	28b. TiMINJ home, farm, a death occurre or investigatio	Nursing H E OF 28c. URY M 1 [street, tectory, of the lime, d n, in my opinion Print)	NJURY AT WORK? YES 2 NO Nice ate end place, and due, death occurred at the	28d. DESCRIBE HOW I	nner se stated. 29d. DATE S	Rural Route Number, ceuse(e) end manner ee stat signed (Morith, Day, Year) 22.93						
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation 2 Accident a Could not be determined 29. CERTIFER OF DEATH 29. CERTIFER OF DEATH 29. CERTIFER OF CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO COULD DEATH OF COULD DEATH OF CERTIFIER	Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At building, stc. (Specify) To the best of my knowledge, the beste of examination and	28b. TiMinJ home, farm, a death occurre for investigation TEM 27) (Type, 606 D	Nursing H E OF 28c. URY M 1 [street, tectory, of the lime, d n, in my opinion Print)	NJURY AT WORK? YES 2 NO Nice ate end place, and due, death occurred at the	28d. DESCRIBE HOW I	nner se stated. 29d. DATE S	Rural Route Number, ceuse(e) end manner ee stat signed (Morith, Day, Year) 22.93						



BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	24 hou
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	sertificate be executed within 2
RECORDS, P	requires that the death
ON OF VITAL	. OR ATTENDING PHYSICIAN: The law
DIVISIC	OR ATTENDI

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
,	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

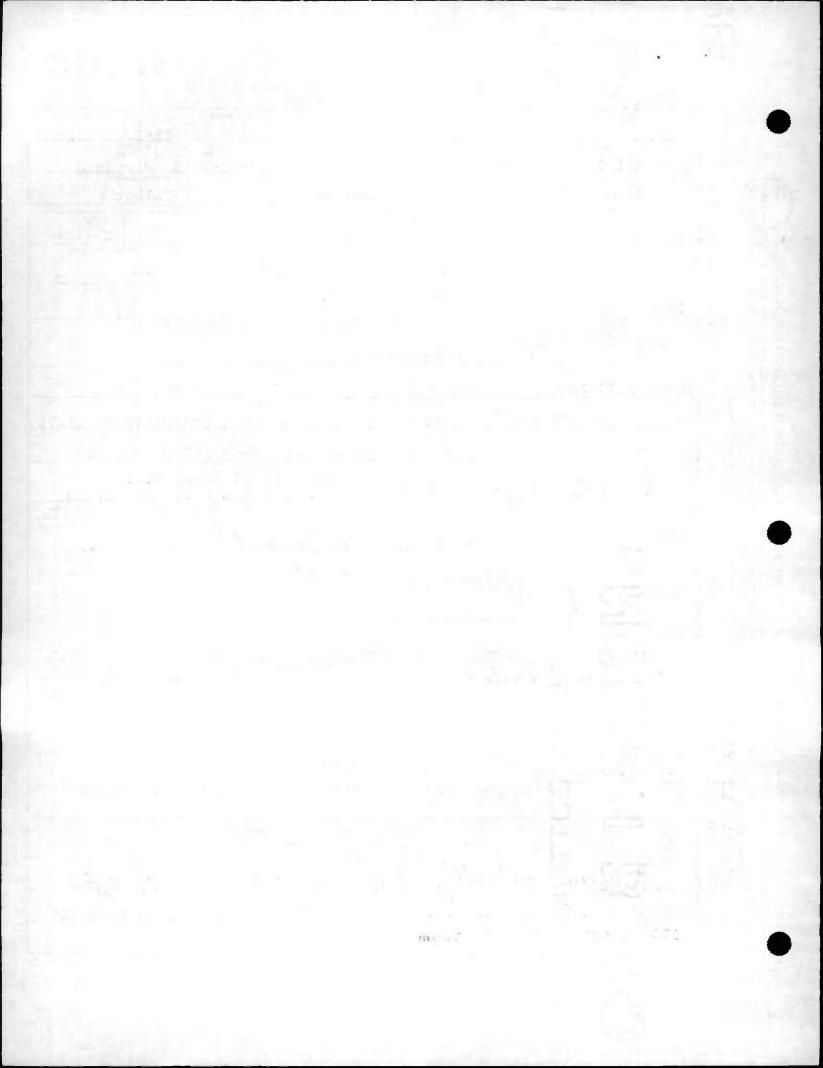
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).							
13	1. DECEDENT'S NAME (First, Middle, List)					2. DATE OF DEATH		3. TIME OF DEATH						
	Ruth Lav	ina	Gowe	2		4 1	8							
	Dav		(In yrs. lest birthday)		I amount with		3 93							
	(IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign ountry)						
	L ZIS-SU-/44/ I		4 YRS.			7-17-19	18 M	aryland						
	9a. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOWN	OR LOCATION OF D	9c. COUNTY C	F DEATN							
E	Memorial Hospital at East			Eas	ton		То1	bot						
13	RESIDENCE OF DECEDENT													
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY													
<u> </u>	Maryland	Talbot						LIMITS?						
-			Tilgh				XXYES 2 NO							
₹	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?						
H	Willey Street			ŀ	21671		US	λ						
31		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify Yes								
BY FUNERAL	1 Never Married 2 Married	FORCES? 1 YES		If yes, s	pecify Cuben, Mexico	n, Puarlo Rican, etc.)	I III	ACE — American Indian, lack, White, atc.						
<u>a</u>	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 YE	S 2 XNO Specif	y:		pecify:						
	15. DECEDENT'S EDUCA	7:00	22.00					White						
21	(Specify only highest grade co	ompleted)	(Give kind of	USUAL OCCUPAT work done during n se retired.)	ION lost of working	16b. KIND OF BU	SINESS/INDUSTR	γ						
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)										
4	11	-0-	Hous	ewife										
COMPLETED	17. FATHER'S NAME (First, Middle, Leat) 18. MOTNER'S NAME (First, Middle, Maiden Surname)													
	Ernest Sard													
B	19a. INFORMANT'S NAME (Type/Print)			_	Anni	e Skipper								
2						Route Number, City or Tow								
- 1	A. Benjamin Gov	we	P.O.	Box 8	9. Tila	hman, MD	21671							
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION (CATION - City of	Town, State						
	1 N Buriel 2 Cremation 3 Remov	ral from State	metery, cremetory or o	ther place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
- 1	Newnam Funeral Home, P.A.													
- 1	M. E. Dewyau T CF3P Newnam Funeral Home, P.A. 200 S. Harrison St., Easton, MD													
-	23. PART I. Enter the diseases, or compilections that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete													
ahock, or heart failure. List only one ceuse on each line.														
	IMMEDIATE CAUSE (Final	And t	à anei	\				Intervel Between Onset and Death						
	disease or condition resulting in death)													
- 1	DUE TO (OR AS A CONSEQUENCE OF):													
_	at the control of the													
EDICAL CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
5	if any, leading to immediate cause. Enter UNDERLYING													
2	CAUSE (Disease or injury	С												
<u> </u>	that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):										
E	resulting in death) LAST													
2	a,													
4	PART II. Other algnificent conditions	contributing to death	but not resulting	in the underlyin	ng cause given in			24b. WERE AUTOPSY FINDINGS						
2						PERFOR	IMED?	AVAILABLE PRIOR TO						
<u>a</u>						1 YES 2	□ NO	COMPLETION OF CAUSE DF DEATH?						
ž I							i	1 YES 2 NO						
						_	1							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 6	LACE OF DEATH (Ch	ack only one)								
일		HOSPITAL:		OTHER:	DIOL OF BEATT (CA	ock only one)								
₹		I i Inpatient 2 ☐ ER/Ou		4 - Nursing Ho	ne 5 🗆 Rasidenca	8 Other (Specily)								
E I	27. MANNER OF DEATH	(Month, Day, Year)			JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURED							
В	1 Matural 5 Pending	, , , , , , , , , , , , , , , , , , , ,			YES 2 NO									
	2 Analdana Investigation		street, factory, offi		284 LOCATION (Street	and Number or Our	al Doub Number							
	2 Accident Investigation	28a, PLACE OF INJUR	Y — At home, ferm.	,), 0///		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm, and scify)		4 Nomicide detarmined									
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, and			City or lown, State)								
PLETE	3 Suicide 8 Could not be detarmined	building, etc. (sp	вспу)		and place, and due		mor as sloted							
MPLETE	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only	AN: To the best of my kno	wledge, death occurr	ed at the time, dat		lo the cause(a) and mar								
COMPLETE	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	AN: To like best of my kno	wledge, death occurr	ed at the time, dat		lo the cause(a) and mar		e(a) and manner as stated.						
3E COMPLETED	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only	AN: To like best of my kno	wledge, death occurr	ed at the time, dat		io the cause(a) and mar ilme, data and piece, an		1						
H	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	AN: To like best of my kno	wledge, death occurr	ed at the time, dat	death occured at the	io the cause(a) and mar ilme, data and piece, an	d due to the caus	1						
	3 Suicide 4 Nomicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE OF CERTIFIER	AN: To like best of my kno- On the basis of examinati	wledge, death occurr on and/or investigatio	ed at the time, dat in, in my opinion,	death occured at the	io the cause(a) and mar ilme, data and piece, an	d due to the caus	1						
H	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO	AN: To the best of my kno On the basis of examinati	wiedge, death occum on and/or investigation	ed at the time, dat on, in my opinion, Print)	29c. LICENSE NUI	io the cause(a) and mar ilme, data and piece, an	29d. DATE-SIGN	10 Mym. day, sher						
H	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE DATE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO David H. Smith	AN: To the best of my kno On the basis of examinati	wiedge, death occum on and/or investigatio EATN (ITEM 27) (Type,	ed at the time, dat on, in my opinion, Print)	29c. LICENSE NUI	io the cause(a) and mar ilme, data and piece, an	29d. DATE-SIGN	10 Mym. day, sher						
H	3 Suicide 4 Nomicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO	AN: To the best of my kno On the basis of examinati	wiedge, death occum on and/or investigatio EATN (ITEM 27) (Type,	ed at the time, dat on, in my opinion, Print)	29c. LICENSE NUI	io the cause(a) and mar ilme, data and piece, an	29d. DATE-SIGN	10 Mym. day, sher						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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2	2 2

FOR STAT REGI	E STRAR	STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF	
1. DECEDE	NT'S NAME (First, Middle, L	ast)	2. DATE OF DEATH MONTH DAY
NI	NA ROY	Y GALLOWAY	4 13

	1. DECEDENT'S NAME (First,		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
	NTNA		4 13 1993 12:10AM									
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR		Ode-att Co. Mari				
	212-74-26							1-10-1892 M			yland	
~	9a. FACILITY NAME (If not in						N OR LOCATION OF D	EATN		UNTY OF D		
2	William		Manor			Eas	ton	Tá	albo	t		
E	10a. STATE						CATION				10d. INSIDE CITY	
片	Maryland Talbot				E	aston					LIMITS?	
A	10e. STREET AND NUMBER						101. ZIP CODE		10g. Cl	TIZEN OF V	WNAT COUNTRY?	
FUNERAL DIRECTOR	501 Dutchman's Lane, Apt.				112		2160)1		USA		
2	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X					13. WAS I	DECENDENT OF NISPA	NIC ORIGIN? (Spec	Ify Yea or No-	14. RACI Black	E — American Indian, k, Whita, etc.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES					1 🗆 '	YES 2 NO Specif	fy:		Spec		
		EDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND (OF BUSINESS/IN		ite	
E	(Specify only highest grade completed) (Gi Elementary/Secondary (0-12) College (1-4 or 5+)			ive kind of w Do NOT us	work done during se retired.)	most of working						
COMPLETED	12				omem	aker						
	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S							AME (First, Middle, A	falden Surname)			
BE									deric	2		
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
-	Jennis Roy Galloway 12626 Wye Landing Lane, Wye Mills, MD 21679 20a. METHOD OF DISPOSITION 20b. PLACE AND GATE OF DISPOSITION (Name) 20c. LOCATION — City of Town, State											
	20a. METHOD OF DISPOSITION 1											
	4 Donation 5 Other (Specify) Salisbury Crematory 4-13 Salisbury, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A 22. NAME AND ADDRESS OF FACILITY										, MD	
	Newnam Funeral Home, P.A.											
	N- 4	eur	whom	-, 0	SP		O S. Har				on, MD	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	a.		Va	scul	r accio	lenl			Approximate Interval Between Onset and Death	
CERTIFICATION	Comment of the continue										Sem	
CERTIF	that initiated events resulting in death) LAST d											
	PART II. Other significa	ent condition	ne contributing to	deeth but not	reaulting i	In the under	ying cause given in		AS AN AUTOPS	Y 24t	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	- T Sopl	MAN	Rest	ne					YES 2 TO	COMPLETION OF CAUSE OF DEATH?		
ME	U	0									1 YE\$ 2 NO	
ä			1									
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	. PLACE OF DEATH (C	heck only one)				
XS	1 YES 2. NO		1 Inpatient 2			4 Wirsing	Nome 5 - Rasidence		-			
ву РН	27. MANNER OF DEATN 1 Netural 5 1 2 Accident	Pending Investigation	28a. DATE OF (Month, D		28b. TIM	JURY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE	HOW INJURY O	CCUREO		
	3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE C building,	OF INJURY — At he atc. (Specify)	ome, ferm,	atreat, factory,	office	28f. LOCATION City or Town		per or Rural	Route Number,	
COMPLETED	one)						data and place, and du				a) and menner as stated.	
TO BE (29b. SIGNATURE AND TITLE	Jun	Itwa	vel ()		NO	29c, LICENSE NU D087		29d. D/	4 1	O (Month, Gay, Year)	
F	30. NAME AND ADDRESS O						lewild A	venue.	Easto	n - N	WD 21601	
	APR 1 4 19	93	32. REGISTRA	AR'S SIGNATURE	SE							

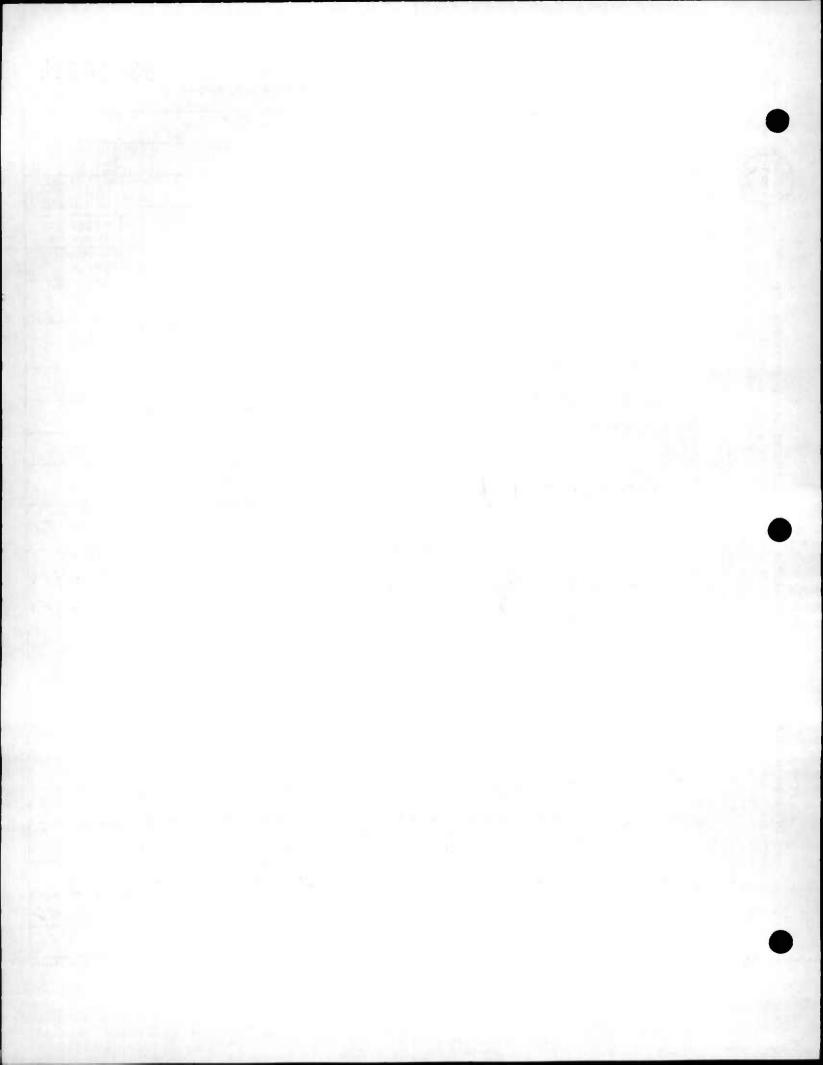


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

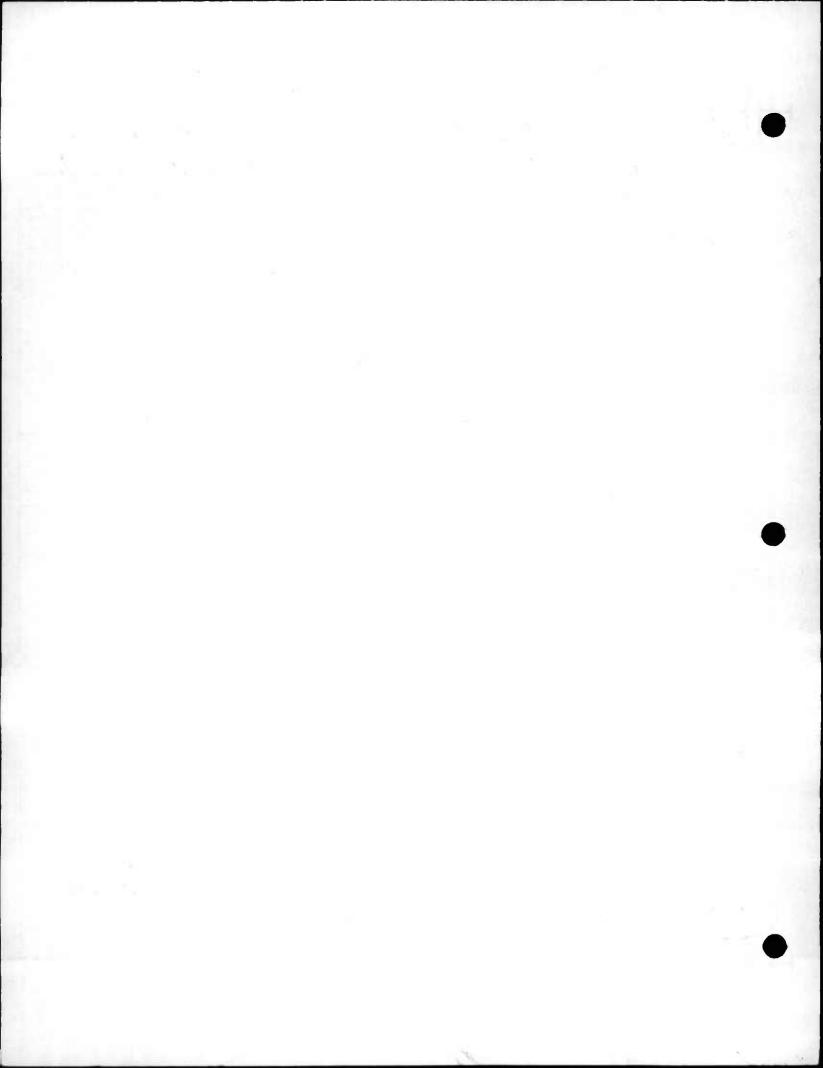
	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	11161111116	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEA	ATH
	William	Spencer		Gasch			MONTH	ril 1	, 19	YEAR	7:45	Рм
	4. SOCIAL SECURITY NUMBER 213-50-2230	5. SEX 6. A	GE (In yrs. lest b	irthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L	BIRTH Day, Year)		8. BIRTHP Country)	PLACE (State or F	Foreign
	9a. FACILITY NAME (If not Institution, give s	treet and number)			CITY TOWN (OR LOCATION OF I		9/195			rly, M	D
DIRECTOR		MEDLANTIC/LAYHILL					ZAIH	eath 9c. county of death Montgomery				
E	10a. STATE 10b. COUNTY		1	IOc. CITY, TO	WN OR LOCAT	TION					10d. INSIDE CIT	Y
	Maryland Princ		Hyatt	sville] NO	
FUNERAL	4729 Baltimore Av	enue		10f. ZIP CODE 20781					10g. CITIZE Unite		ates	
BY FUI	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARME ES 2 X NO R DATES	2 NO It yes, specify Cuben, Mexic				ANIC ORIGIN? (Specify Yea or No—can, Puerto Rican, etc.) 14. RACI Black Black Spec					
	15. DECEDENT'S EDUC	CATION	I st. Drogs								White	
ETE	(Specify only highest grade Elementary/Secondary (0-12)	(Give	kind of work of NOT use reti	AL OCCUPATION fone during mored.)	ON ast of working	16b. KI	ND OF BUS	NESS/INDU:	STRY			
COMPLETED	12	College (1-4 or 5 +)		Student					ty of	Max	yland	
Š	17. FATHER'S NAME (First, Middle, Last)		1 Dead	CHC		18. MOTHER'S N				Hal	yrand	
BE C	William Ernest Ga	sch				H. Cons			-			
10	19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING ADD	RESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zlp C	ode)		
F	H. Constance Gasc				e Avenu					land 20	0781	
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Remo	20b. PLACE AND	PLACE AND DATE OF DISPOSITION (Name of				7	ATION - CI				
	4 Donation 5 Other (Specify)	Fort Li	incolr	Ceme	tery 04/	20/93	Brer	twood	l, Ma	arvland	1	
	Clearly I.	Beef. L	,		Franc	is Gascl	S Son	ns Fu	neral	Hom	e, P.A	
-	23. PART I. Entar the diseases, or c	omplications that cau	sed the death	. Do not a	01ar the mo	Baltimon	re Avei	nue,	Hyatt	svil		
	shock, or haart failura. I IMMEDIATE CAUSE (Final	.ist only ona cause or	n aach lina.			aa or aying, su	Jii as Caldial	or raspin	story arres	д,	Approxim Interval B	letwean
	disease or condition									d Daath		
	resulting in dasth) a. \[\int Neumonia \] DUE TO (OR AS A CONSEQUENCE OF): \[\land de \]											
Z	Sequentially list conditions, Due to (or As A considerate or): Due to (or As A considerate or):									YPS		
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSIDUENCE OP):									1103		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury b. QUADRI MIE 9/0 DUE TO (OR AS A CONSEQUENCE OF): TRAUMATIC BRAIN Damage 10+4R- DIFF TO (OR AS A CONSEQUENCE OF):										4RS	
Ē	that initiated avants DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
B											-	
4	PART II. Other significant conditions	contributing to death	h but not rasu	iting in the	undariying	cause givan in	Part i. 24	a. WAS AN A PERFORM	UTOPSY		PERE AUTOPSY F	
EDICAL								YES 2		C	WAILABLE PRIOR COMPLETION OF (OF DEATH?	
							_			1	YES 2	NO
Ż												
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTI	26. PL	ACE OF DEATH (C	eck only one)					
PHYSICIAN: M	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O		DOA 4		5 🗆 Realdence	8 🗆 Other (S	pecify)				
	1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	7) 20	Bb. TIME OF	26c. INJU	RK?	28d. DEŞCRI	BE HOW IN.	JURY OCCUI	RED		
ă	2 Accident Investigation 3 Suicide & Could not be	28e PLACE OF IN II	IPV At home			ES 2 NO						
COMPLETED	4 Homicide 6 Could not be determined	28a. PLACE OF INJU building, atc. (S	pecify)	term, street,	tsctory, office		28f. LOCATIO	ON (Streel an own, State)	d Number or	Rural Rou	te Number,	
2	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death	occurred at t	he time, data	and plece, and due	to the cause(s	a) and mann	er ee atated.			
S S	one) 2 MEDICAL EXAMINER	: On the beele of examina	tion end/or inve	atigation, in i	ny opinion, de	ath occurad at the	time, deta and	place, and	due to the c	ause(s) a	nd manner se a	teted.
w II	296. SIGNATURE AND TITLE OF CERTIFIER	,				29c. LICENSE NU					fonth, Day, Year)	
∞	K,T,Ben	ACK	MA			nrc	17		D 41	1,/	100	
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF ACK 19 32. REGISTRAN'S SU	DEATH (ITEM 27	(Type, Print)	1.1	: DO	1 14	60.7	- //	m.	1 700	21
	31. DATE FILED (Month Day Year)	32. REGISTRAR'S SI	SNATURE -	1/13	101	ie vik	. 101	cal	100	1110	1 207	00
	APRI 9 1993	3 Julia Do	widson-A	andell	•							

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

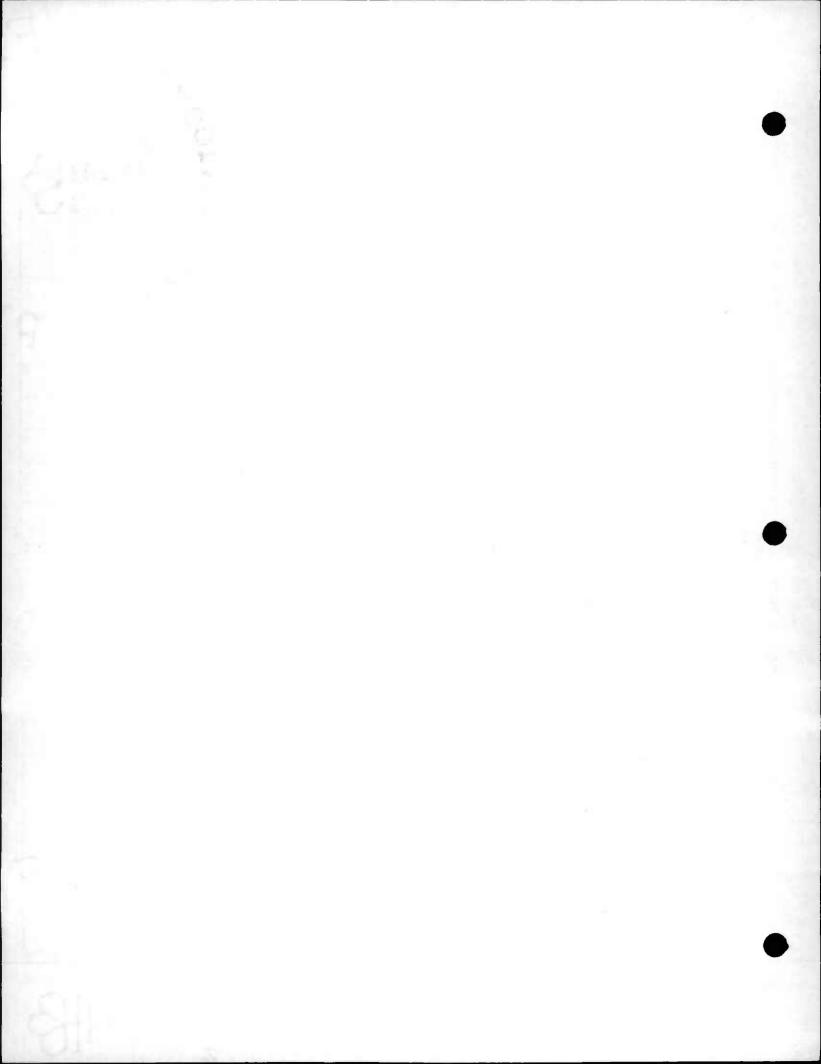


		1 - FOR STATE REGISTRAR	TE OF MARYLAND /	DEPARTMENT OF I		ENTAL HYGIEN) 12 (AM) O 1 J
DHS 1 1/	D	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. SEX	-ARRC AGE (In yrs. lest	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	REG. NO. 2. DATE OF DEATH MONTH 7. DATE OF BIRTH	B. BIR	3. TIME OF DEATH THPLACE (State or Fogelgn
Program	OR	9a. FACILITY NAME (If not institution, give street and if HYATTSVILLE MANOR	CARE		OR LOCATION OF DEAT	H	9c. COUNTY OF PRINCE	DEATH GEORGE
permit. Procest	L DIRECTOR	10a. STATE 10b. COUNTY NA 10c. STREET AND NUMBER		Washington,	D.C.			10d. INSIDE CITY LIMITS? YES 2 \(\text{NO}\) NO
ian. -transit	FUNERAL	1101 Euclid St.,N.W. 11. MARHTAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARM	IED 13. WAS DEC	20009 CENDENT OF NISPANIC	ORIGIN? (Specify Yea	UNITED	STATES CE — American Indian,
MARYLAND 21215-0020 s retained by the hospital or attending physician. 5 should be detached for use as the bunal-train notified at once.	ED BY		ICES? 1 YES 2 V NC ES, GIVE WAR OR DATES	1 - YES	NO Specify:	Puerto Rican, etc.)	BL.	eck, White, atc.
AND 21; the hospital or detached for u	COMPLET		(1-4 or 5+)	e kind of work done during mo Do NOT use retired.) DD SERVICE		FOOD		
MARYLA retained by the 5 should be de notified at or	TO BE CO	JOHN GARRETT 19a. INFORMANT'S NAME (Type/Print)		MAJLING ADDRESS (Street a	ELLA JA		, State, Zip Code)	
FORE, Me e 6 may be rector, page 5 must be no	F	WAYNETTE THREATT (I	20b. PLACE AN	3549 HOLMEAI NO OATE OF DISPOSITION (No altery or other place) NY MEMORIAL	ame of	DATE 200 LOG	ATION CITY OF	Town, State
SALTIN r death. Pag e funeral dii al.		21. SIGNATURE OF FUNERAL SERVICE LICENSES	2	M859 ALEXA 2617	ANDER S PO PA AVE SE	PE FUNERA WASH DC.	L HOME 20020	
24 hours / filled in the tion, or rep		23. PART i. Enter the diseases, or complice shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)	More that coused the deer to cause on each line. CUCUNOVIII OUE TO (OR AS A CONSEQUENCE)	a of t	de of dying, such of	LONNing	(I)	Approximate interval Between Onset and Death
O. BOX 68' certificate be execute nding physician and cr Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENTE TO (OR AS A CONSEQUENTE TO (OR AS A CONSEQUENCE TO		U	0		
RECORDS, requires that the des been signed by the at t. of Health and Menti shows any Injury.	MEDICAL	PART if. Other significant conditions contril	buting to deeth but not re	suiting in the underlying	g ceuse given in Pa	rt i. 24e. WAS AN / PERFORI	WEO?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F VITAL SICIAN: The law certificate has the State Dept to the State Dept or Item 23	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSP 1 Inp.	ITAL: etlent 2 - ER/Outpetient 3	OTHER:	ACE OF DEATH (Check			
O 돌뜸토	ву Рн	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆 1	PRK? YES 2 NO	Bd. DESCRIBE NOW IN	-14-	
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death Item 28 Is man	LETED	4 Homicide detarmined	pLACE OF INJURY — At hom building, etc. (Specify)			Sf. LOCATION (Street ar City or Town, State)	1	Route Number,
HOSPITAL FUNERAL WITHIN 72 I	COMPLET	Check only one) 2 MEDICAL EXAMINER: On the control of the control	basia of axamination and/or in	th occurred at the time, data vestigation, in my opinion, d	eath occured at the tim	e, data and pieca, and	due to the cause	
TO THE De filed IMPOR	TO BE	30. NAME AND ADDRESS OF PERSON WING COMPLI	TLWO ETED CAUSE OF DEATH (ITEM	27) (Type, Print)	D263	? (P L	20 (93
		Dr. Marcia Kane,MD	6500 Riggs	Road, Hyatt	sville, M	d.		
		APR 2 2 1993	REGISTRAN'S SIGNATURE	fandell				



BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal
68760,	xecuted within	and completely burial, cremat
). BOX	rtificate be e	g physician liene prior to
S, P.0	e death ce	the attendin Mental Hvg
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that th	of Health and
TAL F	V: The law	state Dept.
V OF V	3 PHYSICIAI	er this certif
VISIO	ATTENDIN(ECTOR: After is after deat
ā	L OR	DOF

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	Ε	
	1	1. DECEDENT'S NAME (First, Middle, Last)	B04 C	oreg!	3		2. DATE OF DEATH DA	- 93	3. TIME OF DEATH 3.45 PM
P		4. SOCIAL SECURITY NUMBER	1 X M 2 □ F	In yrs. lest birthday)YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	12 8	ATTHPLACE (State or Foreign unity) ONY I and
2, 3 should	TOR	90. In CILITY NAME (If not institution, give	street and number)	ital	SI V	OR LOCATION OF DE	EATH LAC	MONTY	
	DIRECTOR	10a. STATE 10b. COUNT	NCE GEORGES		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 17 YES 2 NO
Y	FUNERAL	106. STREET AND NUMBER 1732 DUTCHVILLE	DRIVE			20785		10g. CITIZEN O	F WHAT COUNTRY?
ling physician the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 THO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. R/BI	ACE — American Indian, act, White, etc.
ital or attending of for use as the	LETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	Me. Do NOT use	ork done during mo retired.)	ON est of working	16b. KIND OF BUS	INESS/INDUSTRY	
the hospital detached for	COMPLET	N/A 17. FATHER'S NAME (First, Middle, Last)		N/A	1	18. MOTHER'S NA	ME (First, Middle, Maiden S		
8 & S	BE	ERIC GREGG 190. INFORMANT'S NAME (Type/Print)					MAE JONES		
y be retained age 5 should be notified	5	ERIC GREGG					LANDOVER.		785
e 6 may ector, pa must b		20a. METHOD OF DISPOSITION 1	noval from State 20b	PLACE AND DATE O	F DISPOSITION /No	me of		CATION City or	Town State
ter death. Page 6 may be the funeral director, page oval.		21. SIGNATURE OF FUNERAL SERVICE LI	C. Busco		22. NAME AN	ID ADDRESS OF FA	ROAD LAND	KINS FU	NERAL HOME
ed within 24 hours at completely filled in by al, cremation, or rem- event, the medic		23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. extre.	sch line.	ot enter the mo	tur'it	h as cardiac or respir	atory arreat,	Approximate interval Between Onset and Death
h certificate be execu anding physician and Hygiene prior to bur or other traumati	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF					
requires that the of signed by the of Health and Me	MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting in	the underlying	g cause given in	Part i. 24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINOINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N 6 5	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ock only one)		
SICIAN: certifica th the St	PHYSICIAN:	1 YES 2 ND 27. MANNER OF DEATH	1 Minpatient 2 ER/Outp. 28a. DATE DF INJURY	28b. TIME	OF 28c. INJ	● 5 ☐ Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ATTENDING PHYSICIAN: The CTOR: After this certificate his after death with the State D a series of item is marked, or item	D BY F	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e, PLACE DF INJURY building, atc. (Spec	— At home, farm, st	M 1 🗆 Y	RK? /ES 2 NO	28I. LOCATION (Street or	nd Number or Run	al Route Number,
OR ATTENDING DIRECTOR: Atter hours after death item 28 is ma	LETEI	4 Homicide determined				NC 10 10 10 10 10 10 10 10 10 10 10 10 10	City or Town, State)		
복 기간 #	COMPLETE		ICIAN: To the best of my knowless: On the basis of examination						e(s) and manner as stated.
TO THE HOSPIT TO THE FUNERS be filed within 7	TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	M M			38884	BER	29d. DATE SIGNE	ED (Month, Day, Year)
			SAY M.D	. 2913	MOZART I		ER SPRING,	MD 209	904
		31. DATE FILED MOOIL ON MOO! 199	3 32. REGISTRAR'S PICH.	dson-Randa	ee_				



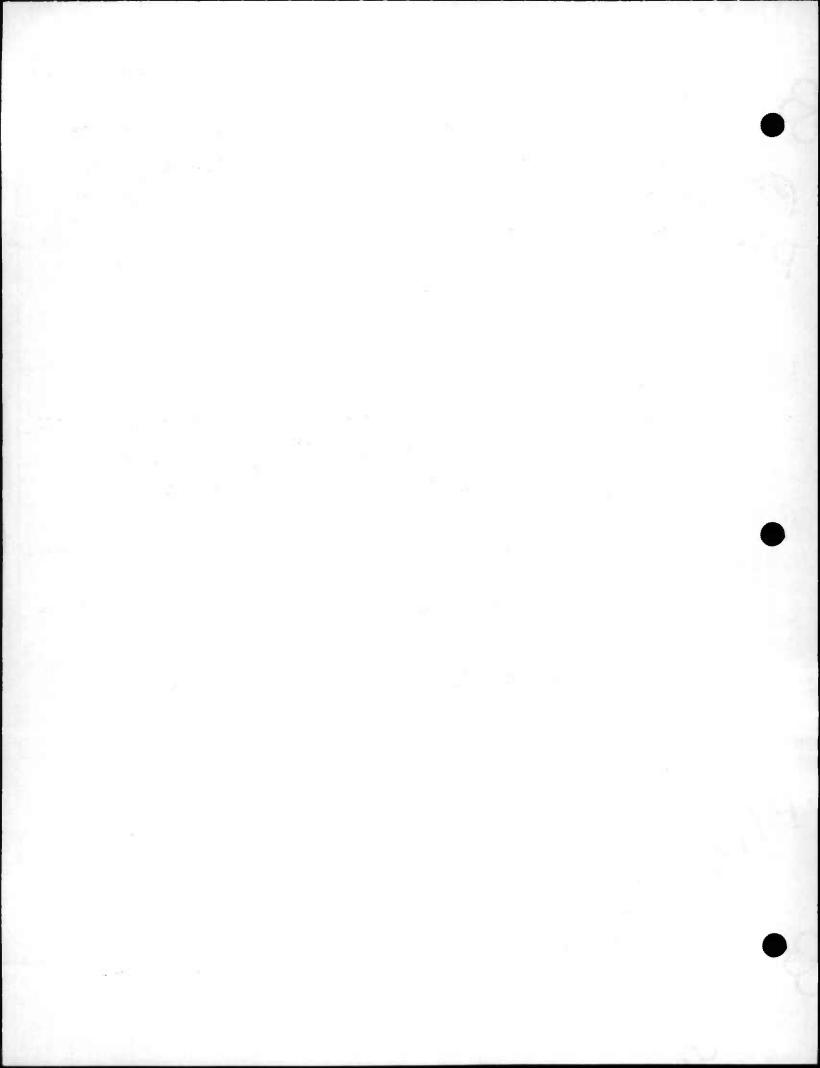
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page heled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR CE	RTIFICAT	E OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ANDREW 5 GARNE			2. DATE OF DEATH DO ON THE DO		3. TIME OF DEATH 2220 M		
	4. SOCIAL SECURITY NUMBER 208-72-3225 5. SEX 6. AGE (In yrs. last to	YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	HPLACE (State or Foreign try) Lryland		
TOR	9a. FACILITY NAME (If not institution, give street and number) Washington Co. Hospital	1	96. COUNTY OF DEATH Hagerstown Washington					
m l	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION			tod, INSIDE CITY		
L DIR	Pa. Franklin	Mon	t Alto		I	LIMITS? 1 YES 2 X NO		
FUNERAL DIRECTOR	204 Reynolds Ave. Extended		17237		10g. CITIZEN OF	.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	CENDENT OF HISPANIC ORIGIN? (Specify Yea or No—becify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. \$2 \(\times \) No Specify: White				
	15. DECEDENT'S EDUCATION 16a. DECE (Specify only highest grade completed) (Give	EDENT'S USUAL O	CCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	None	during most or working	Non	е			
S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Stephen E. Garner 190. INFORMANT'S NAME (Type/Print) 190.			hia S. Ryd				
5	Cynthia S. Garner		s (Street and Number or Rural P ynolds Ave.			o, Pa. 17237		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	DDATE OF DISPOS	SITION (Name of		CATION — City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AND ADDRESS OF FA	CILITY				
	+ H. Martin Cumneuro - J-		Greencast1	e, Pa. 172	25	me		
	 PART I. Enter the diseases, or complications that caused the dest shock, or heart fellure. List only one cause on each line. 	th. Do not enter	the mode of dying, auci	h as cardiec or reepi	retory arrest,	Approximate interval Between		
i	IMMEDIATE CAUSE (Final disease or condition	11.				Onest and Death		
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUE	IENCE OFI:	-6			Zweeks		
N N	Restrictive	Lu	mg DISE	pase		1		
CATI	sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		s In	sor Rec	ta	Birth		
CERTIFICATION	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQU	ENCE OF):	LICH	0				
	PART II. Other significant conditions contributing to death but not res		7376					
EDICAL	ATELECTASIS	sulling in the ur	iderlying cause given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ				1 D YES 2	× νο	OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		20 81 405 05 854711 70					
SIC	EXAMINER? t	DOA 4 Nur	28. PLACE OF DEATH (Che R: sing Home 5 Residence					
	Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED			
D BY	Suicide Could not be determined Suicide Could not be determined	e, farm, street, fact		281. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,		
E	On Company							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or inv					a) and manner as stated.		
TO BE	MD Decker MO		29c. LICENSE NUM MARYCO D-2	9822	≥ 04-21			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) M. D. BELEV, MD 324 E	27) (Type, Print)			HAGE	2STOWN		
	M. D. Becker, MD 324E 31. DATE FILED (MONTH), Day Your 31993 32. REGISTRATE SIGNATURE 4-29-83 31993 Fabric Services	Rendered						
		1						



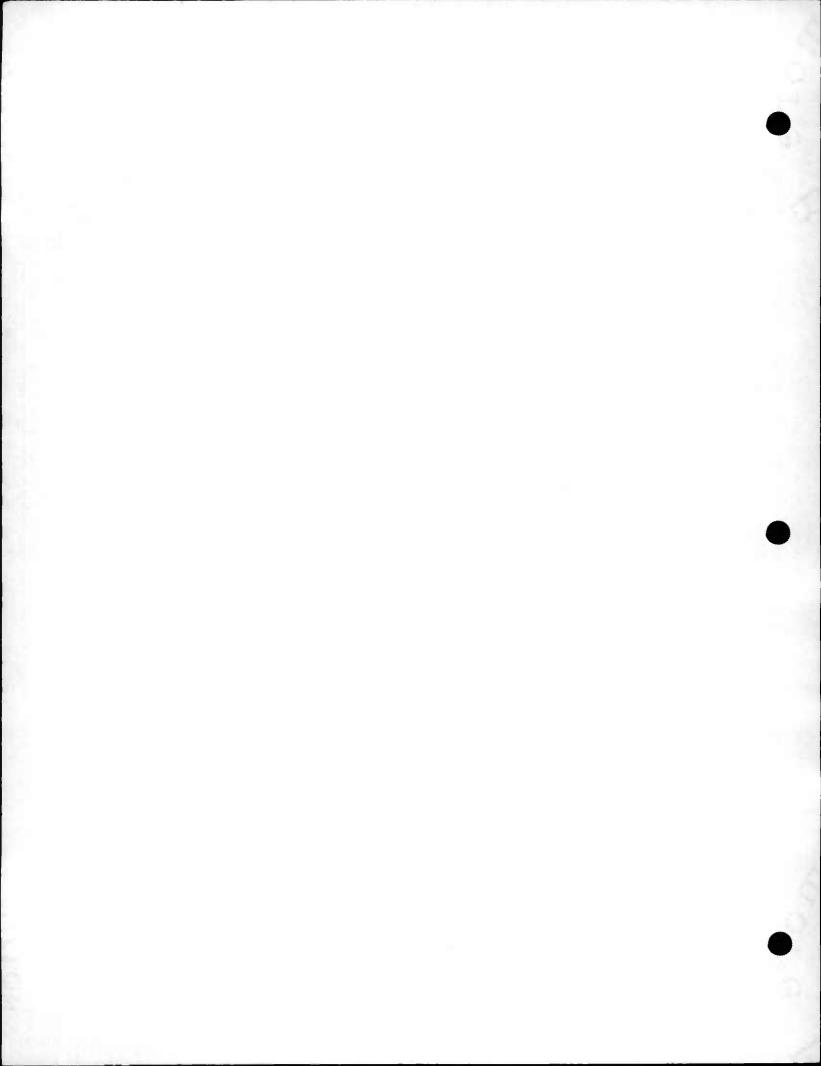
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

be filed within 12 hours after death with the State Dept. of Health and Mental Hygiele prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERT	FICATE OF	DEATH	REG. I	VO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAD	3. TIME OF OEATH
	Barbara Ann GR	OVE				4 2	2	93	м
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign
	214 32 4681	1 □ M 2 🛣 F	58 YRS	MONTHS DAYS	HOURS MIN.	April 1		Count	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			UNTY OF E	
S.	920 Corbett Stree	t		Hage	stown		Was	shing	ton
ן ב	RESIDENCE OF DECEDENT						Was	mine	COIL
R	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR LOCA	TION				10d. INSIDE CITY
0	Maryland Washi	ngton	H	agerstow	1				1X YES 2 NO
₹.	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	920 Corbett Stree				21740			USA	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E		13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify in, Puarto Rican, etc.)	Yes or No-	14. RACI	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR			S 2 NO Specify			Spec	Hy:
	15. DECEDENT'S EQU	I CATION							ite
	(Specify only highest grade	e completed)	(Give kind	I'S USUAL OCCUPAT of work done during m I use retired.)	ON ost of working	16b, KIND OF	BUSINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	office	_	1.1.			. 1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	U	acco	unts paya	_		it car	a co	mpany
ŏ	James Palladino					ME (First, Middle, Maid	len Sumame)		
8	19a. INFORMANT'S NAME (Type/Print)		articles		Helen				
2	James R. Grove					Route Number, City or			1 = 40
	20m. METHOD OF DISPOSITION					rstown, l			
	M☐ Burial 2 ☐ Cremetion 3 ☐ Rem	oval from Stafe	cemetery, crematory of	TE OF DISPOSITION (No other place)		DATE 20c.			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	<u> Rest Hav</u>	en Cemete	ND ADDRESS OF FA	4-24 I	lagers	town	, Maryland
	\C - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2000	` `	MINNI	CH FUNERA	L HOME			
	COUL	10104	nme	415 E	Wilson	Blvd., Ha	gerst	own.	Md. 21740
	23. PART i. Enter the diseasea, pr	compilections that ca	used the deeth. D	not enter the me	ode of dying, auc	h as cerdiac or re	spiratory ar	rest,	Approximata
	shock, or heart feliure. IMMEDIATE CAUSE (Final	List only one cause	on each line.						interval Between Onset end Death
		· Metas	610	1.1	(4
	recording in death)	DUE TO (OR	AS A CONSEQUENCE	OF):	LANCO				6 montes
z		b							İ
EDICAL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):					
S	CAUSE (Disease or injury	с							
E	that initieted events	DUE TO (OR	AS A CONSEQUENCE	DF):					
H	reaulting in death) LAST	d							
2	PART ii. Other significant condition	as contributing to dec	eth but not requitin	a in the underlyin	s series alves in	Boot I as una			
₹ I		outling to do	out not resulting	g in the underlyin	g cause given in	PERF	AN AUTOPSY ORMED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES	2 AO		OF DEATH?
Σ									1 - YES 2 - NO
A N	25. WAS CASE REFERRED TO MEDICAL								
호	EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Che	eck only one)			
PHYSICIAN:	1 U YES 2 NO	1 Inpatient 2 ER		4 - Nursing Hon	e 5 Raaldenca	8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Y		NJURY W	URY AT	28d. DESCRIBE HOV	V INJURY OC	CURED	
à l	2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF IN building, etc.	JURY — Al home, farm (Specify)	i, street, factory, offic	•	281. LOCATION (Stre- City or Town, Sta	et and Number te)	r or Runal F	loute Number,
COMPLETED									
릴	(Check only 1 CERTIFYING PHYS	CIAN: To the best of my	knowledge, death occu	rred at the time, dete	and place, and due	to the cause(a) and n	nanner aa sta	ted.	
§	one) 2 MEDICAL EXAMINE	R: On the besis of exemi	nation and/or investiga	tion, in my opinion,	leath occurad at the	time, deta end placa,	and due to fi	ha cause(a) and manner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	IBER	29d, DAT	E SIGNED	(Month, Day, Year)
BE C	muchael 1. 9	nelound	-		04160	()	•		2.93
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (7)	De, Print)	0 . 0 (1 2	
	Michael J. M	Cornack	1799	Howell	KI	100	λ.	.0	0.21740
	31. DATE FILED (Month, Day, War)	22. REGISTRAR'S	SIGNATURE	10/	1-61	11-101	11000	ru	V1170
100									
	APR 23 1993	John Denie	or fordul						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Por filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATI	E OF	DEA	TH		REG. NO).		
	1. DECEDENT'S NAME (First, Mid									2. DATE C	F DEATH			3. TIME OF DEATH
	DONALD L. GLO	DSS								APRI	L 27,	199	3 YEAR	3:55 A.M. M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BURTH	199	-	HPLACE (State or Foreign
	206-03-812	7	1 💢 M 2 🗌 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month.	Dey, Year) 3-1920	1	Count	(ry)
	9a. FACILITY NAME (If not institut	· 1				9h CITY	TOWN	R LOCATI	ON OF D		1727		JNTY OF E	Dhio
Œ	THE JOHNS HO			Δι				RE C		EAIH				RE CITY
5	RESIDENCE OF DECED		103711	\L		DAL	TITU	12 0	TII			DAL	LIIIO	NL CITT
DIRECTOR		. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
H	Maryland (Calve	ert		Lu	sby								LIMITS? 37
	10e. STREET AND NUMBER						104	ZIP COD	F		_	10- 0-	TITEN OF	1 TES 2 NO
.H.	605 Beech Driv	ve					101	206				rog. Cit	USA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T FVED IN I	e Apmen	1.0	W#6 P==							
	1 Never Married 2 X Marr	ried	12. WAS DECEDEN FORCES? 1	XYES 2	2 NO		If yes, sp	city_Cuba	m, Mexica	NIC ORIGIN? In, Pulirto Ri	(Specify Yea can, atc.)	or No—	Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced		WW 11	AR OR DATE	5		1 🗌 YEŞ	2 📉 NO	Specif	y:	-		Spec	White
	15. DECEDER	NT'S EDUC	ATION	16	la. DECEDENT'S	USUAL O	CCUPATIO	M		404 -	(ND OF ST	DIMEGO (***		
	1 16. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Gree kind of work done during most of working life. Do NOT use retired.) 16. KIND OF BUSINESS/INDUSTRY													
7	12 years	5	College (1-4 or 5 +)+	'	Atto					US	Gove	ernme	ent	
COMPLETED	17. FATHER'S NAME (First, Middle,	Lasti						40 440-	UEDIO VI	ME (C)	44- 4			
	Alonzo G. Glo	,								ME (First, Mi		Surname)		
BE	19a. INFORMANT'S NAME (Type/P				406 447	1000	2.00	_						
임			1 Tu		19b. MAJLING									
	Josef (none)	betae	T OL		2790				a. I					
-	1 Buriel 2. Cremation 3		val from State	20b. PL cemeter	ACE AND DATE	OF DISPOS	ITION (Ne	me of	4 00	DATE			City or To	
	4 Donation 5 Other (Specify) Cemeter State Cemeter Cremeter								20735					
				M001	172									
	* XVXA K. C	ber	wew	1.1001	. 73					Mortua 20646	ıry			
	23. PART I. Enter the disease			ceused th	ne death. Do r	ot enter	the mo	de of dv	ing suc	b as cardii	oc or reen	retoru se		Appendiment
	anock, or near	feilure. L	ist only one cau	se on each	ilne.			,·		ii de coidii	io or respi	ratory at	1001,	Approximate interval Batween
	iMMEDIATE CAUSE (Final disease or condition		N				_							Onset and Daath
	resulting in deeth)	a	VIS.	ORMIN	VATED INSEQUENCE OF	IN	TVA	VASI	c, (OAG	LOP	4-174	y	6hrs
					INSEQUENCE OF	F):							/	
6	Sequantially list conditions,			P515	INSEQUENCE OF	D.								Z4hr
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	•				,			_					
윤	CAUSE (Disease or injury that initieted events	6	DUE TO	OF AS A CO	VO CO	y Pk	MOS	121	-					3wK
	resulting in desth) LAST													3mo
<u> </u>		d.		/1C/V	TIA -	JLI	5W							Jmo
- 1	PART ii. Other significant co	onditiona	contributing to	deeth but i	not resulting i	n the un	derlying	ceuse	given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS
DICAL	granulomata	_									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
W	J									- [YES 2	□ NO	1	OF DEATH?
-										— I				1 YES 2 NO
A	25. WAS CASE REFERRED TO ME	DICAL					26 54	ACE OF S	EATH #0:					
PHYSICIAN: M	EXAMINER?		HOSPITAL:			OTHER	₹:			eck only one)	-			
<u>"</u>	27. MANNER OF DEATH		1 Inpatient 2 -						aldence	8 🗆 Other (
	1 Natural 5 Pend	ling	28a. DATE OF (Month, Da		28b. TIM	URY	28c. INJU WOI	RK?		28d. DESC	RIBE HOW I	OO YRULN	CURED	
<u> </u>		tigation				М		ES 2	NO .				_	
	3 Suicide 8 Could 4 Homicide detari	d not be mined	28a, PLACE Of building,	F INJURY — / atc. (Specify)	At home, term, s	treet, fact	ory, office			281. LOCAT City or	ION (Street a Town, State)	ind Numbe	r or Rural F	Route Number,
COMPLETED		d												
2	29a. CERTIFIER (Check only	IG PHYSICI	IAN: To the beat of	my knowledg	e, death occurre	d at the ti	lme, data	and place,	and dua	to the cause	(a) and man	ner sa sta	ted.	
5	one) 2 MEDICAL	EXAMINER	On the beals of ax	amination an	d/or investigatio	n, In my o	pinion, de	ath occur	ed at the	time, data a	nd place, en	d due to ti	ha cause(a) and manner as stated.
	296 SIGNATURE AND TITLE OF C								NSE NUN					
	Hotelen	. M.	Ŋ											(Month, Day, Year)
2 ∦	30. NAME AND ADDRESS OF PER		-	E OF DEATH	(ITEM 27) (Time	Print1		_ 6	120	5		U	14-2	7-93
		AHM						,		c				
	31. DATE FILED (Month, Day, Year)	איוורי	MA /	TO TO	WER.	vocr	ons	201	ING	2 5	TA	1346	To. 1	10
	MAY 0.3 '9	3	SZ. HEGISTHAI	a SIGNATUI	RE Anglass									
	mail U J J	<u> </u>	June	wite and	- Marting at	-								

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311	6	afte	50
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 nours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
AL (AL C	2	=
TIME	ER	In 7	H
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TO	TO	9	MP
-	Period	9	=

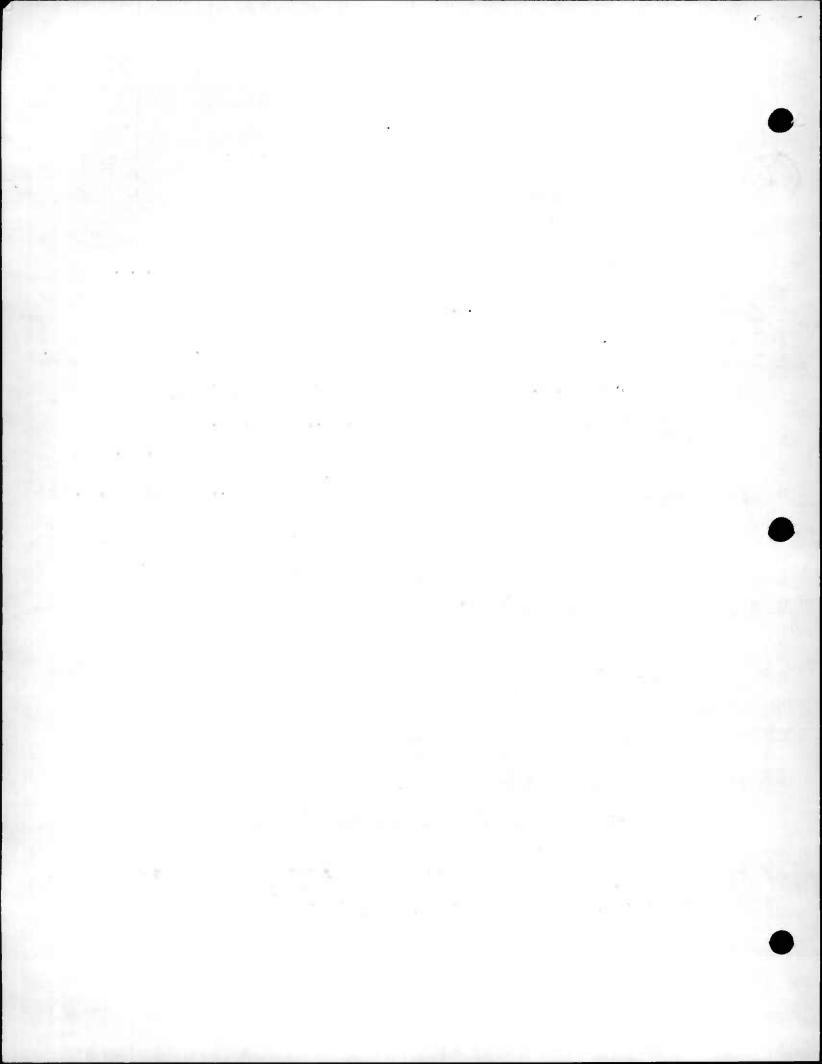
	FOR	PTATE OF MADVIAND	DEDAG	TRACNI	OE UEALT	U AND	SACAITA: L	IVAIEN		9	3 1382
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIF	ICATE	OF DEA		2. DATE OF	REG. NO.			3. TIME OF DEATH
	USEAL (~	19500 OS	CAR	L. G	IBSON		MONTH	28	19	93	M
	4. SOCIAL SECURITY NUMBER 5	SEX 8. AGE (In yrs. la:	st birthday)	IF UNDER	1 YEAR IF UND	ER 24 HRS.	7. DATE OF			6. BIRTHE	PLACE (State or Foreign
	Damiagn!	M 2 □ F 72	YRS.	MONTHS	DAYS HOURS	MIN.	7/13/	20		Mar	yland
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY	TOWN OR LOCA	TION OF D		,	9c. COUN	TY OF DE	
8	Howard County Con	oro1		Colı	ımbia				шо	ward	
DIRECTOR	Howard County Gen	ELAT	_						I no		
뿐	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN C	OR LOCATION						10d. INSIDE CITY LIMITS?
	Maryland Howard			Dayto							1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CO				10g. CITIZ	EN OF W	HAT COUNTRY?
Ä	14186 Howard Road					036				S.A	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	?. WAS DECEDENT EVER IN U.S. AI FORCES? 1 ∇ YES 2 \square IF YES, GIVE WAR OR DATES $W \bullet W \bullet II$	NO		WAS DECENDENT IT yes, specify Cu I YES 2 XN	ban, Mexic	an, Puerto Rica	pecify Yea n, atc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc. White
8	15. DECEDENT'S EDUCAT	ION 16a. DI	ECEDENT'S		CCUPATION		16b. KII	ID OF BUS	SINESS/INDI	USTRY	
E	(Specify only highest grade cor		Give kind of	work done netired.)	during most of wor	rking					
급	Elementary (C-12)	S	uper	visor			Ba	lto.	Gas	& E1	ectric Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)			-	18. MC	THER'S N	AME (First, Midd	le, Maiden	Sumame)		
	Oscar L. Gibson, S	r.			To	conh	ine Ra	1			
BE	19a. INFORMANT'S NAME (Type/Print)		Db. MAILING	G ADDRESS	S (Street and Numi					Code)	-
2	Genevieve Gibson	1	4186	Нотто	rd Rd.	Dave	ton M	1 0	1006		
3	20a, METHOD OF DISPOSITION	20b PLACE	OF DISPO	SITION (N	me of cemetery, c	remetory or	LOIL, M		CATION —	City or Tow	rn, State
	1 Burial 2 Cremation 3 Remova	I from State other p	Nece)					E1k:	ridge	. Md	
5	21. SIGNATURE OF FUNERAL SERVICE LICEN	1112333	MITH	22.	NAME AND ADDI	RESS OF F	ACILITY			, 110	
	· Harry H	. Wetske			RY H. W 2 Old C					t Ci	ty,Md.21043
	23. PART I. Enter the diseases, or con	plications that caused the dit only one cause on each lin	eath. Do	not enter	the mode of	dying, eu	ch ee cerdiec	or reep	ratory em	eet,	Approximete
	IMMEDIATE CAUSE (Fine)	14 .									Interval Between Oneet end Deeth
	disease or condition resulting in death)	11.40 I	WI	The	CTO	N					fulden
	resolding in death,	DUE TO (OR AS A CONSE		D:	-						
Z		(Warrey 1	Tr.	C-1	VIK	e ,					
	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS A CONSE	QUENCE C	1.50							
CERTIFICATION	CAUSE (Disease or Injury	CA136 .		1							
	that initiated events	DUE TO (OR AS A CONSE	QUENCE C	OF):							
	resulting in death) LAST										
	PART II. Other eignificant conditions of	contribution to death but not	en aviltime	In the se	edarbilar asso	l t-	Deat La				
MEDICAL	A L L 2	onthibuting to death but not	resolding	III (IIIe GI	iderlynig ceds	e given n	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	ACKE						1	YES 2	DING		COMPLETION OF CAUSE OF DEATH?
M							_				1 TES 2. NO
ä											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE	26. PLACE OF	DEATH (C	heck only one)				
Z Z		☐ Inpatient 2 ☐ ER/Outpatient	3 POOA		sing Home 5	Residence	6 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF	28c. INJURY AT WORK?		28d. DESCR	IBE HOW	NJURY OCC	CURED	
B	Natural 5 Pending Investigation			M	1 YES 2	NO					
ED	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm,	street, fac	tory, offica		28f. LOCATH	ON (Street own, State)	and Number	or Rural A	oute Number,
TE	4 Homicide determined						5, 5,	, 4.2.0/			
COMPLET	29a. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowledge, d	leath occur	red at the	lime, data and ple	ace, and du	a to the cause	a) and ma	nner as stat	ed.	
W.		On the basis of examination and/or									and manner as stated.
	295 SIGNATURE AND TITLE OF CERTIFIER)	A 4			JCENSE NI					
8	MINE	T	Uli		F	Ch (13 17		DATE	17 C	(Month, Day, Year)
2	TO NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (IT)	EN 2717E-	Drint)	1	104	10/1	Ų.	-	100	175.

CAUSE OF DEATH (ITEM 27) Type, Print) Nonce

1) 18047

31. DATE FILED (Month, Day, APR 3 0 '93

32. REGISTRAN'S SIGNATURE



1	-	STATE REGISTR	A
	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MAHYLAND	ERTIF	ICA	TE OF	HEALIF	I AND	MENIA	REG. N			
1. DECEDENT'S NAME (First	, Middle, Last)				·	01	<u> </u>			OF DEATH			3. TIME OF DEATH
MARY R.	GRAY								ADTI	1 25,	1993	YEAR	м
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	asl birthday)	IF UN	DER 1 YEAR	IF UND	R 24 HRS.	7 DATE	OE BIRTH		8. BIRTH	PLACE (State or Foreign
218 12 078	9	1 🗆 M 2 🙀 F	73	YRS.	MONTH	B DAYS	HOURS	MIN.	Dec.	23,	1919	Country	aryland
9e. FACILITY NAME (If not in	stitution, give s				9b. C	ITY, TOWN	OR LOCAT	TION OF D				INTY OF DI	
2575 Sandh		ad			17	E11i	cott	Cit	У		1	iowar	d
10e. STATE	10b. COUNT		<u>-</u>			N OR LOC							10d. INSIDE CITY LIMITS?
Maryland	Howa	rd				_	Cit						1 YES 2 NO
106. STREET AND NUMBER 2575 Sand		Road				_ 1	or. 210	42				S.A.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 State Widowed 4 Dive			TEVER IN U.S. A YES 2 MAR OR DATES	NO		If yes, s		an, Mexica	an, Puerto I	i? (Specify 1 Ricen, atc.)	fea or No	Black Specif	
15. DEC	EDENT'S EDU	CATION	18e. C	DECEDENT'S	LISUAL	OCCUPAT			186	KIND OF B	USINESS/IN		White
(Specify onl	y highest grade	College (1-4 or 5		(Give kind of He. Do NOT u	work do	ne during n	nost of worl	ing	100.	. KIND OF 6	OSINESS/IN		Westinghouse
17. FATHER'S NAME (First, JA	Matella diseas												
Roger Titt		1					18. MO	ary	E. Mo	xley	on Surname)		
19e. INFORMANT'S NAME (I	Type/Print) Wiebk	ing		2575	Sar	ess (Streendhil	1 Ro	er or Rural	Floute Num	ber, City or T LCOTT	City	° 2104	2
20e. METHOD OF DISPOSIT Burlal 2 Cremetic Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLAC other	E OF DISPO place)	SITION	(Name of c	Law	metory or		20c.	ocation -	City or Tou	nty Md.
21. SIGNATURE OF FUNERA			1-1-	0	1	22. NAME	AND ADDR	ESS OF F	ke Fu	nera]	L Home	Inc	
Mar	rel	H, W	Make	2			-						City
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	List only one car	ASTA	TIC	_								Approximata Interval Batwean Onset and Daeth
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	c	OR AS A CONS										
PART II. Other algolfica	ant condition	na contributing to	death but no	t reaulting	In the	underly	Ing cause	alven In	Part I	24. WAS	AN AUTOPSY	246	WERE AUTOPSY FINDINGS
											ORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL					26	PLACE OF	DEATH (C	heck only or	10)			
EXAMINER?		HOSPITAL:	FR/Outnoties	3 🗆 004		IER:		/	6 Othe				
27. MANNER OF DEATH	0	28e. DATE O		26b. Til	_	28c. I	NJURY AT WORK?	Residence	Y		V INJURY O	CCURED	
2 Accident	Pending Investigation Could not be	28e. PLACE (OF INJURY — At	home, farm,	atreet,		YES 2	□ NO	28f. LOC	ATION (Stre	et and Numb	er or Rural F	loute Number,
4 Homicide	determined	oullaing	, etc. (Specify)						City	or Town, Sta	110)		
		ICIAN: To the heat of) end menner ea atated.
296. NUMBER AND THE	6	Lile	uf	v (/	N	Q	29c. LI	CENSE NU	845	57	•	TE SIGNED	(Month, Day, Year) 28 93
30. NAME AND ADDRESS OF	F PERSON WI	SCHA	JSE OF DEATH (I	TEM 27 (Typ	e, Print)	2	M	S.		um	31A 1311	ME	
31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE		1 3		000	· ·		Cun	1 (1)	+ 1	MD.
APR 28 "	93	Julia D	ruydson-N	milett					<u>.</u>				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

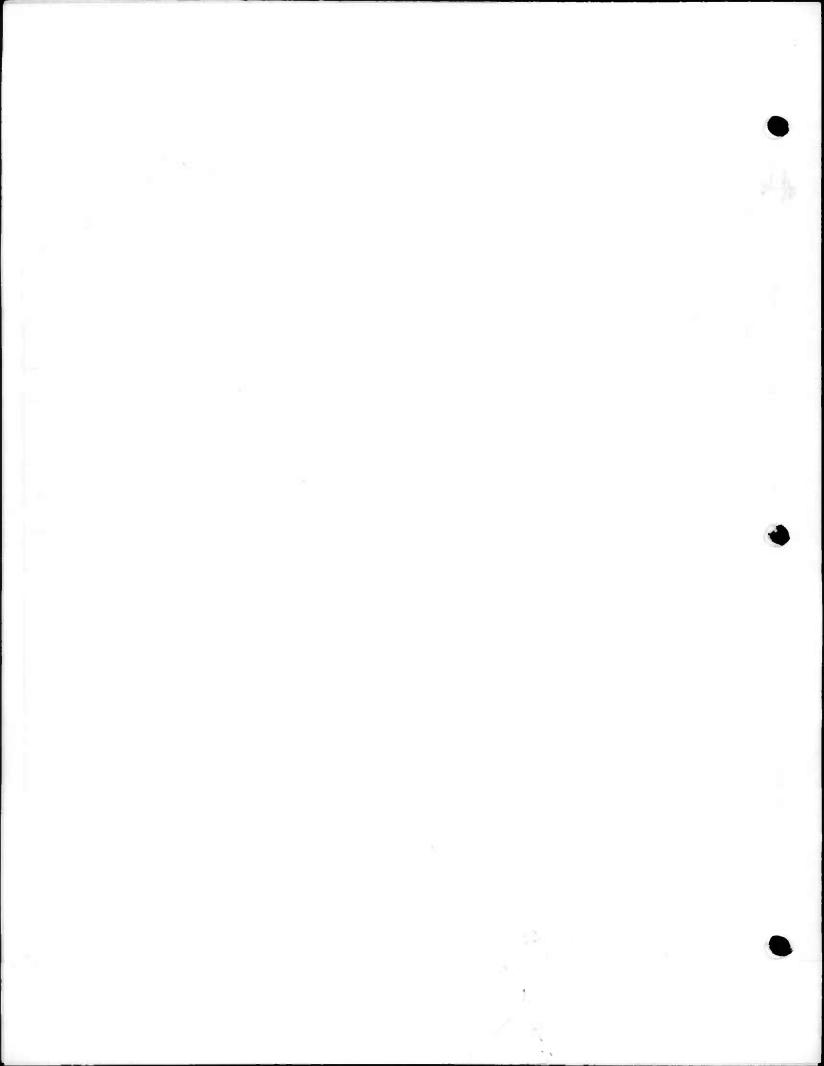
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.





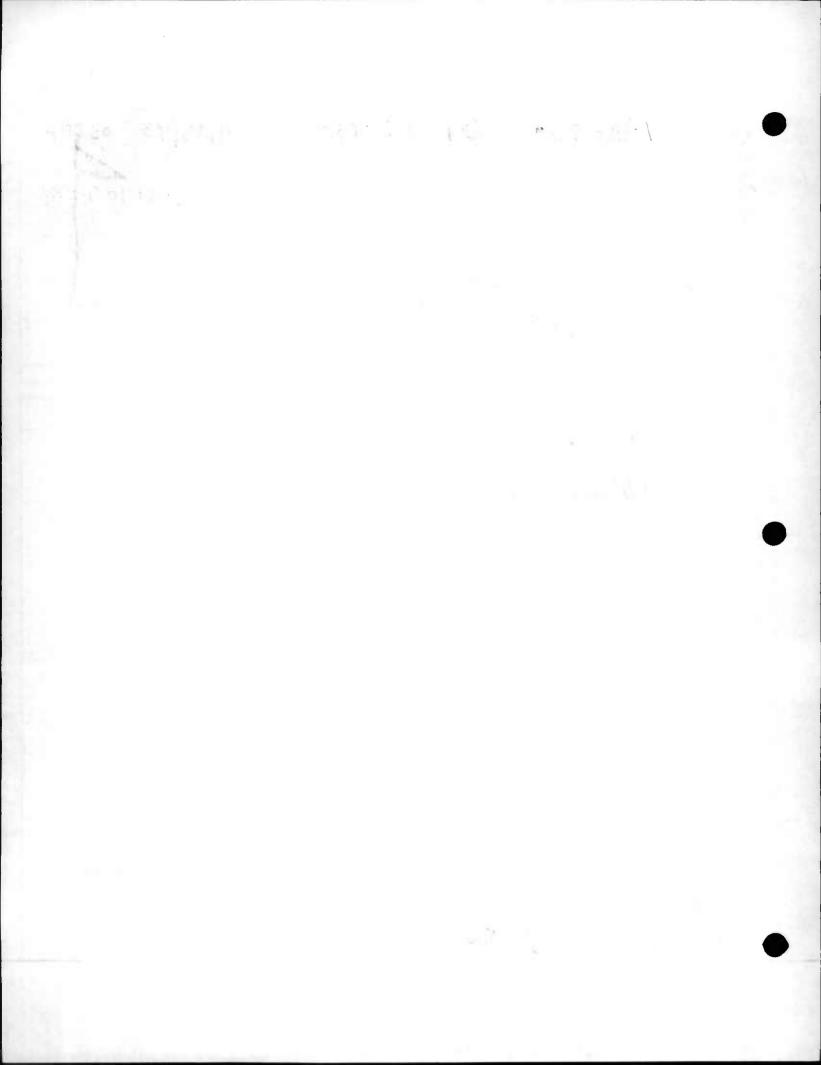
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(種		100		
		_		cian.	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 months be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

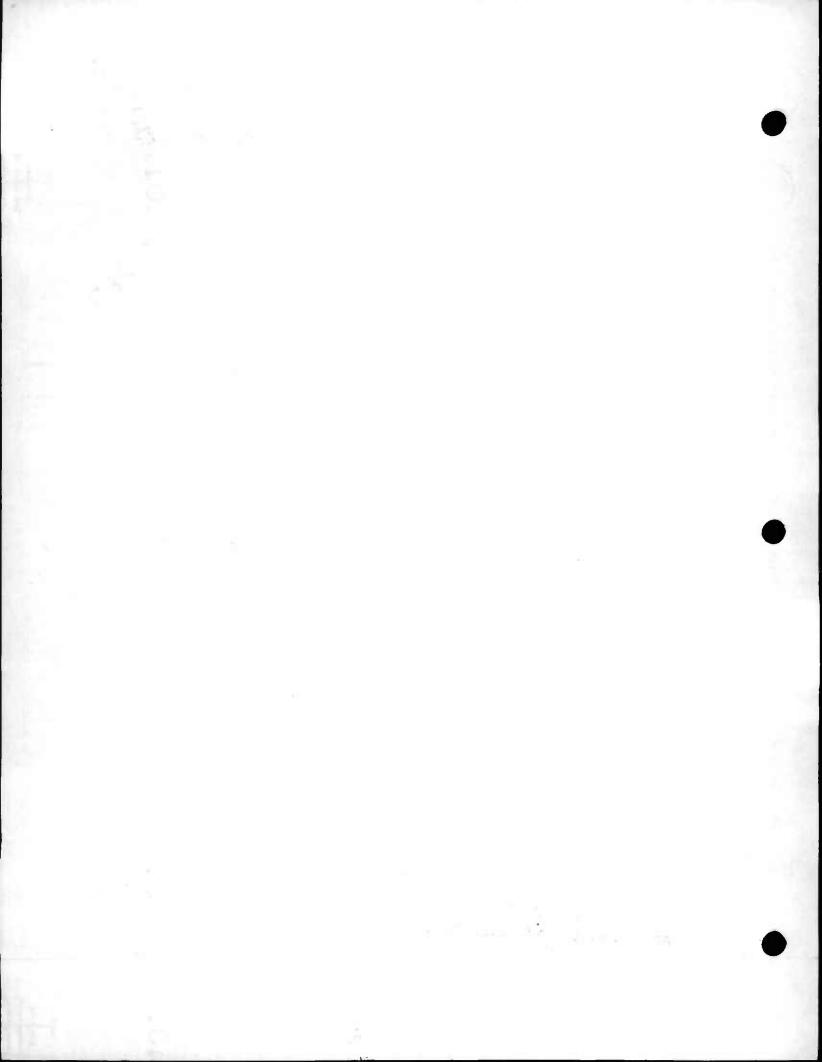
	REGISTRAR	CERTIF	ICATE C	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE.	REE	NBE	rG.	2. DATE OF DEATH	193	year 3. TIME OF DEATH		
	014-10-6661 1□ M 2 TXF 95	(În yrs. lest birthday) YRS.	IF UNDER 1 YE	'S HOURS MIN.	OCT. 1, 1	897	8. BIRTHPLACE (State or Foreign NEW YORK		
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) HEBREW HOME OF GREATER WASHING	GTON	POCKV	N OR LOCATION OF DEA	NTH		NTO-OMERY		
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN DR LO	CATION			10d. INSIDE CITY		
	MARYLAND MONTGOMERY 10e. STREET AND NUMBER	R	OCKVIL	E 101. ZIP CODE			LIMITS? YXXYES 2 NO		
FUNERAL	6121 MONTROSE RD.			20852		UNIT	TED STATES		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 YND	If yes	DECENDENT OF HISPANI , specify Cuban, Mexican YES 2 X NO Specify:	, Puerto Rican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify:		
8	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUE	ATION	16b. KIND OF BU	EINESS (IND)	WHITE		
til	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of a life. Do NOT us	work done during se retired.)	most of working					
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	CO-OWN	ER		CHILDRE		PPAREL		
	JULIUS HOLMAN				E (First, Middle, Maiden EFINOFF	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)	196. MAILING	ADDRESS (Sm	et and Number or Rural Ru		e State 7in	Cordat		
유	DAVID J. GREENBERG (SON)			SITY AVE.					
		PLACE AND DATE		Name of AEL CEMETER			City or Town, State		
	21. SIGNATURE OF FUNEBAL SERVICE LICENSIE		22. NAM	E AND ADDRESS OF FAC	ILITY				
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE ROCKVILLE, MD. 20852								
	23. PART I. Enter the diseases, or complications that cause shock, or reart failure. List only one cause on e	d the death. Do r	not enter the	mode of dying, such	as cardiac or respi	iratory arm	est, Approximate		
	IMMEDIATE CAUSE Pinai				\bigcirc		interval Between Onset and Death		
	disease or condition resulting in death)	RAL	1 44	ROMBOS	515 KIGH	tT 5	IDE		
	DUE TO (OR AS A	CONSEDUENCE O	F):		(
NO	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF							
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury		_				į		
CERTIFICATION	that initiated events resulting in death) LAST	CONSEDUENCE OF	F):						
병	d								
A.	PART II. Other eignificant conditions contributing to death b	ut not resulting	in the underi	ying cause given in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
EDICAL					1 YES 2	17	COMPLETION OF CAUSE OF DEATH?		
Σ					_		1 - YES 2 - NO		
Ä	25. WAS CASE REFERRED TO MEDICAL			•					
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Chec					
¥	1 PES 2 NO 1 Inpatient 2 ER/Outp 27. MANNER OF DEATH 28e. DATE OF INJURY	26b, TIM		fome 5 Residence 6	Other (Specify) 28d. DESCRIBE HOW I	N HERV OCC	IDED		
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INI	M 1	WORK? YES 2 ND	200. DESCRIBE NOW F	NJUNT OCC	UNED		
COMPLETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	' — At home, farm, s	Hreet, factory, o	ffica	261. LOCATION (Street a City or Town, State)	and Number (pr Rural Route Number,		
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my know	ledge, death occurr	ed at the time,	late and place, and due to	o the cause(s) and mar	nner as state	od.		
Š	one) 2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation	n, in my opinio	n, death occured at the ti	ima, date and place, an	d due to the	cause(a) and manner as stated.		
BE	290. SIGNATURE AND TULE OF CENTIFIEN Attending	Aluxit	ian	29c LICENSE NUME	DER X	29d. DATE	SIGNED (Marith, Day, Year)		
2	30. NAME AND ADDRESS OF BENSON WHO COMPLETED CAUSE OF BE	ATH (ITEM 27) (Typo,	Print) RD	0	5	4	()		
	2 J. PATOL, M.D61211	MONTR	326	Rocky,	ILE MI	20	852		
	31. DATE FILED (Month, Day, Year) APR 29 1993 Julia Davidson	- Jandell							
	AFR GH 1991								



60, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
BALTIMORE	after death. Page 6 may t	by the funeral director, pag moval.	ical examiner must be
OX 68760,	be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic event, the med
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	that the death certificate	ed by the attending physic th and Mental Hygiene pric	any injury, or other tr
F VITAL REC	SICIAN: The law requires	certificate has been sign to the State Dept. of Healt	I, or item 23 shows
DIVISION 0	ITAL OR ATTENDING PHY	3AL DIRECTOR: After this 72 hours after death with	If item 28 is marked
	TO THE HOSPI	TO THE FUNE! be filed within	IMPORTANT:

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF I	EALTH AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEA	ATH
	SALLIE ANN G	RANT			_ 1	Any Z	93	3:10	PH
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T. DATE OF BIRTH (Month, Day, Year)	0. B	IRTHPLACE (State or ountry)	Foreign
	212-84-0088	1 □ M 2 X F 75	YRS.	MONTHS DAYS	HOURS MIN.	APR. 21,19	918 WA	SHINGTON,	D.C.
_	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	OF DEATH	
<u> </u>	CARROLL MANOR NUR	SING HOME		HYA	TTSVILLE		PRINCE	GEORGE	
ည္မ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c. CITY	, TOWN OR LOCA	TION			10d, INSIDE CIT	v
DIRECTOR	MARYLAND MON	ITGOMERY		SILVER	SDDING			LIMITS?	
	10a. STREET AND NUMBER	TOOTILKT			. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
FUNERAL	210 ST. LAWRENCE	DRIVE			20901		119	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No.— 14. F	ACE — American Inc	Nen,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			ecity Cuban, Mexican 2 NO Specify:		. 5	Black, White, atc. Specify:	
		1						HITE	
E	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION Ork done during more pretired.)	ON ist of working	16b. KIND OF BU	SINESS/INDUSTF	M	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)		MAKER					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOME	MAREK	es secretario Man	RE (First, Middle, Malden	Comment		
	SCOTT E. GRANT				SALLY		,		
B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street)		oute Number, City or Tow			
일	RAYMOND F. HANDY	(NEPHEW)				SILVER SE			0901
1	20 METHOD OF DISPOSITION	20b.	PLACE AND DATE D	F DISPOSITION /N			CATION — City of		0,01
J	1 ABurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	etery, crematory or of OLIVE	r CEMETE	CRY	4/28 WASH	HINGTON	D.C.	
1	21. SIGNATURE OF FUNDENAL SERVICE LIE		,	22. NAME A	ND ADDRESS OF FAC	ILITY			
	· Mach 1	11.2616				LINS FUNER BLVD.,W.			o1
\neg	23. PART I. Enter the diseases, or	complications that caused	the death. Do n					Approxir	_
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACU	ch iine.			NFARO Dislu		interval	Between
z	contrareas anno se succeso e	Cores	WAR	AR	Teru .	Desou	10	130	na
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE):					•
<u>ა</u>	CAUSE (Disease or injury	С			7				
	that initiated events resulting in death) LAST	DUE TO (QR AS A	CONSEQUENCE OF):				i	- 1
		d							
ا ہے	PART ii. Other significent condition	s contributing to death bu	it not resulting l	n the underlyin	g ceuse given in F			24b. WERE AUTOPSY	
3						PERFOR	. /	AVAILABLE PRIOR	
MED								OF DEATH?	NO
						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)			
S	1 TYES TO NO	1 Inpetient 2 ER/Outpe	ntient 3 🗆 DOA	OTHER: 4 D Nursing Horn	e 5 🗆 Residence S	B ☐ Other (Specify)			
E	27, MANNEN OF DEATH	(Month, Day, Year)	26b. TIMI INJI	OF 28c, IN.	URY AT	28d. DEŞCRIBE HOW I	NJURY OCCURE)	
À I	2 Accident S Pending Investigation				YES 2 NO				
3	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, s fy)	treet, factory, offic	•	26f. LOCATION (Street of City or Town, State)	and Number or Ru	iral Route Number,	
4									
COMPLETED		ICIAN: To the best of my knowle							
	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, o	eath occured at the t	lme, data and place, an	d due to the cau	se(s) and manner as	stated.
# H	296. SIGNATURE AND TULE OF CERTIFIES	112 3	26	2	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Pay, Year	,
2	(/muls	J+880	no		0041	19	D 4/	75/93	
-	30. NAME AND ADDRESS OF PERSON WH						11		
				AVE. #9	25 CHEVY	CHASE, MD	20815-	-4330	
	31, DATE FILED (Month, Day, Year)	SUNA DEMISON-1	THE STATE OF THE S						
	APR 28 1993	7							





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TO THE HOSPITAL OR ATTENDING PRYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIFFICIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	Contract,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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APR 29

1993

	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPAR ERTIF					MENTAL	HYGIEN REG. NO	IE	3	13825
	1. DECEDENT'S NAME (Firs: Affolia, Last)	G. 1	luff						2. DATE O	_	5z. 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBERS 291-05-9709	¾ □ M 2 □ F	AGE (In yrs. les	YRS.	IF UNDI	DAYS	IF UNDER	MIN.	7. DATE O	BIRTH -191	5	o. BIRTHE	PLACE (State or Foreign
TOR	98. FACILITY NAME 'H' and institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH O												
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 109. COUNTY Maryland Arne 2												10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8 Giddings Avenue											HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2X Married 3 Divorced	12. WAS DECEDENT EV FORCES? 1X 1 IF YES, GIVE WAR O	YES 2 1	MED NO	13	If yes, sp	CENDENT Code	n. Mexica	IIC ORIGIN? n, Puerlo Ric	(Specify Yes	a or No— 14. RACE — American Indian, Black, White, atc. Specify: CauCasian		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12+ 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Legislative Representative Insurance												
BE CO	17. FATHER'S NAME (First, Middle, Last) Ezra Huff						Ca	rrie	ME (First, Mic MCPe	ek			
5		ıff	194	b. MAILING 8	Gido	dings	and Number S AV	or Rural F enue	Seve	rna I	n, State, Zip Park,	MD	21146
	20a. METHOD OF DISPOSITION 12. Burlal 2 Cremation 3 Ramo 4 Donation S Other (Specify) 21. SIGNATURE OF PUMERAL SERVICE CIDE		20b. PLACE / cometery, cre Glen	metory or of	n Ce	emete Barra	ery 4	SS OF FAC	ns Fu	Gleneral	en Bui L Home na Pai	mie,	Maryland
	23. PART I. Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death disease or condition resulting in death) Approximate Interval Between Onset and Death												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL	1 YES 2 NO OF DEATH?										WAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN:		HOSPITAL:	Outpatient 3	□ poa	OTHE	A:			ok only one)			_	
ву рну	27. MANNER OF DEATH 1	28e. DATE OF HUJU /Month, Day, Ye	RY	26b. TIME	E OF	29c. INJ WO			8 COther (S	-	NJURY OCC	UREO	
8	3 Suitcide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (URY — At hor Specify)	me, form, a	truet, fac	story, office	e.		28f, LOCATI City or	OH (Street a Reen, State)	init Number i	v Runal Ros	ute Number
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSICI (Chuck only 2 MEDICAL EXAMINER:	AN: To the best of my in	nowledge, des	eth occume	d at the	time, dete opinion, d	and place, eath occur	and due t	to the cause time, data an	(s) and man	over as state d due to the	d. cause(s) e	and manner as stated.
20h. SIGNATURE AND TITLE OF CERTIFIER.											29st, DATE		

TELL RE PEATH (ITEM 20 Type Print)

M. HEGISTHAN'S SIGNATURE

21122

= 5

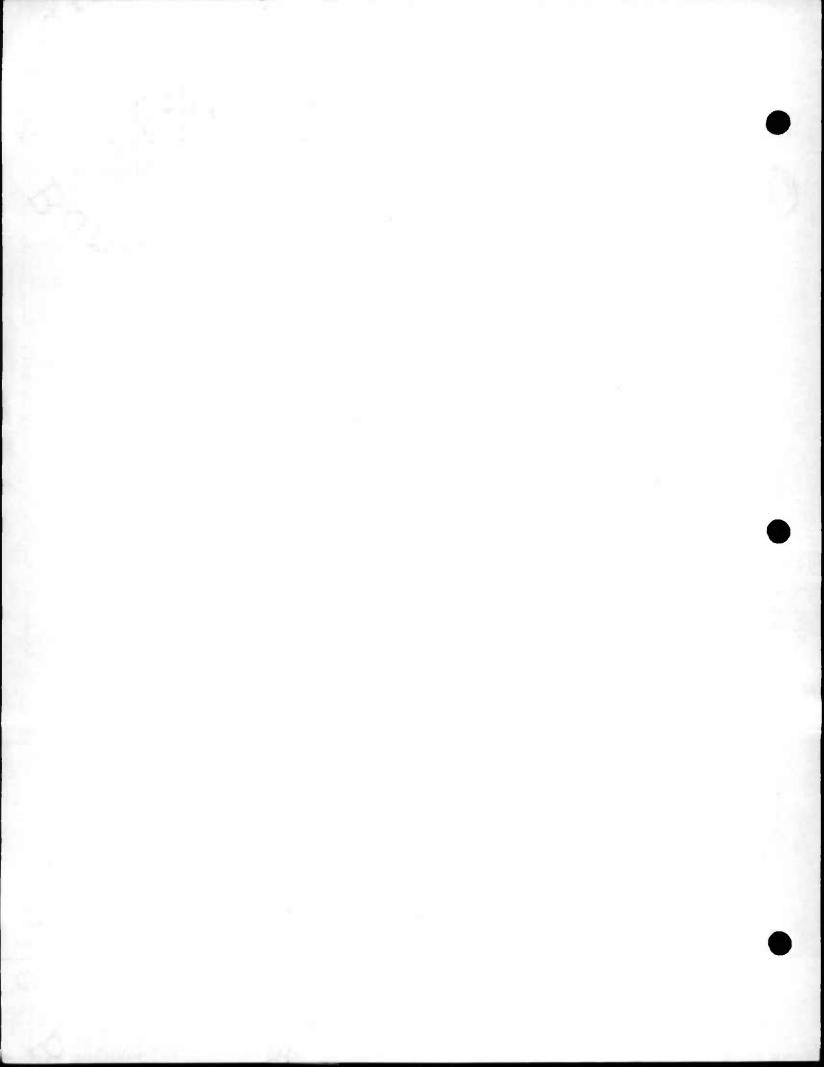
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEDARTMENT OF HEALTH AND MENTAL HYCHAIR

	1 - STATE REGISTRAR		CE		ICATE		DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH .
	Terrance	R. Hi	cks					MONTH 4	2.4	93	/EAR	620 A .
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	- Bar &			LACE (State or Foreign
	220-70-1160	1 [3℃M 2 [] F	34	YRS.	MONTHS 6	BYAC	HOURS MIN.	(Month, D	ey, Year)	_	Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF DE	1 6))	9c. COUNT	ARYI	
۳	Seton Hill Man	nor]	Ba1	timore			30. 000	. 0. 00	
DIRECTOR	RESIDENCE OF DECEDENT									1		
#	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR						1	Od. INSIDE CITY LIMITS?
	MARYLAND ANNE ARUNDEL				ANNAP	OLIS	5				1	YES 2 NO
¥	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT C			
剪	89 WEST WASHINGT	ON STREET			@ 21401 U.S						U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E			13. WA	S DECEN	DENT OF HISPAN	IC ORIOIN? (S	Specify Yes	or No- 14	RACE -	- American Indian, White, atc.
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR		,	1 [YES 2	NO Specify:	n, Puerlo Rica :	n, etc.)		Specify:	White, atc.
											BLAC	K
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. DEC (G/w	EDENT'S	USUAL OCCI work done duri se retired.)	UPATION ing most	of working	16b, Kii	ND OF BUS	SINESS/INDUS	TRY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. L	UN F	se retired.) CMPLOY	ED						
ž												
8	17. FATHER'S NAME (First, Middle, Last)						IS. MOTHER'S NAM			Sumeme)		
BE	JOSEPH B. HICKS						TERESA					
6	19a. INFORMANT'S NAME (Type/Print) TERESA HICKS		19b. O	MAILING O. LIT	ADDRESS (S	CIII	Number or Rural R	loute Number,	City or Town	n, State, Zip Co	MD	21/01
								KEEL	ANNAI	OLIS,	MD.	21401
	20e. METHOD OF DISPOSITION 1 XI Burial 2 Cremation 3 Remo	oval from Stata	20b. PLACE AN			ON (Neme		DATE		CATION - City		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		PINELA	WN M	IEM. P			28/93		NAPOLL	IS,	MD.
1	21. SIGNATURE OF FUNERAL SERVICE LIC	I I			22, NA	ME AND	ADDRESS OF FAC	SILITY 8	21	Wes	t S	treet
	Lavy &	Teen	2		Ree	256	Sons	Mort	nary	, Ann	apo	lis, Md
	23. PART I. Enter the dispases, or o	omplications that c	aused the dea	th. Do r	not enter th	e mode	of dving, such	as cardiac	or reani	ratory arrest		Approximata
	shock, or heart failure.	List only one cause	on each line.				7		A		'	Interval Batween
	disease or condition	A	. La.V	i.	M 44.11	1/6	A core.	7	1/120	11 (AT	Ne	Onset and Death
- 1	resulting in death)	DUE TO (OF	R AS A CONSEQU	JENCE O	D:	C.	france	My	range	L	ツン) rew s
- 1			(Gard	erio.	2010	, U	Noul	1	1			1 And
<u>ō</u>	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									2.101/100		
8	cause. Enter UNDERLYING		1.					J				
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEQU	JENCE O	F):							+
CERTIFICATION	resulting in death) LAST	1.										
	PART II Other cignificant condition											1
DICAL	PART II. Other significant condition	contributing to de	ath but not re	sulting	in the unde	rlying o	ause given in F	Part i. 24	PERFOR			PERE AUTOPSY FINDINGS VAILABLE PRIOR TO
ă								_ 10	YES 2	NO		OMPLETION OF CAUSE F DEATH?
×								_			i .	YES 2 NO
ÿ												
3	25. WAS CASE REFERPED TO MEDICAL EXAMINERY	HOSPITAL:				28. PLAC	E OF DEATH (Chec	ck anly one)				
YSI	1 TEL 2 NO	1 Inpatient 2 E	R/Outpatient 3	DOA	OTHER:	Home 1	5 Residence 8	0 Cther (Sp	pecify)			
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,		28b. TIM INJ		c. INJUR	Y AT			JURY OCCUR	RED	
À	1 Natural 5 Pending 2 Accident Investigation		112				3 2 NO					
	3 Suicide 8 Could not be	28a. PLACE OF II building, atc	JURY — At hom. (Specify)	e, ferm, c	treet, factory	, office		28f. LOCATIO	N (Street a	nd Number or	Rural Rou	te Number,
	4 Homicide determined			_					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Z	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, deat	h occum	ed at the time	, deta en	d place, and due t	to the cause(s	and men	ner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of axem	ination and/or im	restigatio	n, in my opin	ion, deal	h occured at the t	lme, data and	placa, and	due to the co	euse(a) a	nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						9c LICENSE NUM					(onth, Day, Year)
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٩	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM	27) (Type,	Print)		V - 7			0 00	67	
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	34: DATE FILED (Month, Day, Year)	32. REGISTRAR'S		- 100	~ NJ 1	(J	jure		IV W/V	don't	way	V NIN CLIST
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di	de	
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		HEGISTHAH		CERTIF	ICATE OF	DEATH	REG. NO	•			
		1. DECEDENT'S NAME (First, Middle, Last) RATHRYN HORSEY 2. DATE OF DEATH MONTH DAY YEAR 93									
		4. SOCIAL SECURITY NUMBER 2/2-0/-7.550	1 - M 2 KF 8	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	THPLACE (State or Foreign ntry)			
	E	Sa. FACILITY NAME (If not institution, give a LAUREL WOO			_	OR LOCATION OF DE	EATH	9c. COUNTY OF			
	5	RESIDENCE OF DECEDENT			FIL	70,77		0601			
	DIRECTOR	MD CEC		1000	ESAPE	AHE C	7,74		10d. INSIDE CITY LIMITS? 1 (SKYES 2 NO		
	FUNERAL	100. STREET AND NUMBER 201 BOHEMIA	AUE		10	7. ZIP CODE 21915		10g. CITIZEN OF	WHAT COUNTRY?		
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS OE	CENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No.— 14. RAC	CE — American Indian, ck, White, atc.		
	à	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 TA NO Specify	n, Puerto Rican, etc.)	Spe	ck, white, atc. city: HITE		
		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	Work done during me		16b. KIND OF BUS	SINESS/INOUSTRY			
1	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	BAR		D	RESTI	AURA	MT		
	ខ្ល	17. FATHER'S NAME (First, Middle, Last)	2			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
6	W		OWELL			FMI	MA	ESTEI			
	0	7	NSALL JA	? 43	BASIL	AUE	Route Number, City or Town		71915 7MD		
Ten III		20e METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata Ca	b. PLACE AND DATE metery, crematory or o	NO CE	METERY	543 100	CATION — City or T	fown, State		
a year		21. SKINATURE OF PUNERAL SERVICE LIC	1		Z.	ND ADDRESS OF FA	RDFUN	ERAL	HOME		
-	-	23. PART I. Enter the diseases, or o	omplications that cause	d the death. Do	not antar the mo	da of dving aud	5 CHE	SEPERI	Approximate		
		ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	A CONSEQUENCE O	70 (cm	rdial	I for	1	Interval Between Onset and Death		
	N O	Sequentially list conditions,	Con	A CONSEQUENCE O	e s	hand	- For	lune			
	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Con	M and	2 te	tury	()ks	earl			
	CERT	resulting in death) LAST			<u> </u>						
	MEDICAL	PART II. Other eignificant condition	s contributing to death	but not resulting	in the underlyin	g causa given in	Part I. 24s. WAS AN. PERFOR	MED?	b. WERE AUTOPSY FROMOS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO		
	ž I	25. WAS CASE REFERRED TO MEDICAL									
	2	EXAMINER?	HOSPITAL		OTHER:	LACE OF DEATH (Ch	A THE REAL PROPERTY AND ADDRESS OF THE PARTY A				
	PHYSICIAN:	27. MANNER OF DEATH 1 Statural 5 Pending	1. Inpetient 2 ER/Out 26s. DATE OF INJUSTY (Month, Day, Year)	26b. TIM	RE OF 28c. INJ	URY AT	8 C Other (Specify) 28d. DESCRIBE HOW IN	HJURY OCCURED			
	ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJUST building, etc. (Spe	Y - At home, farm,		M 1 VES 2 NO Teet, factory, office 28f. LOCATION (Siner and Number or Flural Flours Number City or Revn. State)					
	COMPLETED	29s. CERTIFIER (Check only unit) 2 MEDICAL SYAMINER: On the basis of examination and/or investigation, in my opinion, dueth occurred at the time, date and place, and due to the cause(s) and manner as stated.									
		29b. SIGNATURE AND TITLE OF CERTIFIER		/	and the ring superiods, y						
	IO BE	/ 0	2/1	June	JY/	DO618	14000	▶ 5 -	3-93		
,			nzi, M.D.	DOWN TOWN	ridge :	St. E11	kton, MD	21921			
	1	31. DATE FILED (Month, Day Hear)	32. REGISTRAR'S SIGN								
		MW 03.83	Julia Navidron	Randelle					DHMH-18 Rev 1/89		
			-						MINNEL IS LIGA 1/08		

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MY 03'80 Stellingware

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4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

161-24-9380 B

MERRITT

5. SEX

1 - M 2 X F

HORNOR

6. AGE (In yrs. last birthday)

YRS.

82

IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS NOURS MIN.

3. TIME OF DEATH

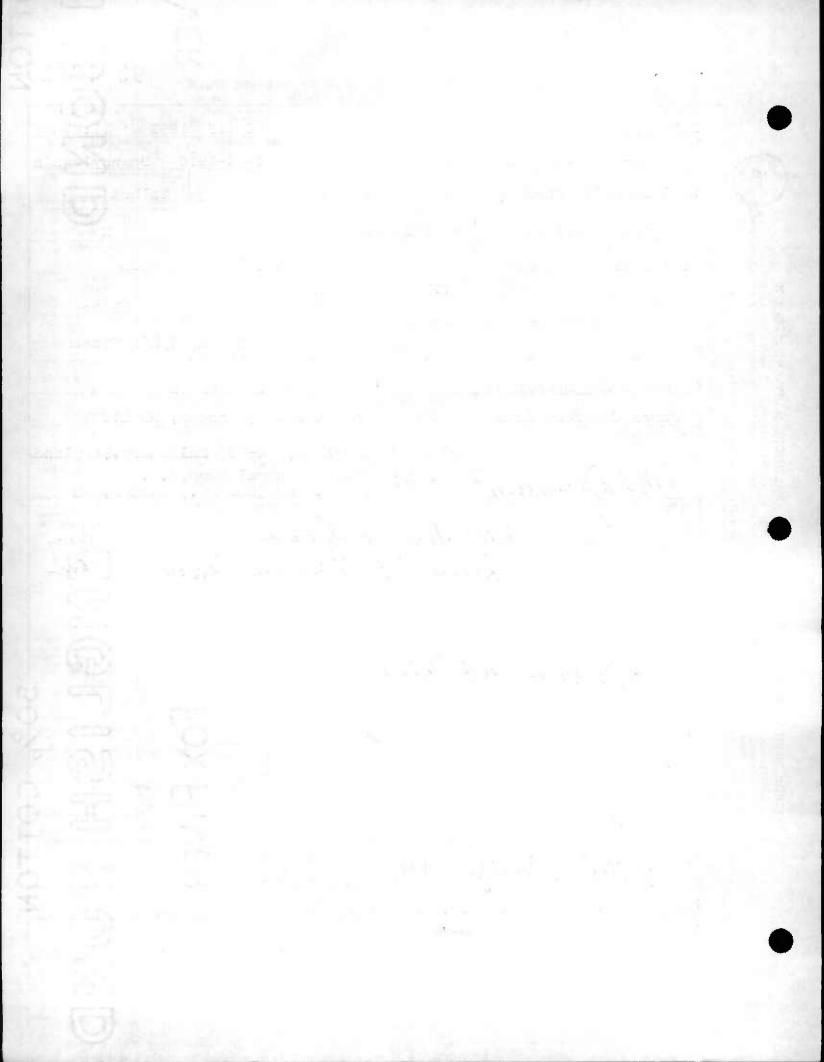
6. BIRTHPLACE (State or Foreign Country) Pennsylvania

11:27AMM

2. DATE OF OEATH DAY 4 15 1993

7. OATE OF BIRTH
(Morth, Day, Year)
6-16-1910

	William Hill				WN OR LOCATION OF DE	EATH		INTY OF DEATH					
6	RESIDENCE OF DECEDEN			Eas	COII			albot					
DIRECTOR	Maryland T	albot		ston	LOCATION			10d. INSIDE CITY LIMITS? 1 XYES 2					
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?					
FUNERAL	#10 Shannon	Terrace			21	601		USA					
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2000	If ye	B DECENDENT OF HISPAN 18, apacity Cuber, Mexica YES 2 NO Specify	n, Puarto Ricen, etc.)	ee or No—	14. RACE — American Indi Black, White, atc. Specify: White					
日日	15. DECEDENT'S (Specify only highest		16e. DECEDENT	S USUAL OCCL	JPATION ng most of working	166. KIND OF BU	JSINESS/IN						
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT	use retired.)		Philad	delpl	hia Museum					
₩	12	4	Texti	le Cu		of Ar	t						
႘	17. FATHER'S NAME (First, Middle, Las	•				ME (First, Middle, Maide	,						
BE	James Smit	h Merritt				ude Mori							
2	19a. INFORMANT'S NAME (Type/Print)	17			treet end Number or Rural								
	James Crawf				on Terrac								
	20a. METHOD OF DISPOSITION 1 Burial 2 Coremation 3 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE AND DA of cemetary, cremato	ry or other place	e)	1		City or Town, State					
	21. SIGNATURE OF FUNERAL SURVICE		Salisbu	22. NA	ME AND ADDRESS OF FA	CILITY		bury, Maryl					
	MEUL)	. J	CFS	P. Ne	wnam Fune	eral Home	e, P. 7	Α.					
	11.2700	Lestum						aston, MD					
	23. PART i. Enter the diseases ahock, or heert fall	, or complications that ca ure. List only one cause o		not enter th	e mode of dying, suc	h aa cerdiac or reep	piretory ar	reat, Approxim					
	IMMEDIATE CAUSE (Final disease or condition	Para		. 0	Money			Onset and					
	resulting in death)	· Negri	minny	CHNO	yween	7		Tha					
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR	AS A CONSEQUENCE	Thyprof:	vetore pri	my Desi	esse	Ka					
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST C. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part III. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Part III. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. Part II. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. Part III. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. Part III. Other, algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part II. Part III. Other, algnificant conditions cause given in Part II. Part II. Other, algnificant conditions cause given in Part II. Part III. Other, algnificant conditions cause given in Part II. Part III. Other, algnificant conditions cause given in Part II. Part III. Other, algnificant conditions cause given in Part II.												
SICIAN:													
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (CA			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
HYS	1 YES 2 NO	1 □ Inpatient 2 □ ER	Name and Address of the Owner o		g Home 5 - Residence		IN HIEW OV	COURT					
0	1 Natural 5 Pending	(Month, Day, Y		NJURY M	WORK?	Zou. DESCRIBE NOW	BE HOW INJURY OCCURED						
à	2 Accident Investiga 3 Suicide a Could o	28e. PLACE OF IN	JURY — At home, farm	, street, factory		28f. LOCATION (Street	TION (Street and Number or Rural Route Number.						
	4 Homicide 8 Could no	building, etc.				City or Town, Stat							
COMPLET	290. CERTIFIER												
MP	anal .	PHYSICIAN: To the best of my											
8	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e												
BE	29b. SIGNATURE AND TITLE OF CER		1 MI)	29c. LICENSE NU		29d. DA	TE SIGNED (Month, Day, Year)					
2													
					orași la a			1m 02.65					
	William H. Wo	MA DECISTRATION	SIGNATURE	o rate	ewild Ave	nue, Eas	ton	, MD 21601					
	130 BLE BIED (WOUNDER APPRIL)	PER REGISTRARY	ende										
								The same of					

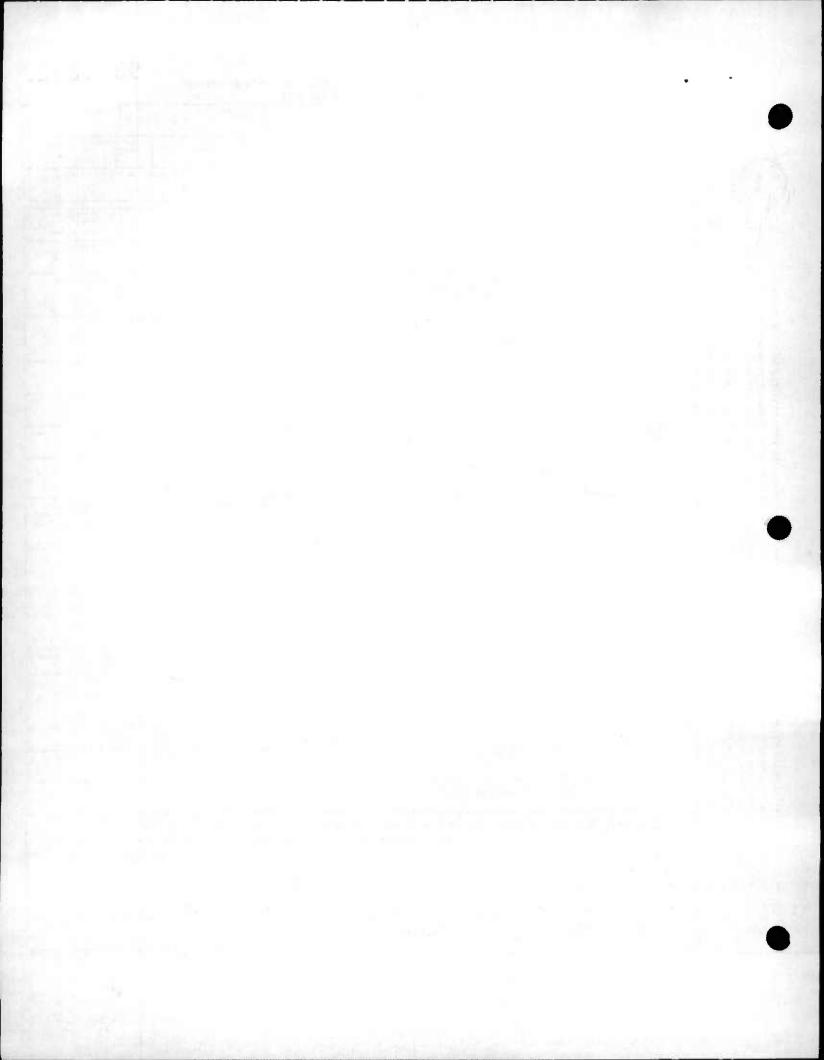


- 6	1. DECEDENT'S NAME (First,	Middle, Last)			- JL		CATE	OI-	DEA		2. DATE	OF DEATH	<i>)</i> .		3. TIME OF DEATH
	ROB	ERT	LEE	HA	ARRI	S					MONT 04	н с	C	YEAR	S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ER	5. 9EX	6. AGE (/		_	IF UNDER t		IF UNDER	9 24 HRS.	7. DATE	OF BIRTH	<u>6</u>	93 0. BIRTH	IPLACE (State or Foreign
	220-32 - 084	4	1 ☑ M 2 ☐ F		58	YRS.	MONTHS	DAYS	HOURS	MIN.		12-35	- 1	MAD	w YLAND
~	9a. FACILITY NAME (If not inst	_	street and number)				9b. CITY,	rown (OR LOCATI	ON OF DE			9c. COU	NTY OF D	EATH
5	523 LINCOLN	ST.					DE	NTC	N				CAI	ROLI	NE
DIRECTOR		10b. COUNT	Y	_	-	10c. CITY	TOWN OF	LOCA	TION						10d. INSIDE CITY
	MARYLAND	CAR	OLINE			Ι	ENTO	N							LIMITS? 1 VES 2 ND
FUNERAL	10a. STREET AND NUMBER							_	1. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
NE I	523 LINCOL	N ST.							216				IIS	SA	
	11. MARITAL STATUS 1 Never Merried 2 N	Herried	12. WAS DECEDEN FORCES? 1	YES	2 3N		13. W	VS DEC	CENDENT C	OF HISPAN In, Mexicar	IC ORIGIN	I? (Specify Ye Rican, etc.)	a or No-	14. RACE Black	— American Indian, , White, atc.
B	3 Widowed 4 Divorce	ced	IF YES, GIVE W	AR OR DA	TES 11		11	YES	2 X NO	Specify	:			Speci	" BLACK
COMPLETED	15. DECEI (Specify only i	DENT'S EDU	CATION (COMOINTER)		16a. DEC	EDENT'S	JSUAL OCC	UPATIO	ON		16b.	. KIND OF BU	SINESS/IND	USTRY	
9	Elementary/Secondary (0-1		College (1-4 or 5	-)	life.	Do NOT use	ork done du retired.)	nny mo	ON WORKE	ng					
M P	12th				S	IGN M	AKER				М	TTOHT	AND-F	IARPI	ER CO INC
	JOHN HARR								18. MOT	HER'S NAM	AE (First, A	Middle, Malden	Surname)		
8	19a. INFORMANT'S NAME (Typ				1 401	HAII MO	ADDRESS	0		OUISI		RRIS ber, City or Tow			
임	CYNTHIA I		S		1										
1	20a. METHOD OF DISPOSITIO	N.		20b.	PLACEA		FDISPOSIT			DET	DAT	MD	21629 CATION 0		wn. State
	1 Weuriel 2 Cremation 4 Donation 5 Other (S	Specify)	oval from State	ceme	SPRI	NG G	ROVE	CE	METEI	RV /	 ⊥2/ ₁ _	0B D	ENTON	ME	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE				22. N	AME A	ND ADDRE	SS OF FAC	HLITY RI	NNTE	CMTTH	FIIN	VERAL SERV
	1				-		P.().	BOX I	1687.	EAS	STON,	MD. 2	1601	ENAL SEK
	23. PART I. Enter the dis-	easea, Dr	omplications that	ceused	the das	th. Dp ni									Approximata
	ahock, or her	art fellure.	List only one cau	se Dri ea	ch line.							100 00			Interval Between Onset and Da
	disease or condition resulting in death)		Mato	sta	atre Colon Cancer										Ollege and Di
	in death)	•	DUE TO	(OR AS A	CONSEO	UENCE OF			-	COY					
Z I	Sequantially list condition	0.5	b												
Ĕ	if any, leading to immedicause. Enter UNDERLYIN	ata	DUE TO (OR AS A CONSEQUENCE OF):												
RTIFICATION	CAUSE (Disease or Injury		C												
E	that initiated events resulting in death) LAST										j				
Ü	DATE II ONLY II III														
8	PART ii. Other aignificant	Condition	a contributing to	daath bu	it not ra	sulting ir	tha und	ariying	g cause g	given in F	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDIN
MEDI											-	1 TYES 2	DINO		OF DEATH?
											-				1 YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL								ak anti-an	al .					
S 1	EXAMINER? HOSPITAL: OTHER:														
SICIA		F DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE								NJURY OCC	URED				
HYSICIA	27. MANNER OF DEATH		(Month, Day, Year) INJURY WORK?												
	27. MANNER OF DEATH 1 Natural 5 Pe				6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route building, stc. (Specify)										
D BY	27. MANNER OF DEATH 1 Neturel 5 Pe 2 Accident Im 3 Suicide 6 Co	vestigation ould not be	28e. PLACE Of building.	F INJURY -	At hon	e, ferm, st	reet, factor	, office	•		28f. LOCA	ATION (Street a	and Number	or Rural R	oute Number,
ETED BY PHYSICIAN:	27. MANNER OF DEATH 1	vestigation	25e. PLACE Of building.	F INJURY - etc. (Specif	At hon	ne, ferm, st	reet, factor	, office			281, LOCA City o	ATION (Street a or Town, State)	and Number	or Rural R	oute Number,
ETED BY	27. MANNER OF DEATH 1 Netures 5 Per 1 Per	vestigation ould not be itermined	CIAN: To the beat of	mtc. (Specif	y) dge, dea	th occurred	at the tim	o, data	and place,	, and dua t	City o	ee(a) end mar	nner se state	rd.	
ETED BY	27. MANNER OF DEATH 1 Netures 5 Per 1 Per	vestigation ould not be itermined	CIAN: To the beat of	mtc. (Specif	y) dge, dea	th occurred	at the tim	o, data	and place,	, and dua t	City o	ee(a) end mar	nner se state	rd.	oute Number,
ED BY	27. MANNER OF DEATH 1 Netures 5 Per 1 Per	vestigation ould not be starmined YING PHYSIC AL EXAMINE	CIAN: To the best of R: On the basis of ex	mtc. (Specif	y) dge, dea	th occurred	at the tim	o, data	and place, eath occur 29c. LICE	, and dua t	City of the cau	ee(a) end mar	nner se state	rd. o Ceuse(s)	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FER MONT. Port 1993

appin MD 920 Morket St. Denton,
Briggs Janas Standarde



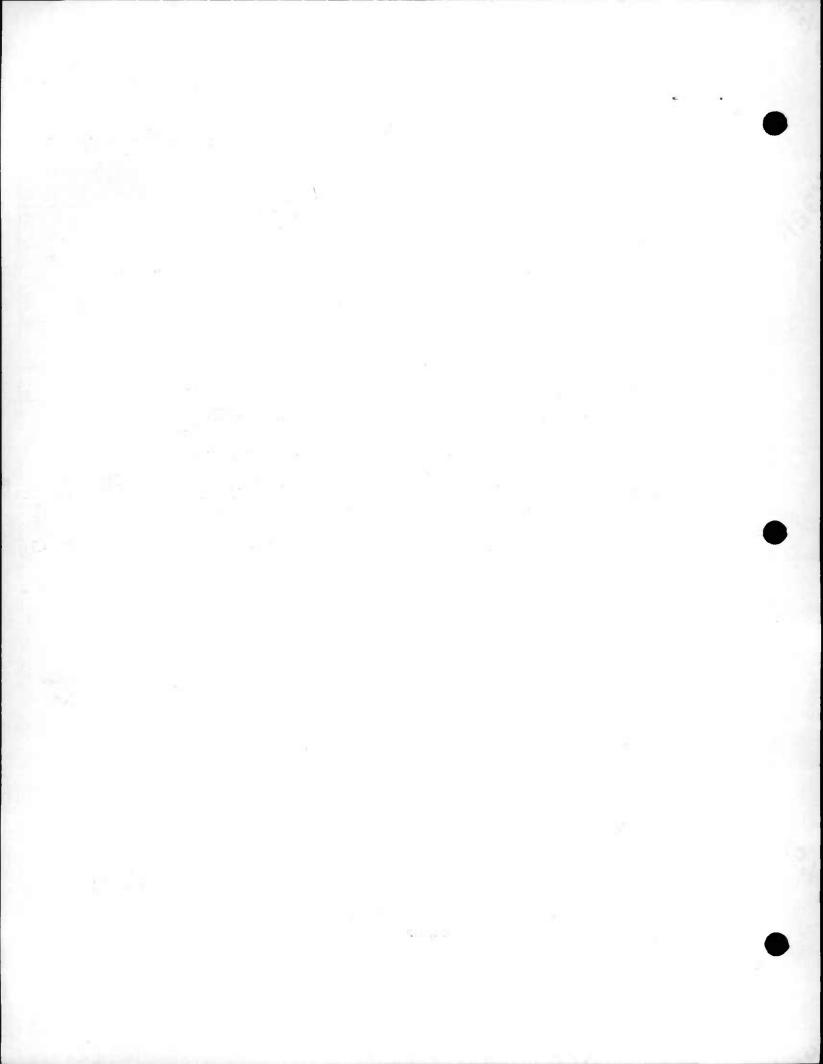
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

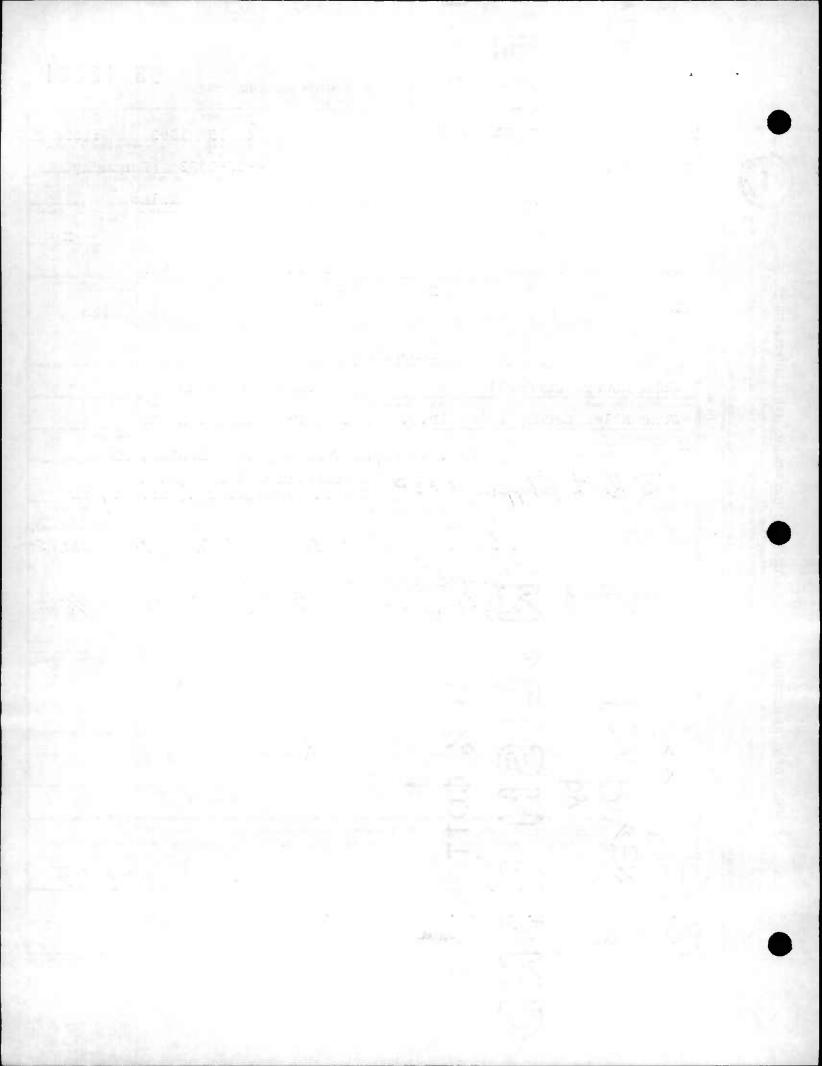
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,		FRANKI	TAI IN	WALKET !	D				2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	MAX			WFEL	7				APRIL 2		993	1:40 A. M
	317-16-591		5. SEX 1 X M 2 D F	6. AGE (In yrs. les	t birthday)	IF UNDER 1	DAYS .	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
	9a. FACILITY NAME (If not in			(1	Tha.	Oh CITY	TOWN C	B LOCATI	ON OF DE	MAY 28, 1			IANA
R O	7954 OAKW		,					CHAI		AIH		CALBO	
5	RESIDENCE OF DEC	10b. COUNTY	,		40.000								
HI I	MARYLAND	TALI				ST. I		- '	2				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
AL	10a. STREET AND NUMBER	17111	<u></u>			D1. 1	_	ZIP COOL			10g, CITI	ZEN OF WI	HAT COUNTRY?
FUNERAL DIRECTOR	7954 OAKW	1000 PA	ARK CT.				1	21663	3		0.00	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, White, etc.
B	1 Never Married 2 3	rced	IF YES, GIVE V	YES 2 WAR OR DATES X				2 XNO					WHITE
TEO	(Specify only	EDENT'S EDU	CATION completed)	(G	ive kind of w	USUAL OCC	CUPATIO	N it of workin	g	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	F)	Do NOT use GINEE					AUTOVO	TIVE		
S	17. FATHER'S NAME (First, MI									IE (First, Middle, Maiden	Surname)		
BE	ALBERT E		HOMFELI		_					EEN FOLTZ			
5	EDWARD WEE		OMFELD	8	58 BI	SHOP	RD	. GRC	DSSE	POINTE PA	RK, I	ATCHI.	GAN
	20a. METHOD OF DISPOSITI 1 Buriel 2 Cremetio 4 Donation 5 Other	n 3 🗆 Reme	oval from State	20b. PLACE A cometery, cre CAPIT					PRIL	OATE 20c. LO 21, 1993		City or Tow	
	21. SIGNATURE OF FUNERAL)	22. N	AME AN	O ADDRES	S OF FAC	ILITY					
	Havi	onour)	31:	2 S	. TAI	BOT	OMARD FUN ST. ST. M	ICHAI	ELS,	21663 MARYLAND		
	23. PART I. Enter the di ahock, or he	seases, or c	compilcations that List only one cau	t caused tha de	ath. Do n	ot anter ti	ha mod	da of dyi	ng, such	aa cardlac or reapi	ratory arr	eat,	Approximate Interval Between
1	IMMEDIATE CAUSE (Fin disease or condition	ai	Read.		2	AST	7 . 0	1/	. 4 (1			Onset and Death
ł	resulting in death)	→	DUE TO	(OR AS A CONSEC	R - ASTRUCYTOMA								9 MERKS
Z	Sequentially list condition		b		counce or,								
AT	If any, leading to immediate. Enter UNDERLYII	liata	DUE TO	(OR AS A CONSEC									
FIC	CAUSE (Disease or injusthat initiated events		DUE TO	(OR AS A CONSEC									
CERTIFICATION	resulting in death) LAST	'L,	d										
	PART II. Other aignificat	nt condition	a contributing to	death but not r	eauiting Is	n the und	arlying	cause g	iven in P	Part I. 24s. WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										_			OF DEATH?
ä													
ğ	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER:	28. PL	ACE OF OR	EATH (Chec	k only one)			
PHYSICIAN:	1 YES 2 NO		1 Inpetient 2 I	INJURY	DOA 28b. TIME		Bc. INJU			Other (Specify) 26d. DESCRIBE HOW II	HIRY OCC	TIRED	
ВУ Р		Pending restigation	(Month, D	ny, Year)	JUMI	JRY M	WOR			200. DESCRIBE NOW II	SONT OCC	ONED	
	3 Suicide 6 0	F INJURY — At horetc. (Specify)	me, farm, st	treet, tector	y, office			28t, LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	ute Number,		
<u>-</u>	29a. CERTIFIER	FYING PHYSIC	CIAN: To the heat of	my knowledge de	th accurat	d =0 4b = 41=				o the cause(a) and man			
COMPLETED	(Check only one) 2 MEOK	CAL EXAMINE	R: On the basis of a	camination and/or I	nvestigation	an the time	nion, de	ath occur	end due to	o the cause(a) and man ime, date end place, en	ner as state	ed. e cause(e) (end menner ea stated.
HE I	29b. SIGNATURE AND TITLE	OF CERTIFIER	de. Ro	in mi	100 250						29d. OATE	E SIGNEO (I	Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	SE OF OEATH (ITEN	1 27) (Type,	Print)		-	- ,			11-1	
		W. BA	IN. M.D.			/ILLA	Œ	EAS	STON,	MARYLAND	216	601	
	31. DATE FILED (Myhth) Day (393	32 REGISTRA	RIS SIGNATURE	SE.								



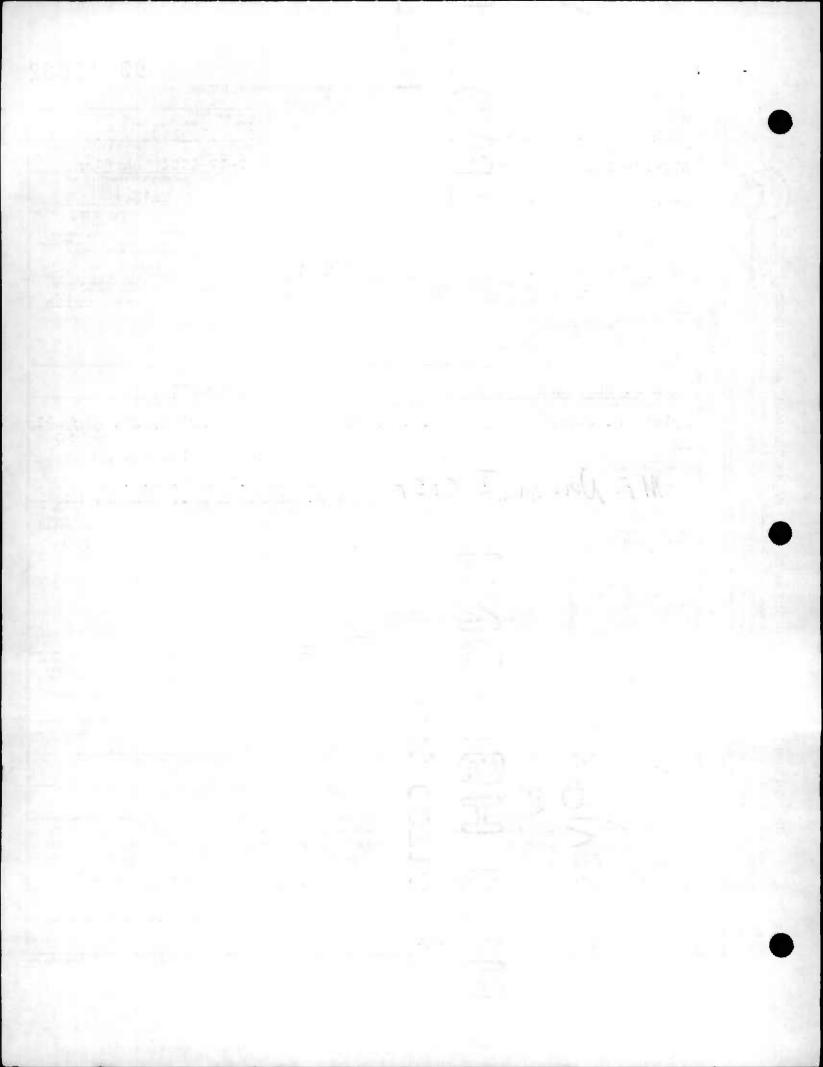
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to send within 20 to an advantage of the funeral director, page 5 to send within 20 to an advantage of the funeral director, page 5 to an advantage of the funeral director, page 5 to an advantage of the funeral director.	the life within 12 fidus after death with the State Copt. Or regulator, he medical standards the medical examiner must be no
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH		3. TIME OF DEATH
	BEAULAH JEANETT	TE HADDAW	AY			MONTH 1	5 199	YEAR	O. AEDM M
	D21702111		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		-	NPLACE (State or Foreign
	236-46-0599	^{1□ M 2} X F 59	YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, 4-25-	1933	Ke	ntucky
OR	9a. FACILITY NAME (If not institution, give street Box 66 Station RESIDENCE OF DECEDENT			News	OMD	EATH		INTY OF	
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10- CITY	TOWN OR LOCA					
DIRECTOR	Maryand Talk	oot		ewcomb	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	Box 66 Station	Road		10	21653			SA	WNAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Married 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, ap	ENDENT OF HISPAN ocity Cuban, Maxica 2 NO Specify	n, Puarto Rican	ecity Yes or No— , atc.)	Spe	E — American Indian, ck, White, atc. city: White
	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	18e. DECEDENT'S U	ork done during me	ON al of working	16b. KIND	OF BUSINESS/IN		viiite
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem	retired.)					
MO	17. FATNER'S NAME (First, Middle, Last)		24 Oli Czir	anci	18. MOTNER'S NA	ME (First, Middle	, Maiden Surname)		
	John Howard Ca	ardwell				Barr			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	nd Number or Rural	Route Number, C	ity or Town, State, Z	ip Code)	
5	Jane Ellen LeO	Compte	P.O.	Box 20	8, Cord	lova,	MD 216	25	
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remov	val from State of	b. PLACE ANO OATE cemetary, crematory	OF OISPOSITION	(Name	OATE	20c. LOCATION	- City or 1	
	21. SIGNATURE OF FUNERAL SERVICE LICE		D. Vete	22. NAME A	NO ADDRESS OF FA	CILITY			MD
	B. Keith	hoppin	CFSP		am Fund				on MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS)	A CONSEQUENCE OF	ww	Alex	list	Jarre Ver VI	ly.	Monutos Sills.
	PART II. Other significant conditions	contributing to death i	but not reculting in	n tha undarlyir	g cause given in	Part I. 24a	. WAS AN AUTOPS	24	Ib. WERE AUTOPSY FINDINGS
: MEDICAL						_ 10	PERFORMEO? YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C)	neck only one)			
SIC		HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 MResidence	6 Other (Sn	ectfu)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	PURY AT DRK? YES 2 NO		BE HOW INJURY O	CCURED	
TED BY	Z Accident Investigation Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, sincily)	treet, factory, offi	a	281. LOCATION City or To	N (Street and Numb wn, State)	er or Rura	I Route Number,
COMPLET	need.	IAN: To the best of my known: On the bests of examination							o(a) and manner as stated.
BE	295/SIGNATURE AND TITLE OF CERTIFIER	1/4/1860	40		29c. LICENSE NU	MBER 08	29d. D/	TE SIGNI	ED (Month, Day, Year)
5	R. Lane Wroth,	/			Micha	els.	MD 216	63	
	31, DATE FILED (Month, Day, Year)			20, 50	- III.OH		210		
	APR 21 1993	32. REGISTRAR'S SIG	angle BR.						



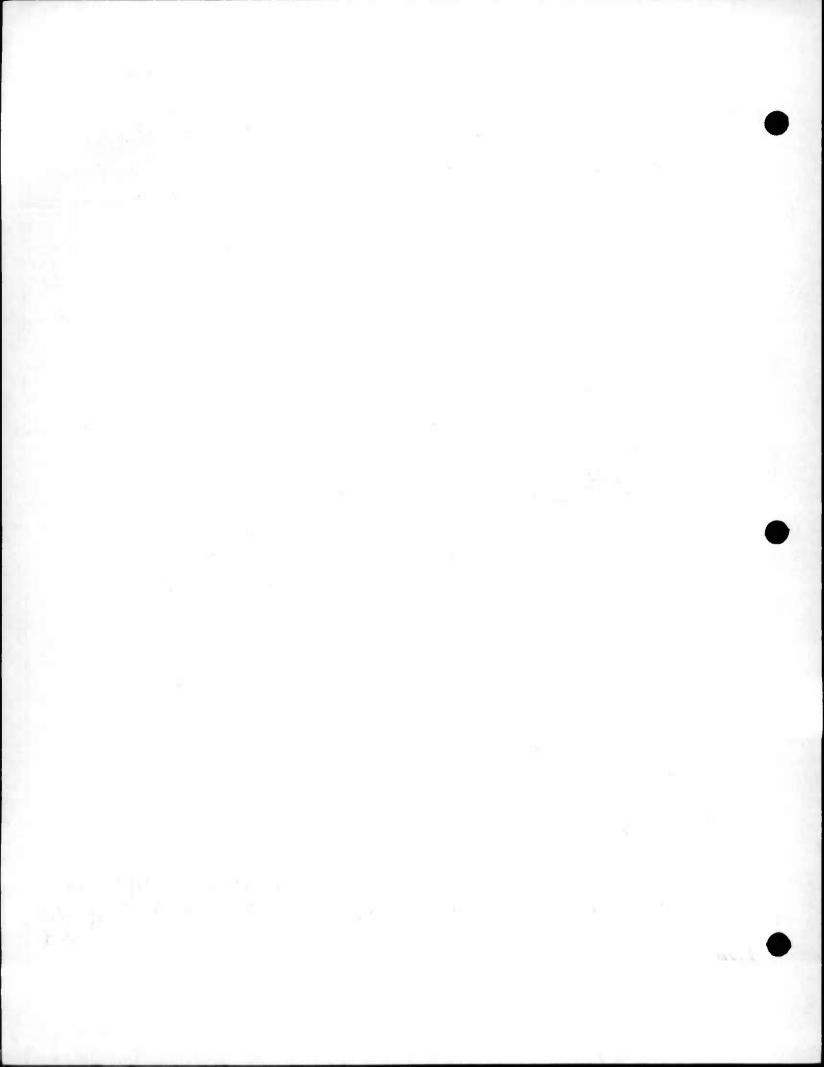
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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fter d	the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-			-				2. DATE OF	DEATH			3. TIME OF DEATH
LOLA M.	нурі	RISON						MONTH	77	199	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	1 YEAR	IF UNDER 2	4 HRS.	7, DATE OF E	нтви	19		HPLACE (State or Foreign
218-34-8513	1 - M 2 XX	88	YRS.		DAYS	HOURS	MIN.	(Month, Da	y, Year)	904	Coun	try)
9a. FACILITY NAME (If not institution, give s	met and number)			9b. CITY	TOWN OF	R LOCATION	V OF DE		. / - 1		NTY OF	aryland
Camper Street,	N.			1 111	lghi	nan			_	1.5	albo	ot
10a. STATE 10b. COUNTY	1		10c. Cl	TY, TOWN OF	R LOCATIO	ON						10d. INSIDE CITY LIMITS?
Maryland Tal	bot		Ti	1ghma	an							1 YES 2 NO
10e. STREET AND NUMBER						ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
Camper Street	N.				1 2	2167	1			T	JSA	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMEO		MAS DECE	NDENT OF	HISPAR	VIC ORIGIN? (S				E — American Indian, k, White, etc.
1 Never Merried 2 Married 3XXWidowed 4 Divorced	FORCES? IF YES, GIVE	1 YES 2 WAR OR DATES	Жио			cify Cuben, 2 X NO		n, Puerto Rica: y:	ı, etc.)		Spec	
15. DECEDENT'S EDU		16a.		S USUAL OC				16b. KIN	D OF BU	SINESS/INI	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	i+)	life. Do NOT u	f work done di use retired.)	turing mos	t of working						
11			estai	urant	tenr	_						
17. FATHER'S NAME (First, Middle, Last)							ER'S NA	ME (First, Midd	e, Malden	Sumame)		
Ira B. Harris	on					E	lsi	e Bro	mwe	11		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street en			Route Number, (p Code)	
Sylvia J. Jone	S		P.O.1	Box 1	132	Per	rv	Cahir	Dr	1370	C+	. Michae
20e METHOD OF DISPOSITION 20 Purial 2 Cremation 3 Rem				TE OF DISPO			_ у	DATE		CATION -		
1X Deurial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	of cemet	lary, cremator	ry or other pla	lace)			1				110
21. SIGNATURE OF FUNERAL SERVICE LIC	- ISt.	TOIL	22. N	LEME AN	D ADDRES	S OF FA	4-13	111	Tdu	oan.	_MD	
NA E 1 low		WIC	EC L			nam :	Fun	eral	Hom	e. I	P.A.	
23. PART I. Enter the diseases, or	Maul complications the	at ceused the		1	Newr 200	S.	Har	rison	St		Cast	
	complications the	at coused the suse on each i	line.	Disco	Newr 200 the mod	S.	Har	risor	St		Cast	Approximate interval Between
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the Liet Dnly one ca	at coused the suse on each I	ISEOUENCE	Dijek	Newr 200 the mod	S.	Har	risor	St		Cast	Approximate interval Between Onset and Dea
23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications the Liet Dnly one ca	at coused the suse on each i	ISEOUENCE	Dijek	Newr 200 the mod	S.	Har	risor	St		Cast	Approximate interval Between Onset and Dea
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE T	at coused the suse on each i	ISEOUENCE	Dije	Newr 200 the mod	S.	Har	risor	St		Cast	Approximate interval Between Onset and Dea
23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE T	at coused the suse on each I	ISEOUENCE	Dije	Newr 200 the mod	S.	Har	risor	St		Cast	Approximate interval Between Onset and Dea
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE T	at coused the suse on each i	ISEOUENCE	Dije	Newr 200 the mod	S.	Har	rison	St		Cast	Approximate interval Between Onset and Dea
23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE T	at coused the suse on each I	ISEQUENCE (OF):	Newr 200 the mod	S_de of dyin	Har	rison ch ea cardiac	St or reep	I AUTOPSY	Eact rest,	Approximate interval Betwee Onset and Dea 3 y Ayry
23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE T	at coused the suse on each I	ISEQUENCE (OF):	Newr 200 the mod	S_de of dyin	Har	Part I. 24	St or reep	N AUTOPSY RMEO?	Eact rest,	Approximate interval Betwee Onset and Dea 3 y Arry
23. PART I. Enter the diseases, or abock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE T	at coused the suse on each I	ISEQUENCE (OF):	Newr 200 the mod	S_de of dyin	Har	Part I. 24	St or reep	N AUTOPSY RMEO?	Eact rest,	Approximate interval Betwee Onset and Dea 3 y Arry
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23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificent condition DEWEIT.	DUE T d. OUE T d. HOSPITAL:	The course of the suse on each is the course of the course	ISEQUENCE (ISEQUE	OF): OF): OTHER	Newr 200 the mod	S de of dyin	Harrig, suc	Part I. 24	S+ or reep WAS AN PERFO	N AUTOPSY RMEO?	Eact rest,	Approximate interval Betwee Onset and Dea 3 y Myr. b. WERE AUTOPSY FINDING AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificent condition Dewint.	DUE T d. HOSPITAL: 1 Inpatient 2	The course of the suse on each is the course of the course	ISEQUENCE (SEQUENCE F): OF): OTHER 4 Nurs	Newr 200 the mod	S de of dyin	Harrig, suc	Part I. 24	S+ or reep WAS AN PERFO YES:	N AUTOPSY RMED?	Zact rest,	Approximate interval Betwee Onset and Dea 3 y Avr S	
23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificent condition DEW 6.77. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE T C. OUE T d. HOSPITAL: 1 Inpatient 2	The course of the suse on each is the course of the course	ISEQUENCE (ISEQUE	OF): OF): OTHER	Newr 200 the moderning aderlying 26. PL 3: sling Home 28c. INJL	S de of dyin	Harring, succiven in	Part I. 24	S+ or reep WAS AN PERFO YES:	N AUTOPSY RMED?	Zact rest,	Approximate interval Betwee Onset and Dea 3 y Mrs
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SOCIAL SCIENTY MANEE PLAY S. DOR S.	_	1 - FOR REGISTRAR	STATE OF MARYL	AND / DEPARTMENT		MENTAL HYGIENE REG. NO.	20 10000
242_10_3866 100 m 76 ms. 100 m		James	H. He			April DAY	1993 5:00 P
1806 STOTE 1806 COUNTY 1		242-10-3866	1 🔀 M 2 🗆 F	76 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 9-21-16 DEATH 9c.	Virginia COUNTY OF DEATH
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The control of control of the contro		Md. Prin	ce George'		tville	100	LIMITS? 1 ☐ YES 2 ☒ NO
The control of control of the contro	JNER.			ALUE ARMED		7	USA
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Albert Hertel Sample Management State Carrie Moye The Informant's NAME (Pyperheig) The Informant's Name (Pyperheig) The Informant's Name (Pyperheig)	PLETE	(Specify only highest grade	completed)	(Give kind of work done life. Do NOT use retired.)	furing most of working		
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23. METHOD OF DISPOSITION 10 Burst 2 \$\tilde{\text{Cremation }} \tilde{\text{Consistion }} \tex	0	19e. INFORMANT'S NAME (Type/Print)			(Street and Number or Rural	Route Number, City or Town, Stat	
22. MARE AND ADDRESS OF REALITY LOE FUNERAL HOME, INC. 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or conditions, and the conditions of the conditions of the conditions of the conditions of the cause. Children of the cause.		20a. METHOD OF OISPOSITION 1	oval from State cen	netery, crematory or other place)	tors 4-21	OATE 20c. LOCATIO	N — City or Town, Stata
NOT THE CAUSE (Pinel diseases, or complications that caused that disease). The conditions and the conditions of the cause		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	6	NAME AND AGORESS OF F	^{KCIUTY} Lee Fune lexander Fe	ral Home, Inc. rry Road
THE ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death of Toleral Price of Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Countributing to Count	z	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. DUE TO (OR AS-	d the death. Do not enter lack line.	the mode of dying, au	lue	Interval Betwee
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Second of the determined Second of the deter	>- II	EXAMINER? 1 YES 2 NO	1 inpatient 2 - ER/Outp	patient 3 DOA 4 Nun	: ing Home 5 - Residence		
4 Homicide detarmined	B≼	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28a. PLACE OF INJURY	INJURY M	WORK? 1 YES 2 NO		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 371. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE	LETE	4 Homicide detarmined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occurred at the ti	me, date and placa, end due	City or Yown, State) to the cause(a) and manner as	a stated.
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOTIL KOUL M.D 3710 RIVER ST Temple Hu 31. DATE FILED (Month, Day, Year) 32. REGISTRAP'S SIGNATURE	ш	2 MEDICAL EXAMINE	R: On the beels of examination	n and/or investigation, in my o	pinion, death occured at the	time, date end place, end due	to the ceuse(a) and manner as stated.
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- 1	30. NAME AND AGORESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	3210	R11/020 1	4/18(83
	- 11	ONOT L	KOL		3/10	1710276	t completel



1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN
Mabel MAN 4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	04 14	199	BIRTNPLACE (State or Foreign
	□ M 2 💢 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 05/01/1		country)
9a. FACILITY NAME (If not institution, give stree		1		OR LOCATION OF DEA	ATH	9c. COUNTY	OF DEATN
Doctor's Communit	ty Hospital		Lanhar	n		Princ	e George's
Maryland Prince	George's		rown or Locat erdale	TON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	deorge 3	1101		. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
5821 Qunitana Str				20737		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANI ecify Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yer, Puerto Rican, etc.)	s or No- 14.	. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S US	SIIAL OCCUPATIO	NW	Late Kind Of Bull		White
(Specify only highest grade cor	npleted) College (1-4 or 5 +)	(Give kind of wor	k done durina mo	st of working	16b. KIND OF BU	SINESS/INDUS	THY
12		Housewif	e		Own	Home	
17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Surname)	
(UNKNOWN) Gump	oman			(UNKN			
19al INFORMANT'S NAME (Type/Print) Edward A. Draley					Riverdal		yland 20737
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova	from State 20b	PLACE AND DATE OF	DISPOSITION (No	me of	DATE 20c 10	CATION — City	or Town, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:	SET (etery, cremetory or othe Cedar Hill	Cemet	ery 4/19	/93 Sui	itland,	Maryland
· Cliarles F.	Bal	_					Home, P.A.
			11100	Darthinore	. Avenue.	HVOL	
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23. PART I. Enter the diseases, or con ahock, or heart feliure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused to only one cause on e	the death. Do not ach line.	enter the mo	de of dying, such	aa cerdlac or reapi	iratory arreat	Approximate Interval Between Onset and Death
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTRIBUTING TO GENT OR AS A	CONSEQUENCE OF: CONSEQ	the underlying 26. PL THER: Nursing Norm 26. INJI V 1 U v et the time, data	and place, and due to	Part I. 24a. WAS AN PERFOR 1 VES 2 Ok only one) 3 Other (Specify) 28d. DESCRIBE NOW I City or Town, Stele)	AUTOPSY MED? AUTOPSY MED? AND NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTRIBUTING TO GENT OR AS A	CONSEQUENCE OF: CONSEQ	the underlying 26. PL THER: Nursing Norm 26. INJI V 1 U v et the time, data	de of dying, such Ceuse given in F ACE OF DEATN (Chec 5 Residence 8 URY AT RK7 ES 2 ND and place, and due 8 eath occured at the ti	Part I. 24s. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE NOW I City or Town, Stele) to the cause(e) end mar lime, data end place, en	AUTOPSY MED? NJURY OCCUR and Number or in	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTRIBUTING TO GENT OR AS A	CONSEQUENCE OF: CONSEQ	the underlying 26. PL THER: Nursing Norm 26. INJI V 1 U v et the time, data	and place, and due to	Part I. 24s. WAS AN PERFOR 1 VES 2 Other (Specify) 28d. DESCRIBE NOW I City or Town, Stele) to the cause(e) end mar lime, data end place, en	AUTOPSY MED? NJURY OCCUR and Number or in	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	DUE TO (OR AS A DUE TO	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: Ut not reculting in CONSEQUENCE OF: CO	the underlying 26. PL THER: Nursing Norm 28c. INJI WO 1 U set, factory, office at the time, data in my opinton, d	and place, and due to eath occurred at the till	Part I. 24a. WAS AN PERFOR 1 VES 2 Ok only one) 3 Other (Specify) 28d. DESCRIBE NOW II City or Town, Stele) to the cause(e) end mar ime, data end place, end BER	AUTOPSY MED? ANJURY OCCUR and Number or in the color of due to t	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

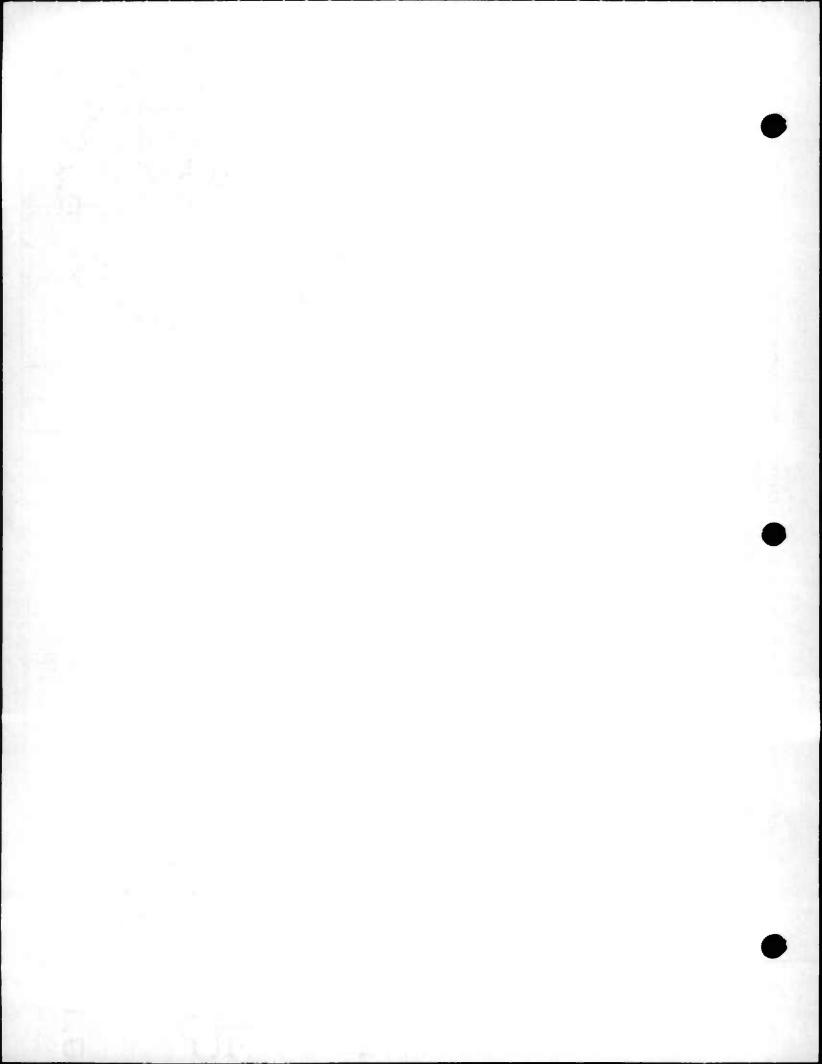
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HUSPITAL OR ATTENDINE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to make 72 hours after cents with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89



notified at

event, the medical examiner must be

Injury, or other traumatic

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	-	0	품	I	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the	¥	7	JA	F	Ä	OING	F	S	CIA	-	2	3	9	in in	S	Jat	#
	-	0	王	Œ.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by	R	0	E	E	è	Afte	Ē	S	E	cat	e P	as t	ee	S	ned	B	_
-	Ω	Ф	Fled	3	THE .	2	Ĕ	SUC	af	10	deat	h Wi	#	he	Sta	te C	ept	0	운	alth	anic	200
	=	Ξ	Š	Ê	IMPORTANT: If item 28 is marked, or Item 23 shows any In	=	=	E	2	-	E	arke	D.	6	=	E	23	듦	M	9	1	드

BY

BE COMPLETED

2

MN													93	13	835
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI CERTIF	RTMEN	T OF H	IEALTH DEA	AND	MENT	AL HYGIE		20	10	000
	1. DECEDENT'S NAME (Firs	I, Middle, Last)									E OF DEATH			3. TIME OF	DEATH
	Robert		Lee		Hall		Jr			0 4		7 1	993	8:00	3 P. M
	4. SOCIAL SECURITY NUM	O ER	5. SEX	6. AGE (In y	rs. lest birthday)		R 1 YEAR		R 24 HRS.		E OF BIRTH		8. BIRTI	HPLACE (State	
1	225-15-783	5	1 🔯 M 2 🗌 F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	04	nth. Day. Year) 1-16-7	1	WAS	HINGTO	N,D.C
~	90. FACILITY NAME (If not is	institution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D	EATH		9c. CO	UNTY OF E	DEATH	
DIRECTOR	Rear of	Richf	ield Dr	rive		Se	ever	n				An	ne A	runde	el.
R	10a. STATE	10b. COUNT	Y		10c. Cl	Y, TOWN	OR LOCAT	ION		-				10d. INSIDE	CITY
	MARYLAND	ANNE	ARUNDEL			SEVE	RN							LIMITS	
FUNERAL	10a. STREET AND NUMBER						101	ZIP COD	E			10g. Cl	TIZEN OF V	WHAT COUNTR	TY?
Ä	1761 RICHE	IELD D						2114	4				U.S.	Α.	
5	11. MARITAL STATUS 1 X Never Married 2	Mandad	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIG	IN? (Specify) Pican, etc.)	fea or No-	14. RACI	E — American k, White, etc.	Indian,
BY	3 Widowed 4 Div		IF YES, GIVE V						Specif		ricen, etc.)		Spec	lty:	
	15. DEC	CEDENT'S EDU	CATION	10	e. DECEDENT'S	I I COLLAI	NOO! IDATE	N						ACK	
	(Specify on Elementary/Secondary (ly highest grade	completed)		(Give kind of life, Do NOT u	work done	durina mo	st of worki	ing	16	b. KIND DF B	IUSINESS/IN	IDUSTRY		
COMPLETED	11	0-12)	College (1-4 or 5	,	AINTEN	ANCE	WOR	KER		Z	APARTM	ENT C	COMPL	EX	
흥	17. FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First,	Middle, Meide	en Surname)			
BE	ROBERT L		SR								ENNE S				
2	190. INFORMANT'S NAME (,,		196. MAILING ADDRESS (Street and Number or Rural Route Nu											
	ADRIENNE H				506 FOUR MILE ROAD#301,A						LEXAND	RIA,V	A.22	305	
	20a. METHOD OF DISPOSIT 1	on 3 🗆 Rem	oval from State	20b. PL. cemeter B	20b. PLACE AND DATE OF DISPOSITION (Name of Commetery, cremetery, or other place) BETHEL CEMETERY					4-]		OCATION -			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FACIL					CILITY T	EWIS	FIINER	AT. H	OME	
	Shel	lip 6	Bue							K ST., ALEXANDRIA, VA					
- 20	23. PART I. Enter the dishock or h	iseeses, or o	complications the	t coused th	e deeth. Dp	not ente	r the mo	de of dy	ing, suc	h as ce	rdisc or ree	piretory si	rrest,		ximate
	IMMEDIATE CAUSE (Fin		List billy one coo	ise Dii eecii	1 +			1		1	E .	٨			al Between and Death
	disease or condition resulting in death)	\rightarrow	· _ O	Uns	tol	We	المر	义	00	- K	teor	X.			
			DUE TO	(OR AS A CO	NSEOUENCE O	F):									
S	Sequentially list condit	ions	b												
Ě	if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A CO	NSEOUENCE O	F):									
길	CAUSE (Disesse or inju		c	OD AS A CO	NOEOUENCE O	n.									
CERTIFICATION	that initieted events resulting in death) LAS	T .	502 10	DUE TO (OR AS A CONSEQUENCE OF):											
S			d											-	
AL	PART II. Other significa	int condition	s contributing to	death but i	not resulting	in the u	nderlying	ceuse	given in	Pert i.		N AUTOPSY	24b.	WERE AUTOPS	
음											1 YES			COMPLETION OF DEATH?	
¥												1 X YES 2	□ NO		
ÿ															
S	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			07:15		ACE OF D	EATH (Ch	eck only o	one)				
PHYSICIAN: MEDICAL	1 ZAYES 2 NO		1 Inpatient 2	ER/Outpatle	mt 3 🗆 DOA	4 Nu		5 🗆 Re	sidenca	8 Noth	er (Specify)	V	ard		
PH	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D		28b. TIM	-	28c. INJ				SCRIBE HOW				

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 -YES 2 NO OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Yard 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 04/07/1993 :50P 1 YES 2 J NO 2 Accident Investigation Shot Subject 28a. PLACE OF INJURY — At home, ferm, streef, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number.
City or Town, Steta)
Rear of Richfield Drive Homicide Yard

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner ea stated.

pasts of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end manner ee stated.

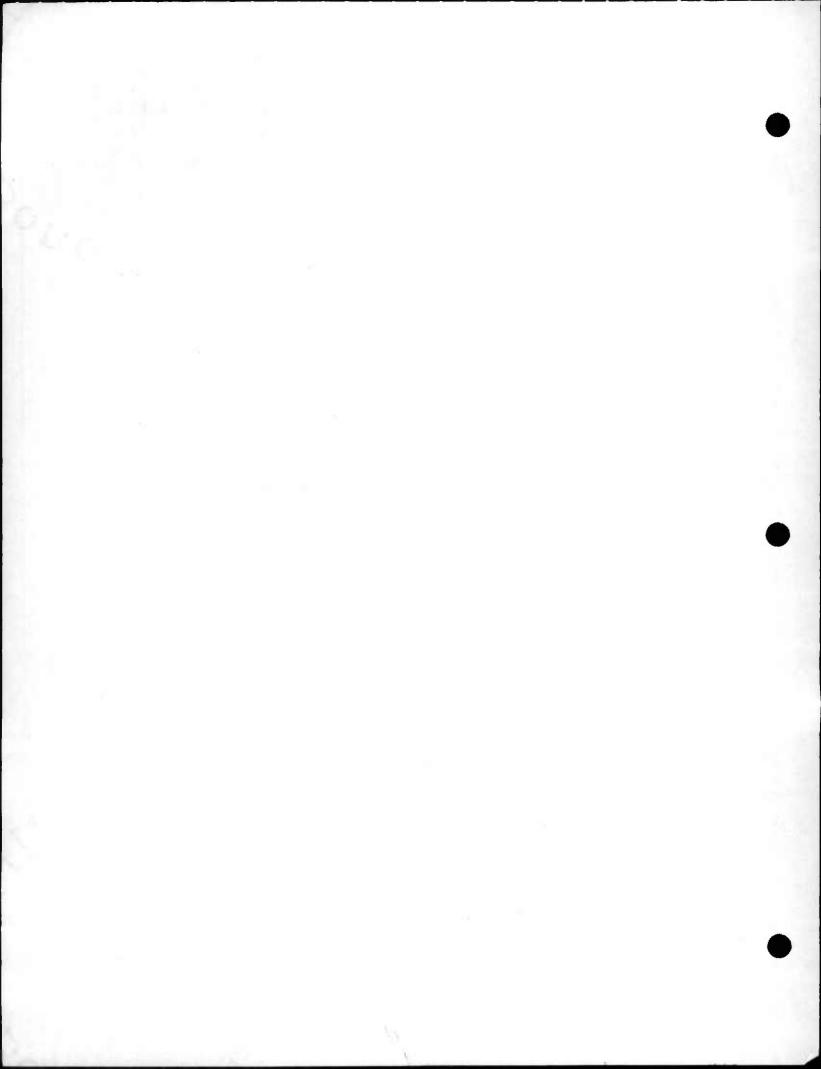
29h. SJON TYPE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 04/08/1993

Penn Street, Baltimore, Maryland 111

32. REGISTRAR'S SIGNATURE Juna Davidson-Randell Year)

DHMH-18 Rev 1/89

21201

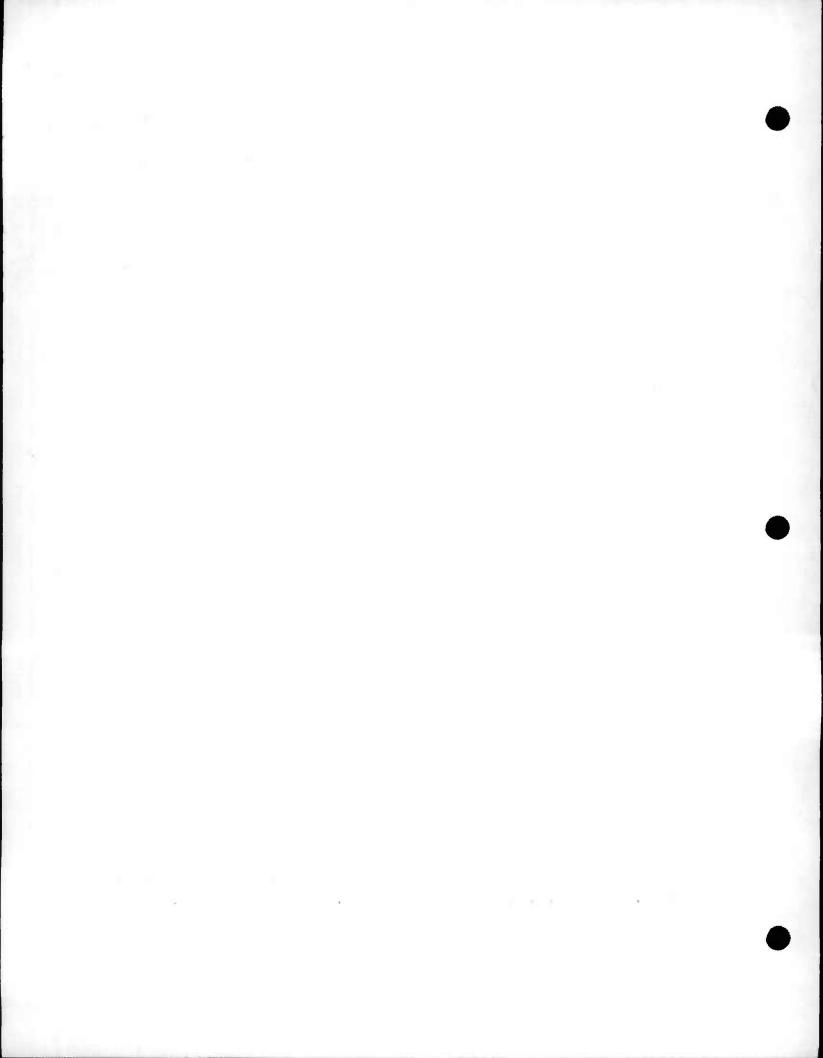


BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

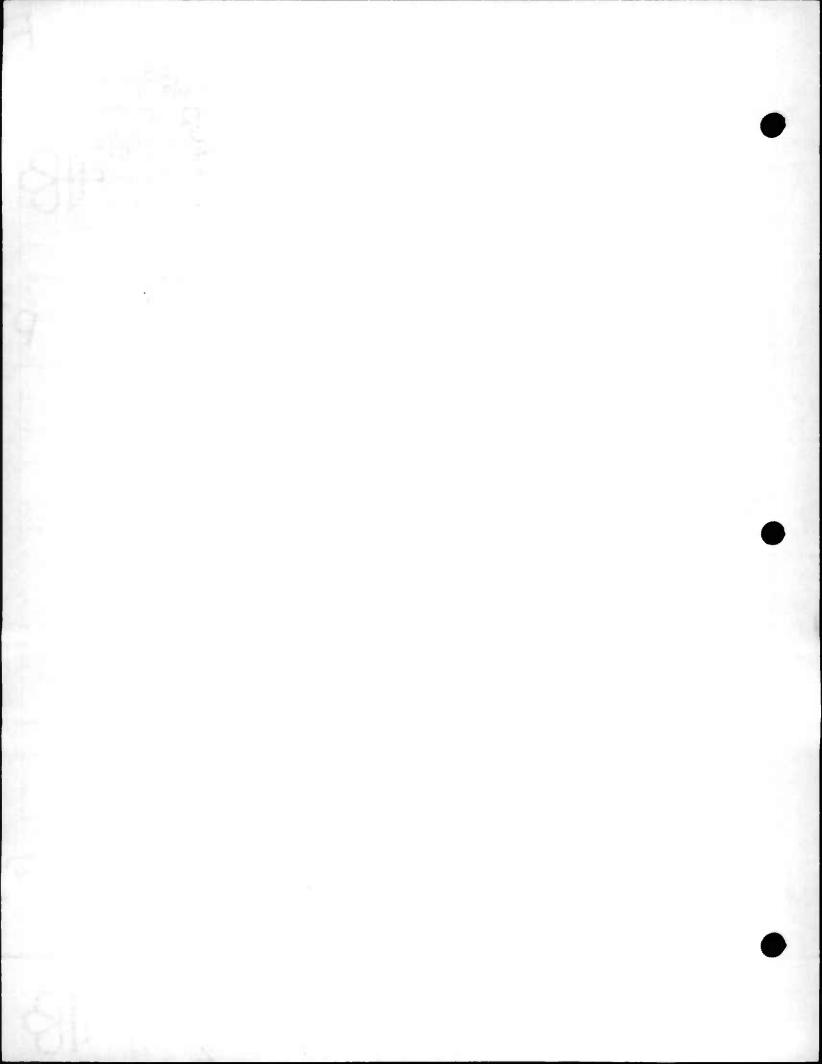
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO.							
į	1. DECEDENT'S NAME (First, Middle, Last) Muriel	Causher Ho			2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH					
	Mullel HOFFMAN				монтн 4/26/9		5:35 р.м					
	40		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cor	6. BIRTHPLACE (State or Foreign Country)					
	219—12—2092 「□ M 2 以下」	90 YRS.	9b. CITY. TOWN	OR LOCATION OF DE	12-27-190	2 Ca	Canada					
۳ ا			Hagers			Washington						
5	Ravenwood Lutheran Village		New York			LWaSIIIII						
DIRECTOR	10s. STATE 10s. COUNTY Florida	11.521	, TOWN OR LOCA SISSME	TION			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	KISS		OI. ZIP CODE		100 CITIZEN O	1 ☑ YES 2 ☐ NO					
H.	1552-04 Watergate Driv	70	1"	34746								
S	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yea	U.S.,	ACE - American Indien.					
BY FUNERAL	1 Never Married 2 Married FORCES? 1 Y IF YES, GIVE WAR O			pecify Cuban, Maxica S 2 NO Specify			eck, White, etc. ecity: White					
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S	USUAL OCCUPAT rork done during me retired.)	ION lost of working	16b. KIND OF BUS	SINESS/INDUSTRY						
9	Etementary/Secondary (0-12) College (1-4 or 8+)											
MP	11 Vrs.	Secreta	ary	I	ME (First, Middle, Maiden	s Offic	e					
8	2. 1. 2. 2. Wester T. C. 2. W. L. C.			A.J.	Wilhelmi		Beattie					
BE	James Francis Causher 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or Tow		Deattle					
2	Wihelmina m. Smith	arvland	21740									
	20a. METHOD OF DISPOSITION		FION — City or Town, State									
	1 R Burial 2 Cremation 3 Ramoval from Stata Companies Companies Rose Hill Cemetery Hagerstown											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-	DOUG.	AND ADDRESS OF FA	erv 1331	Easter	n Blvd. North					
	Douglas A. Fiery / Mus	ola A Lie		cal Home			yland 21742					
	23. PART I. Enter the diseases, or complications that cause to ahock, or heart failure. List only one cause to		ot enter the m	ode of dying, auc	h aa cardlac or reap	iratory arrest,	Approximata Interval Between					
	IMMEDIATE CAUSE (Final						Onset and Death					
	disease or condition Acute respiratory failure											
_	DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL CERTIFICATION	Sequentially list conditions, Oue TO (OR AS A CONSEQUENCE OF): Acute Bilateral pneumonia 1 Week											
\ <u>\</u>	cause. Enter UNDERLYING											
Ē	triat mitiated events	AS A CONSEQUENCE OF	7:									
	resulting in death) LAST											
0	PART II. Other significant conditions contributing to des	th but not resulting i	n the underlyi	ng cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS					
S	CVAS, TIAS				PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
						36	OF DEATH? 1 YES 2 NO					
ž												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)							
YS	1 TES 2 100 1 Inpatient 2 ER/	-	4 Wursing Ho	me 5 🗆 Rasidenca								
H	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJU (Month, Day, 16	28b. TIM INJ	URY	NJURY AT VORK?	28d. DEŞCRIBE HOW	INJURY OCCURES)					
ВҰ	2 Accident Investigation	At home form	M 1 L	YES 2 NO	28t. LOCATION (Street	and Alumbas as Bu	rol Pouto Alumbar					
COMPLETED	3 Suicide 8 Could not be detarmined 258. PLACE OF IN.		street, ractory, on	rug	City or Town, State		er noote reumber,					
9	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my		-d -d -h - d da	do and alone and do								
MP	(Check only	2 2					se(a) and menner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGN											
BE			2	D17015	7	A /07/07						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (ITEM 27) (Vpp. Print) Wun B. Kang, M.D. 17516 Virginia Ave., Hagerstown, Md. 21740											
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE										
	APR 28 1993 Steel Services	- Kudal										



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	CERTIFIC	ATE OF DEATH	F	REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) Vera Emma			2. DATE OF MONTH	DEATH DAY	YEAR	TIME OF DEATH								
		E (In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF	27	93	0300 Am M								
	161-20-7408 1 M 2 X F 8		UNDER 1 YEAR IF UNDER 24 HRS. HTHE DAYS HOURS MIN.	(Month, De	BIRTH 9. Year) 14,1910	Country)	ACE (State or Foreign								
	Sa. FACILITY NAME (If not institution, give street and number)	96	L CITY, TOWN OR LOCATION OF D			INTY OF DEA									
DIRECTOR	Washington County Hospital		Hagerstown		Wa	shingt	on								
H H	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10	d. INSIDE CITY								
	Maryland Washington	Hage	erstown			1	LIMITS? YES 2 NO								
A	10a. STREET AND NUMBER		10f. ZIP CODE		10g. CI1	T COUNTRY?									
8	141 Devonshire Road 21740 USA														
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPA	INIC ORIGIN? (S	pecify Yes or No-		American Indian, Thite, etc.								
BY F	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR		If yes, specify Cuban, Mexic 1 YES 2 NO Speci		n, etc.)	Specify:	ite								
8	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USI	UAL OCCUPATION	16b. KIN	D OF BUSINESS/IN	<u> </u>	rce								
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working stired.)	1											
4	(14 33 4)			1	nursing l	nome									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Midd	e, Maiden Surname)										
BE C	Charles L. Redmer			Riede:											
	19a. INFORMANT'S NAME (Type/Print)	196. MAILING AD	DRESS (Street and Number or Rural			ip Code)									
임	Vera R. Hays		rangements												
- 1		0b. PLACE AND DATE OF D	DISPOSITION (Name of	DATE	20c. LOCATION -	City or Town	State								
- 9	1 Burist 2 ☐ Cremation 3 ☐ Removat from State 4 ☐ Donation 5 ☐ Other (Specify)	emetery, crematory or other Rose Hill (Cemeterv	4-30	wn, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	^	22. NAME AND ADDRESS OF FA	ACILITY		501000	wir, m.								
	SCATTON	1 12 11 -1	MINNICH FUNER												
	23 DADT I Enter the diseases or complications that save	umay	415 E. Wilson	Blvd.	Hagerst	own,									
	23. PART I. Enter the diseases, or complications that caus shock, or heart failure. List only one cause on	each line.	enter the mode of dying, suc	ch as cardiac	or respiratory as	rest,	Approximate Interval Between								
	IMMEDIATE CAUSE (Finel disease or condition ThUTRACROSLAL GLEEN														
	resulting in death) INTRACKANTAL BLEED														
	DUE TO (OR AS A CONSEQUENCE OF):														
ŏ	Sequentially list conditions, Due to (or as a consequence of):														
Ā	If any, leading to immediate cause. Enter UNDERLYING														
	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):					-								
Ŭ.	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
RTIF					resulting in death) LAST										
CERTIFICATION	that Initiated events resulting in death) LAST d.														
	that initiated events DUE TO (OR AS	but not resulting in ti	he underlying ceuse given in	1 Part I. 24s	. WAS AN AUTOPSY PERFORMED?		ERE AUTOPSY FINDINGS								
	that Initiated events resulting in death) LAST d.	but not resulting in ti	he underlying ceuse given in		. WAS AN AUTOPSY PERFORMED?	CO	ATLABLE PRIOR TO IMPLETION OF CAUSE								
EDICAL	that Initiated events resulting in death) LAST d.	but not resulting in ti	he underlying ceuse given in		PERFORMED?	AM CC OF	AILABLE PRIOR TO								
MEDICAL	that Initiated events resulting in death) LAST d.	but not resulting in ti	he underlying ceuse given in		PERFORMED?	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?								
MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AST d. PART II. Other significant conditions contributing to death		28. PLACE OF DEATH (C/	1[PERFORMED?	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?								
MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AS d			1 [PERFORMED? YES 2 NO	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?								
MEDICAL	that Initiated events resulting in death) LAST DUE TO (OR AS resulting in death) LAST d. PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ripetient 3 DOA 4	28. PLACE OF DEATH (C/	neck only one) 6 □ Other (Sp	PERFORMED? YES 2 NO	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?								
PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AST d. PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Meperior 2 ERVOL 27. MANNER OF DEATH 28. DATE OF INJUR	ripetient 3 DOA 4	28. PLACE OF DEATH (C/	neck only one) 6 □ Other (Sp	PERFORMED? YES 2 NO	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?								
BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST DUE TO (OR AST resulting in death) LAST d. PART II. Other significant conditione contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mospiral 2 Reform (Month, Day, Near (Month, Day, Nea	ripetient 3 DOA 4 F	28. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO	1 [heck only one) 6 Other (Sp 28d. DESCRIII	PERFORMED? YES 2 NO ecity) BE HOW INJURY OF	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?								
BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AST resulting in death) LAST d. PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mopellent 2 ER/ON 27. MANNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation 28. DATE OF INJUR (Month, Day, Year	ripetient 3 DOA 4 F	28. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO	1 [heck only one) 6 Other (Sp 28d. DESCRIII	PERFORMED? YES 2 NO PERFORMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?								
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BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AST resulting in death) LAST d. DART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	At patient 3 DOA 4 TIME OF INJURY RY — At home, farm, stree	28. PLACE OF DEATH (C) THER: Nursing Home 5 Residence F WORK? M 1 YES 2 NO et, factory, office	1 [heck only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecity) BE HOW thJURY OC N (Street and Number with, State)	CCURED CCURED	AILABLE PRIOR TO MPNETION OF CAUSE DEATH? YES 2 NO								
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST DUE TO (OR AST d. PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	At patient 3 DOA 4 TIME OF INJURY RY — At home, farm, stree	28. PLACE OF DEATH (C/ THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO plt, factory, office It the time, date and place, and due in my opinion, death occured at the	1 [Theck only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecity) BE HOW thJURY OC N (Street and Number win, State) and manner as steeplace, and due to t	CCURED CCURED To Rural Rout Ited. The cause(a) ar	ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,								
BE COMPLETED BY PHYSICIAN: MEDICAL	that Initiated events resulting in death) LAST DUE TO (OR AST resulting in death) LAST d. PART II. Other significant conditione contributing to deeth 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mepilent 2 ERVO 27. MANNER OF DEATH 1 Setural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJUR (Month, Day, Year, Month, Day, Year, Month) 28e. PLACE OF INJUR 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my known one) 29b. SIGNATURE AND TITLE OF CERTIFIER	ripetient 3 DOA 4 [Y 28b. TIME OF INJURY At home, farm, stree secily) owledge, death occurred at lon and/or investigation, in	28. PLACE OF DEATH (C/I THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO plt, factory, office If the time, date and place, and due in my opinion, death occured at the	1 [Theck only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecity) BE HOW thJURY OC N (Street and Number win, State) and manner as steeplace, and due to t	CCURED CCURED	ARLABLE PRIOR TO MPNETION OF CAUSE DEATH? YES 2 NO NO NUMBER Number,								
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BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in desth) LAST DUE TO (OR AST resulting in desth) LAST d. PART II. Other significant conditions contributing to deeth 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ripetient 3 DOA 4 [Y 28b. TIME OF INJURY Y At home, farm, stree powledge, death occurred at ion and/or investigation, in DEATH (ITEM 27) (Type, Print)	28. PLACE OF DEATH (C/ITHER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO Not, factory, office Not the time, date and place, and due in my opinion, death occursed at the lime, date and place 29c. LICENSE NU	1 [Theck only one) 6 Other (Sp 28d. DESCRII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecity) BE HOW thJURY OC N (Street and Number win, State) and manner as steeplace, and due to t	CCURED CCURED	ARLABLE PRIOR TO MPNETION OF CAUSE DEATH? YES 2 NO NO NUMBER Number,								

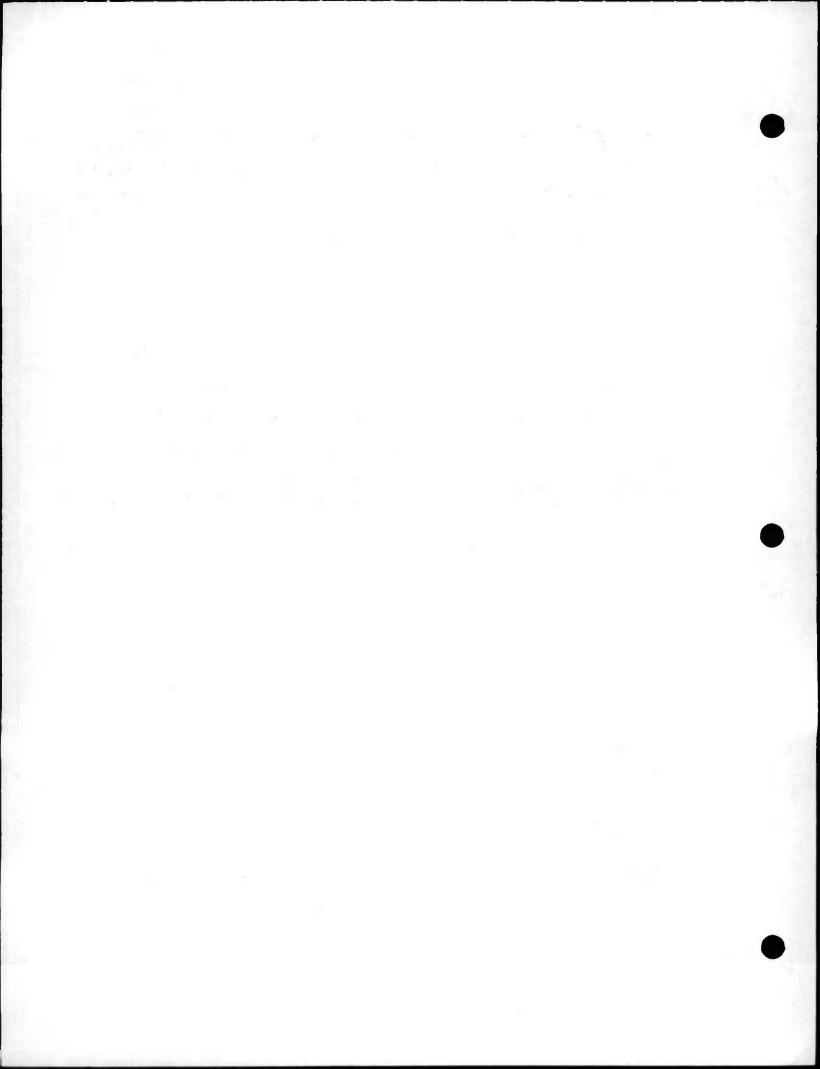


IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT NAME (First, Middle, Last)	11:11	1	2. DATE OF DEATH	3. TIME OF DEATN							
	Naiph F.	HI/deb	rand	April 30,	1993 8:34 A	. м						
			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTNPLACE (State or Foreig Country)	n						
	217-10-3302 1 ⅓ M 2 □ F	/ 5 YRS.		April 23,1	918 Maryland							
~	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF DEATH							
0	Washington County Hospital		Hagerstown		Washington							
Si C	10e. STATE 10b. COUNTY	10c. CITY 1	OWN OR LOCATION		10d. INSIDE CITY							
뜸	MD washington		gerstown		LIMITS?							
7	10. STREET AND NUMBER	1100	101, ZIP CODE		1 YES 2 NO							
BY FUNERAL DIRECTOR	387 Key Circle		217	40	US A							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISPAI									
F	1 Never Married 2 Married FORCES? 1 YES	2 💢 NO	If yes, specify Cuben, Mexica 1 ☐ YES 2 ☐ NO Specif	n, Puerto Rican, etc.)	Black, White, atc.							
	3 Wildowed 4 Divorced		I I I I I I I I I I I I I I I I I I I	y.	Spectly: White							
邑	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY							
9	Elementary/Secondary (0-12) College (1-4 or 5+)		t done during most of working etired.)	tain	alo : 0 d							
₩ M		Metal Wo	rrer	Fact	.child							
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											
BE	Frederick Hildebrand		Edna	Rogers								
5	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Violet B. Hildebrand 387 Key Circle Hagerstown, MD 21740											
	20s. METNOD OF DISPOSITION 1 General Company											
	Smiths burg Cremetory of other place of the											
		2 Home										
	Tlenes X. Novi	0			thsburg, MD 21783							
	23. PART i. Enter the diseases, or complications that cause	d the death. Do not	anter tha mode of dying, auc	h as cardiac or reapir	ratory arreat, Approximata							
	ahock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final	each ilna.			intarval Batw Onset and Da							
		201/400	MANIMARCI									
	disease or condition resulting in death) a. Cardio palmonary arrest DUE TO (OR AS A SONSEQUENCE OF):											
Z	Sequentially list conditions b.											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate CRIES FIRST LINDED VINC											
5	cause, Enter UNDERLYING CAUSE (Disease or injury											
Ē	that initiated events resulting in death) LAST	A CONSEQUENCE OF):										
岁	d											
	PART II. Other aignificant conditions contributing to death	but not reaulting in t	ha undariying causa given in	Part I. 24a. WAS AN /		NGS						
EDICAL	Primary Hypentension, 1	Kroxys und	- (athia (Fibrillo	PERFORI	MED? AMAILABLE PRIOR TO COMPLETION OF CAUS	E						
MEC				_ 1 1 169 2								
				_	1 TYES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (Ch	ock only one)								
Sic	1 YES 2 NO HOSPITAL:		THER: Nursing Home 5 Residence	8 C Other (Specify)								
호	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	\dashv						
BY F	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	M 1 YES 2 NO									
		Y — At home, term, street	nt, factory, office	28t. LOCATION (Street at	nd Number or Rural Route Number,	\dashv						
2	4 Nomicide determined	City)		City or Town, State)								
۱۱ ټ	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my know	riedge, death occurred a	t the time date and place and due	to the country and	#1#8000	\dashv						
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination	on and/or investigation, i	n my opinion, death occured at the	time, data and place, and	due to the councies and manner as state.	. 1						
	196. SIGNATURE AND TIPLE OF CENTIFIER	20										
8	Millhouse MC		29c. LICENSE NUM	7	29d. DATE SIONED (Manth, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pri	101112		37 ()	4						
	Chadle ()		ale, Ave 17	1	on MARINE							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGN		ing the 1/0	9ess100	only 3180							
	MAY 04 1993 Julie 5	in haris		/		- 1						



		permit. P
020	physician.	e as the burlal-transit permit
15-0020	ttending p	e as the

TO BE COMPLETED BY FUNERAL DIRECTOR

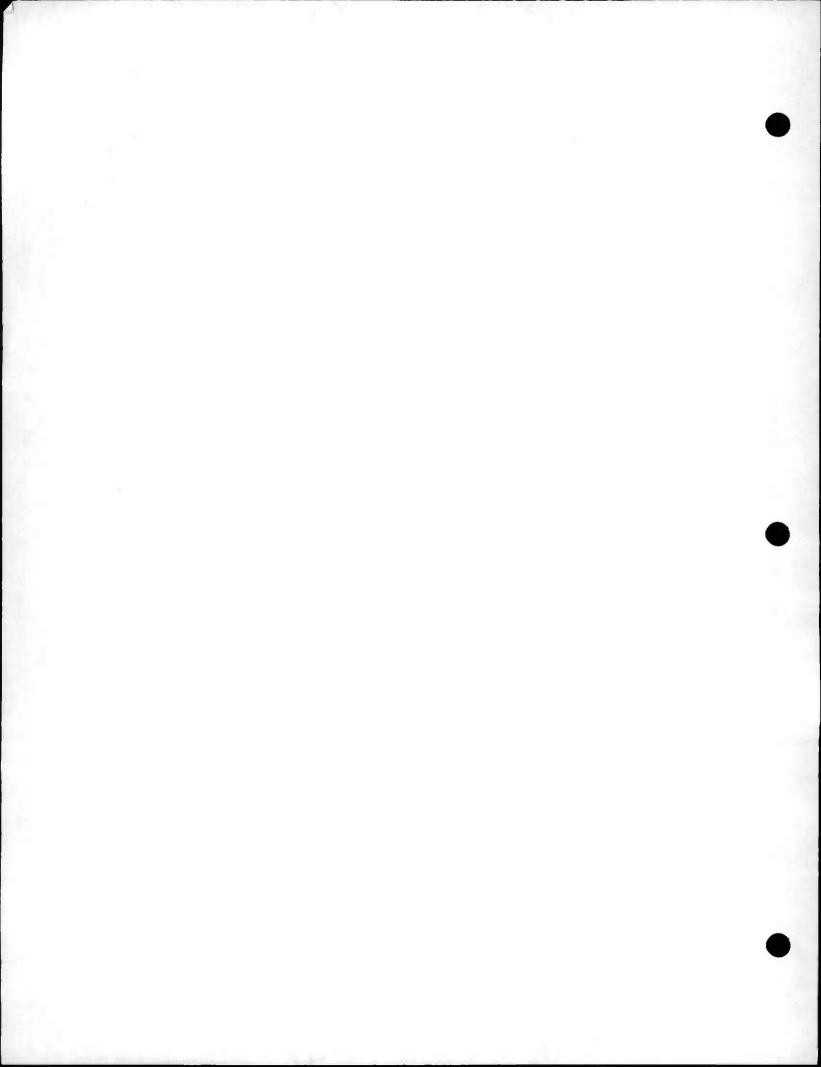
BALTIMORE, MARYLAND 212 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CATE OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, A	Thelm	na Can	therin	e HALL			2. DATE MONTO Apr		AY 19	YEAR 93	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-34-1045		1 🗆 M 2 🔀 F	6. AGE (In yra		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH	918	Country	IPLACE (State or Foreign y) 'Vland	
90. FACILITY NAME (If not instit			a t			OR LOCATION OF OR				TY OF D		
RESIDENCE OF DECE	DENT	ide Derec			nag	erstown	-		wa	snin	gton	
	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
Maryland 100. STREET AND NUMBER	Was	hington		Ha	gersto						1 YES 2 NO	
843 South	Potoma	c Street	:		10	21740				U.S.	A.	
11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	erried	12. WAS DECEOENT FORCES? 1 IF YES, GIVE WI	ARMEO MO	If you, o	CENDENT OF HISPAN becilfy Cuben, Mexice S 2 X NO Specify	n, Puerto I	f? (Specify Yes Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, , White, etc.		
15. DECEO (Specify only h	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY											
(Specify only highest grade completed) Elementary/Secondary (0-12) O-8 (Give kind of work done during most of working life. Do NOT use retired.) housewife												
17. FATHER'S NAME (First, Midd	de, Last)					18. MOTHER'S NA	ME (First, A	Middle, Meiden	Surname)	-		
Ch	arles	Shi	nglet	on		Anna					l l	
190, INFORMANT'S NAME (Type				19b. MAILING A	OORESS (Street	and Number or Rural P	Route Numb	ber, City or Town	n, State, Zip	Code)		
Mr. George H				502 Qu	een An	ne Drive,	Bun	ker Hi	111, 1	WV :	25413	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Other (S)	3 - Remove	al Irom State	20b. PLA cametery, R 6	crematory or othe	pisposition (N	eme of	0AT	1	CATION - C			
21. SIGNATURE DE FUNERAL S	1 B Burtel 2 Cremation 3 Removal from State Cametery, crematory or other place) Cametery 4-21 Hagerstown, Maryland											
Dot	10)	Mus	nne	ch	415 E	ast Wilso	n B1				n, MD 21740	
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet condition if any, leading to immedia cause. Enter UNDERLYINK CAUSE (Disease or Injury that initiated events	disease or condition resulting in death) a. CARDIOPUMBNARY ARREST DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury											
resulting in deeth) LAST	d.											
PART II. Other aignificent			leath but no	ot reaulting in	the underlyln	g ceuse given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Hyptro	LYCE	MIA					_	1 TES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO A EXAMINER?		IOSPITAL:			26. P	LACE OF DEATH (Che	ock only on	e)				
1 VES 2 NO		☐ Inpatient 2 ☐		3 DOA 4	☐ Nursing Hor	ne 5 Residence	8 Other	(Specify)				
27. MANNER OF OEATH 1 Netural 5 Per 2 Accident Inv	nding restigation	28e. DATE OF II (Month, Day		286. TIME (Y W	URY AT DRK? YES 2 NO	28d. DEŞ	CRIBE HOW IF	NJURY OCC	UREO		
	uld not be termined	28e. PLACE OF building, e	INJURY — Attc. (Specify)	home, ferm, stre	et, factory, offic	•	281. LOCA City of	ATION (Street a or Town, State)	nd Number	or Rurel Ro	oute Number,	
						end piece, end due					end menner es stated,	
Panal To	Bra	Mard S	2			29c. LICENSE NUM	BER 72		29d. DATE	SIONEO ((Month, Day, Year)	
30. NAME AND ADDRESS OF P	X BRA	XFORD	MI	17	19 NO	tou Ro	4	MER	2570 h	JN, 1	MD 21740	
APR 21 199	3 8	32. REGISTRAR										

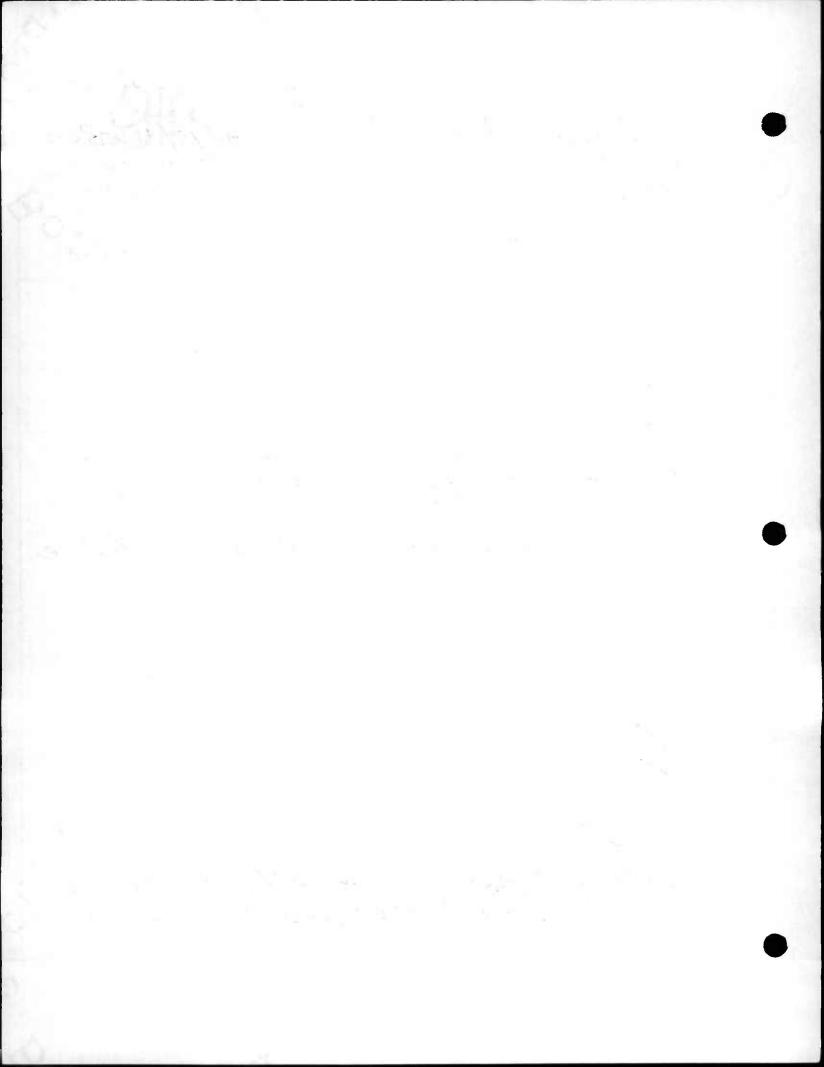


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Pages	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINISPAL DIRECTION After this certificate has been sinned by the attending physician physician in the short of the standard of the standard physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEDENT'S NAME (First, Middle, Last	2		1/	7	JI DEAIN	2. DATE OF	DEATH		3. TIME OF DEATH		
	Robert	- Wilso	oh 1	He. H	_		MONTH	/ IC	S T YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. is	. –	IF UNDER 1 YE		S. 7. DATE OF	вити	HRTH S. BIRTHPLACE (State or Foreign			
	204-03-4311	1X M 2 □ F	73	YRS. MONTHS DAYS HOURS MIN. DEC.					1919 Maryland			
~	9a. FACILITY NAME (If not institution, give					WN OR LOCATION O		9c.	COUNTY OF			
DIRECTOR	14528 Barkdoll R	a			наде	stown			vashin	gton 		
E S	10e. STATE 10b. COUNT	-			TOWN OR L					10d. INSIDE CITY		
		hington		flage	erstov	m				1 TYES 2 NO		
RAL	14528 Barkdoll R	4				101. ZIP CODE 21742		100	USA	WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN II S. A.	BMEO	1 12 486	DECENOENT OF HIS	PANIC ORIGINA M					
	1 Never Married 2 X Married	FORCES? 1	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			s, specify Cuban, Me	xican, Puerto Rica ecify:	n, etc.)	CE — American Indian, ck, White, atc.			
Э ВУ	3 Widowed 4 Divorced				1	TES E MINO S			Spil	om white		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a, O	ECEDENT'S US Give kind of wo	SUAL OCCUI rk done durin retired)	PATION g most of working	16b, KII	D OF BUSINES	S/INOUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		upervi			T	ool Co.	•			
COM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Midd	le, Malden Sums	ıme)			
	Walter L. Huff				Nora E. Norford							
TO BE	19a. INFORMANT'S NAME (Type/Print)		19	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1 / E / P / D / D / D / D / D / D / D / D / D								
	Elsie A. Huff 14528 Barkdoll Rd. Hagerstown, MD 21742											
	20s. METHOD OF DISPOSITION 1 Disputal 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of competery, crematory, or other place) Ringgold, MD 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State Ringgold, MD											
	21. FIGNATURE OF FUNERAL SERVICE LI	CENSEE 6	rigg	ora ce	22. NAN	E AND ADDRESS O	FACILITY	rochigge	Jeu, mi			
	Lennis	XX	1000			is Funer		C : #1		MD 21783		
MEDICAL CERTIFICATION	Make Diale Cause (Final disease or condition resulting in death)											
	reaulting in deeth) LAST											
2	PART II. Other significent condition	ne contributing to de	eth but not	but not resulting in the underlying ceuse given in			In Part I 24	. WAS AN AUTO	nev a	b. WERE AUTOPSY FINDII		
-								PERFORMED		AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				2	S. PLACE OF DEATH	(Check only one)					
SIC	EXAMMER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 EF	R/Outpatient :		THER:	Home 5 Resider		ecify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day,	IURY Year)	26b. TIME (łY.	INJURY AT WORK?	28d. DESCRI	BE HOW INJUR	Y OCCURED	4.44		
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At he (Specify)	ome, farm, stri	et, factory,	office	281. LOCATIO City or To	N (Street and No wn, State)	umber or Rural	Route Number,		
O BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFIER PHYS	ICIAN: To the best of my	knowledge, de	esth occurred	at the time, In my opinio	date and place, and on, death occured at	due to the ceuse(s) and manner a place, and due	s stated.	(s) and menner as state		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE	DIHAI	126	10		29c. LICENSE	6800	6 290	OATE SIGNE	0 (Month, Day, Year)		
	Allanto	MA /	J821	Cal	tel.	Auc	Hap	mble	na	D2174		
	31. DATE PILED (Month, Day New)	2 REGISTRAR'S										



3. TIME OF DEATH 420 A

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

APR 3 0 1993

Robert

ROBERT

5. SEX

Dawn

Q.	٦
BA	ITAL AD ATTENDIATE DELVETO ALT The last securiors that the death considered by considering of here a characters
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	2000
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		4. SOCIAL SECURITY NUMBER		1	yrs. last birthda	MONTE	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day, (Ybar)	8.	. BIRTHPL.	ACE (State or Foreign ALABAMA	
P		579-20-6756	1.2 M 2 D F	6	YRS				11/ 6	1/23		u	3/1	
De fi	m	9a. FACILITY NAME (If not institution, give				9b. C		OR LOCATION OF E			9c. COUNT			
	DIRECTOR	RESIDENCE OF DECEDENT	9,			Silver specie. montjonery							neery	
	EC	10a. STATE 10b. COUNT	гу		10c. 0	HTY, TOW	N OR LOC	ATION	,			10	d. INSIDE CITY	
2	5	MARYLAND PRI	NCE GEORGE	S	BE	LTSV	/ILLE						LIMITS?	
E-B-	AL	10e. STREET AND NUMBER						Of. ZIP CODE			10g. CITIZEI		T COUNTRY?	
physician. burlal-transit permit	FUNERAL	13208 TANEY	DRIVE 12. WAS DECEDENT E					2070				USA		
	B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES	2 NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec If yes, specify Cuben, Mexicen, Puerto Rican, et 1 YES 2 NO Specify:					city Yee or No— 14. RACE — American Indian, stc.) 14. RACE — American Indian, stc. Specify: WHITE			
or attending use as the		15. DECEDENT'S EDU (Specify only highest grad		1	16a. DECEDENT	'S USUAL	OCCUPAT	'ION	16b. K	IND OF BUS	NESS/INDUS		HIII	
5 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT	use retire	d.)	nost of working						
pg D	M M		2]	TENNIS	INST	ruc1	OR	I	ENNIS	}			
	8	17. FATHER'S NAME (First, Middle, Last)	lumame)											
ad be	H		HIGH					PEARL		DAWN				
s should notified	2	19a. INFORMANT'S NAME (Type/Print)						and Number or Rural						
		MARY JUNE HIGH		_	13208	NEY I	RIVE, BE	LTSVII	LE, M	ID 207	05			
ector, pa		20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Ren	noval from State	20b. P	LACE AND DAT	EOF DISF	OSITION (vame of	DATE		ATION — City			
Page (4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE #	CEMBER.	IMET	ROPOL	Or other place) ITAN CREMATORY 5/1					ANDRI	A, V.	A	
death. e funera il.		* Steven C	Strong)		F	RANCI	S J. COL	LINS F	UNERA	L HOM	E, I	NC. , MD 20901	
ours after d in by the or remova		23. PART I. Enter the diseeses, or shock, or heert failure.	complications that c	aused t	he death. Dr	not en	ter the m	ode of dying, su	h as cardia	c or respir	etory arrest	t,	Approximate	
DO DO E	1	IMMEDIATE CAUSE (Final	List only bile cease	Dil eac	ir mile.								Onset and Death	
		disease or condition resulting in death) a. SHOCH - RESPINATION FAILURE 1004												
		DUE TO (OR AS A CONSEQUENCE OF):												
executed n and cor to bunial, matic e	8	Sequenticity list conditions, Due TO (OR AS A CONSCOUENCE OF):												
ertificate be executing physician and cipiene prior to bunia	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING				OF):								
eath certificate be attending physician tral Hygiene prior to y, or other traur	윤	CAUSE (Disease or Injury that initiated events	c. DUE TO (OF	AS A C	ONSEQUENCE	DE:	- CI	ANGINOM,	4			-		
0 55	토	resulting in death) LAST		.,,,,,,,,,		J. J.								
the atter Mental I	뜅		d											
and by	MEDICAL	PART II. Other significent condition	ns contributing to de	eth but	not reaultin	g in the	underlyk	ng ceuse given in		Ia. WAS AN A	IED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE	
sign Heal	밀	7							— '	YES 2	NO	OF	DEATH?	
she of	.:								—			1	YES 2 NO	
The law ate has b ate Dept	CIAN:	25. WAS CASE REFERRED TO MEDICAL					26. F	PLACE OF DEATH (C)	eck only one)					
. (6 29 =	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 Ef	R/Outpati	ient 3 🗆 DOA	OTH 4 🗆 N	ER:	me 5 Residence		Specify)				
YSICIAN: s certifica th the Sta td, or lit	PHYSI	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,		285. T	ME OF	28c. IN	JURY AT			JURY OCCUR	RED		
MG PHYSIC After this conteath with the marked,	BY F	1 Natural 5 Pending 2 Accident Investigation	(Monan, Day,	1001)		NJURY M		ORK? YES 2 NO						
L OR ATTENDING PHYSICIAN. DIRECTOR: After this certific hours after death with the Sitem 28 is marked, or it		3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	NJURY — . (Specify)	At home, farm	, street, t	actory, offi	се	28t. LOCATION OF 1	ON (Street sn Town, State)	d Number or	Rural Route	Number,	
OR OR	9	29a. CERTIFIER	NOVANI T- 0 - 1 - 1			_								
HOSPITAL FUNERAL (within 72 h	COMPLETE		ER: On the basic of my										d menner se stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P IMPORTANT: If I	BE	296. SIGNATURE AND TITLE OF CERTIFIE	School	51	Free	13.	V	29c. LICENSE NU	MBER			19NED (MO	onth, Day, Year)	
F F & S	5	30. NAME AND ADDRESS OF PERSON WH					-					- 11	-4	
			WARTZ, M.D.				CAL P	ARK DRIV	E, SIL	VER S	PRING	, MD	20902	

32. REGISTRAR'S SIGNATURE

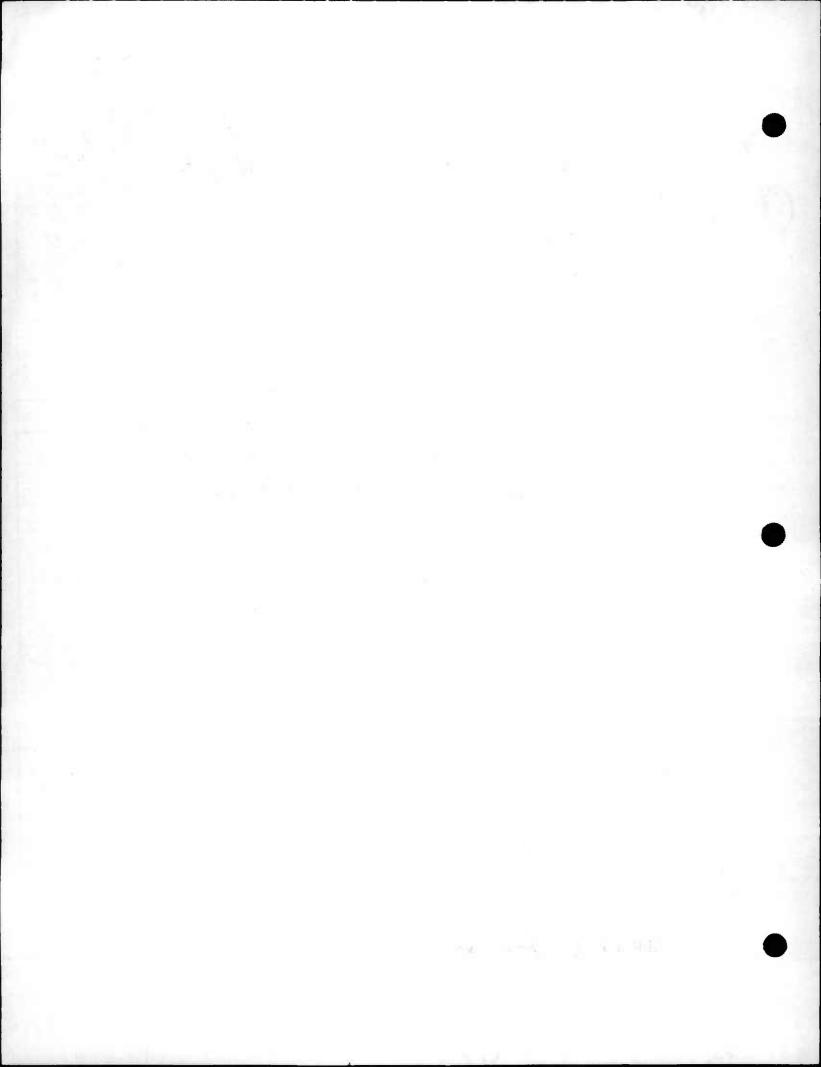
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transformer. Progression or removal	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer. Per transfer the state Detrict of Health and Merital Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

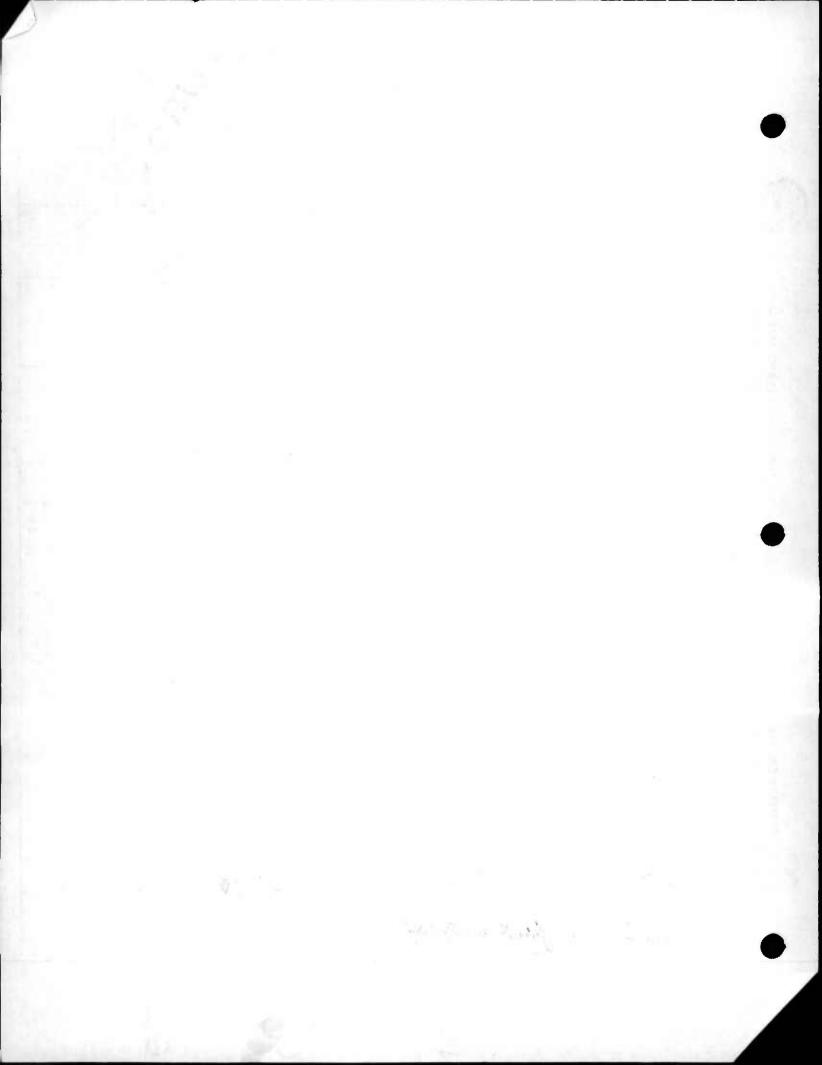
8	1. DECEDENT'S NAME (First	t, Middle, Last)								2000	E OF DEATH			3. TIME OF DEATH	
			RUTH I	. HOL	LAND)				Apr	Til 25	, 19	993	7:15 a.m	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER			R 24 HRS.	7, DAT	E OF BIRTH	•	8. BIRTI	HPLACE (State or Foreign	
	216-74-22	72	1 M 2 X X	83	YRS.	MONTHS	DAYS	HOURS	Miles.	04-	08-19	10	Ma	ryland	
	9a. FACILITY NAME (If not in			9b. CITY, TOWN OR LOCATIO				ION OF D	EATH		9c. COU	NTY OF D	PEATH		
5	1001 Rock	ville	Pike,	#1823			Roc	kvi.	lle			MONTGOMERY			
	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Maryland	Mon	tgomery	7										LIMITS?	
	10e. STREET AND NUMBER					Rockville					10g, CIT	ZEN OF V	WHAT COUNTRY?		
FUNERAL	1001 Rock	ville	Pike,	#1823				20	0852			.s.			
2	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	MED	13.	MAS DEC	ENDENT	OF HISPAI	NIC ORIG	IN? (Specify Yes		14 PACI	F American Indian	
B	1 Never Married 2 S	MAR OR DATES	NO				en, Mexica Specif		Rican, etc.)		Blaci	k, White, etc.			
윤		EDENT'S EDU		(G	CEDENT'S	vork done o	CUPATIO	ON at of work	ina	16	b. KIND OF BUS	SINESS/IND	DUSTRY		
<u> </u>	Elementary/Secondary (College (1-4 or 5	+)	. Do NOT us	e retired.)		0. 0. 407							
Colve kind of work done during most of working															
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRESS	(Street a	nd Numbe			mber, City or Tow		Code)		
2	Thomas W.	Holl	and (So											20874	
	20s. METHOD OF DISPOSIT		muml from Ctat-	20b. PLACE	ANDDATE	OF DISPOS	ITION (Na							Town, State	
	Six Deurlet 2 Cremetton 3 Removal from State Commetton 5 Other (Specify) Ash Memorial Cemetery 5/1 Sandy Spring											ing, MD			
	21. SIGNATURE OF FUNERA	L SERVICE LI	SEMBEE /	1		22.	NAME AN	ID ADDR	ESS OF FA	CILITY		61.6			
	-Oan	over 1	1/su	oude	u						L HOME 20850		.A.		
	23. PART I. Enter the d	seases, or	complications the	nt coused the de	eth. Do r						rdiac or reapi	ratory an	rest,	Approximata	
	IMMEDIATE CAUSE (Fit disease or condition		List pnly one cau	BREA	ST	CANC	ER	¬~/		0				Onset and Death	
	resulting in death)											Tycens			
-				(on As A const.	DOENGE OF	١.									
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	DUENCE OF	7):									
3	cause. Enter UNDERLY CAUSE (Disease or Inju		с					1							
빌	that initiated events resulting in death) LAS		DUE 10	(OR AS A CONSE	DUENCE OF	7):									
5			d												
	PART II. Other significe	ent condition	s contributing to	deeth but not i	eaulting i	n the un	derlying	cause	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS	
MEDICAL											PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	-													OF DEATH? 1 YES 2 NO	
	1 Tes 2 No														
ĕ Ö	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF E	DEATH (Ch	eck only o	one)				
PHYSICIAN	1 NES 2 NO		1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		• 5 □ R	esidence	8 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D	Pay, Year)	28b. TIM	E OF URY		RK?		28d. DE	SCRIBE HOW II	NURY OC	CURED		
B	2 Accident	investigation	20 PLACE C	MP IN Harmy As h		M		ES 2 [NO				-		
TED		Could not be determined	building,	OF INJURY — At ho etc. (Specify)	me, term, t	Rreet, tacte	ory, office			28f. LO City	CATION (Street a y or Yown, State)	and Number	or Rumi F	loute Number,	
COMPLETE			CIAN: To the bast of											i) and manner as stated.	
E CO	29b. SIGNATURE AND TITLE	-		/			I		ENSE NUI					(Month, Day, Year)	
TO BE	Dance 30 NAME AND ADDRESS OF	VI	osen	OF OF OF	1	W)		Do	747	66	·	> 4	1/2	8/93	
ľ	Daniel Rosenblum, MD 10400 Connecticut Ave., Kensington, MD 20895														

Daniel

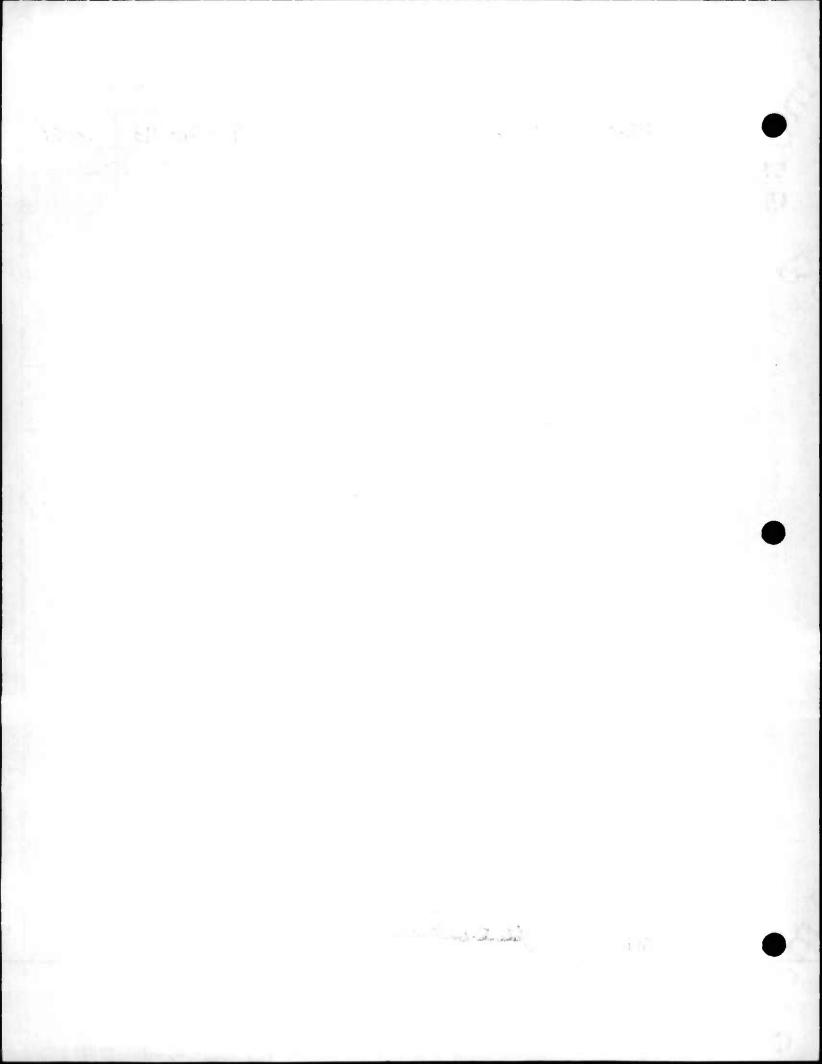
APR 29

Rosemblum

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			FOR STATE REGISTRAR 1. DECEDENT'S NAME (First)	, Middle, Last),	STATE OF I	MARYLA		DEPAR RTIF						REG. NO	i E		1 3 8 4 3
			HAROL 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SECU	D	EISER								"4	<u>' - ב</u>	6- c	33	1240 8
4			067-01-		1 X M 2 F	6. AGE (In	yrs. last	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH 1, Day, Year) H 26,	1901	Country	
		TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN										ATN				
1	-	DIRECTOR	10e. STATE	10b. COUNTY					r, TOWN O								10d. INSIDE CITY _LIMITS?
	permit.		MARYLAND 100. STREET AND NUMBER	MO	NTGOMERY			R	OCKV	_	ZIP COD	E			10g. CIT		1 X YES 2 NO
	5	FUNERAL	6105 MON	TROSE							0.000	208				red s'	TATES
5-0020	or attending prysician. or use as the burial-tran	B	11. MARITAL STATUS 1 Never Married 2 STATUS 3 Vidowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XN		13.	WAS DEC 1 yes, spo 1 YES	ENDENT (leify Cubi 2 (XNO	OF HISPAN on, Mexican Specify	IIC ORIGIN n, Puerto I :	i? (Specify Ye Rican, etc.)	s or No	14. RACE Black, Specify	— American Indian, White, etc.
2121	r use a	TED	(Specify onl	EDENT'S EDUC y highest grade	completed)		(Gh	CEDENT'S ve kind of v Do NOT us	vork done o	CCUPATIO	on st of worki	ng	166	KIND OF BU	SINESS/INI	DUSTRY	
6.4	detached for once.	COMPLET	Elementary/Secondary (0	F12)	College (1-4 or 5	+)		SALES						MENS	CLO	THING	
MARYLAND	be detached for at once.		17. FATNER'S NAME (First, M SAMUEL	iddie, Last) HEISER	2							NER'S NAI		Middle, Maiden	Sumeme)	I.	
IAR	5 should notified	TO BE	19a. INFORMANT'S NAME ()	iype/Print)							nd Numbe	r or Rural F		ber, City or Tow	m, State, Zij	p Code)	
wî .	page 5		20a, METHOD OF DISPOSIT		(daug.			NDDATE			_	COUT	RT-S			City or Tow	RYLAND 209
IMORE,	lirector, p		1 X Burial 2 Crematic 4 Donation 5 Other	(Specify)				BANC					4/2				RYLAND
BALTIMOR	e funera		22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE — ROCKVILLE, MD. 20852														
.O. BOX 68760,	connicate or executed writin 24 dding physician and completely fill hygiene prior to burial, cremation of the traumatic evant, that	ERTIFICATION	23. PART I. Enter the d shock, or h MMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	iona, diate	DUE TO SE	DUE TO (OR AS A CONSEQUENCE OF): PNGLLMONIA DUE TO (OR AS A CONSEQUENCE OF): PNGLLMONIA DUE TO (OR AS A CONSEQUENCE OF):							n aa card	flac or reap	rest,	Approximate interval Betwee Onset and Des	
RECORDS,	been signed by the or, of Health and Me shows any Injure	MEDICAL C	PART II. Other significe	nt condition	a contributing to	deeth but	t not re	esulting i	n the un	derlying) ceuse	given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 10
VITAL	this certificate has the with the State Dept rkad, or Itam 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:				OTHER	t:		EATH (Che					
OF V	this certificate his with the State C	PHYS	27. MANNER OF DEATH		1 ☐ Inpatient 2 ☐ 28a. DATE OF (Month, D	INJURY	ient 3	28b. TIMI		28c. INJ		sidence		(Specify)	NJURY OC	CURED	
	After death	ED BY	2 Accident 3 Suicide 6	Pending Investigation Could not be	28e. PLACE C		- At hor	200	М	1 🗆 Y	ES 2	NO		ATION (Street or Town, State		r or Rural Ro	ute Number,
NIS	DIRECTOR: hours after Item 28	Ш		determined													
		COMPL			CIAN: To the best of R: On the basis of e												and manner as stated,
	TO THE FUNERAL De filed within 72 IMPORTANT: If	BE C	296. SIGNATURE AND TITLE	OF CERTIFIER		. 4.0		_				ENSE NUM			29d. DAT	E SIGNED (Month, Day, Year)
i	De filed	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEAT	N (ITEM	27) (Type,	Print)			3916	<u> </u>		1	4-26	7-9:3
			ALVIN S. M	NADAI	eans,	M.D	61	211	10N1	ROS	ER	D;	Roc.	KVIU	121	MD	20852
0			APR 29		32 REGISTRA	R'S SIGNAT	Par	dell									

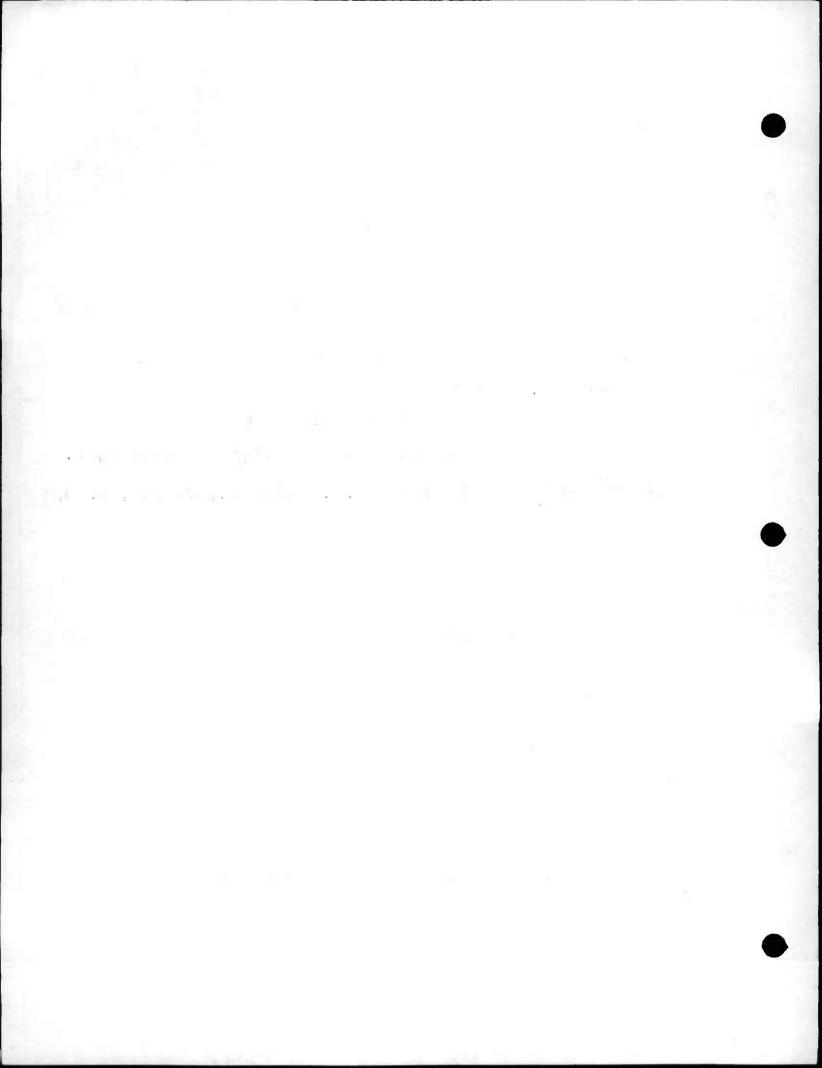


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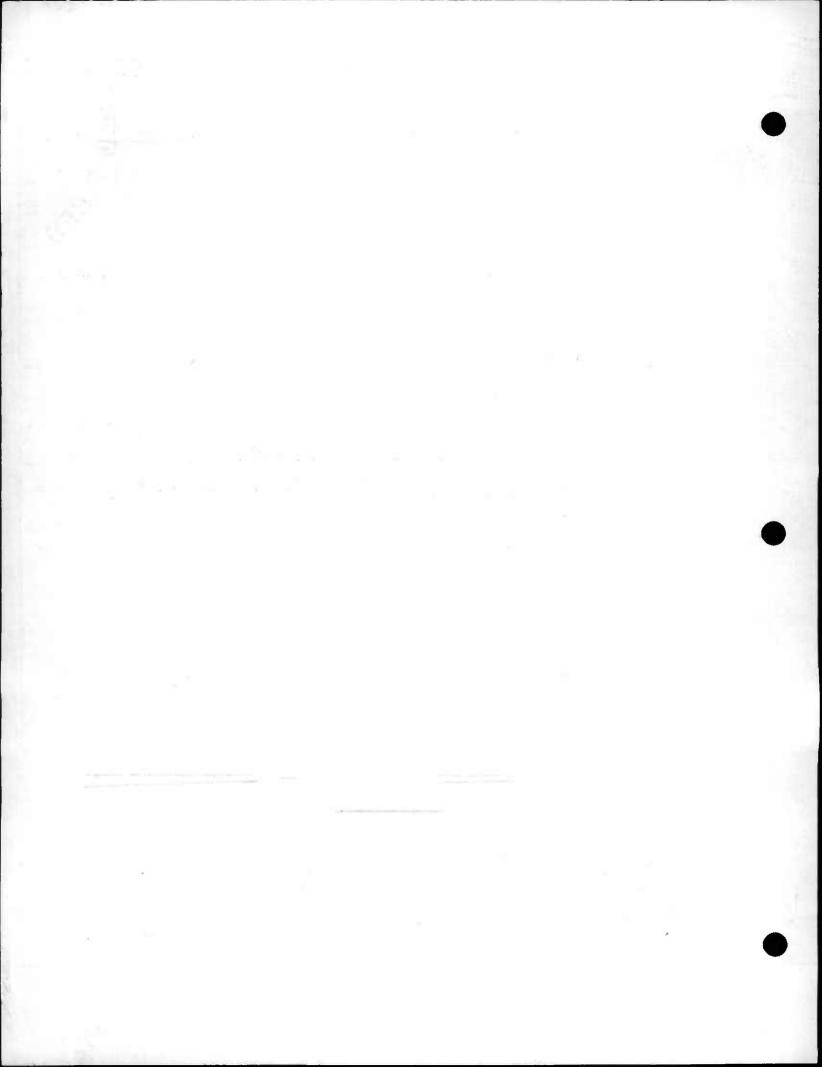
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	i after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: il item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL DI	be filed within 72 ho	IMPORTANT: II ite
	6		

AUTURN MARIE HARRINGTON 8 DOWN SCIONEY NAMED IN LESS TO SERVE SER		1 - STATE REGISTRAR CE		CATE OF		REG. NO	_							
SOUR SCIUNTY MARKERS 5.55C 5.00C 10 m 2 kg 8 8 9 9 9 9 9 9 9 9		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH			3. TIME OF DEATH					
TO THE PART HOLLING CONTROL CONTROL OF THE CONTROL	- 8	AUTUMN MARIE HARRINGTON	LARRINGTON						9:49 p M					
THE CLINICAL CENTER BETHESDA, MARYLAND SOCIETY OF RECEIVED NEW PROPERTY OF RECEIVED SOCIE	1 8	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last				7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign					
THE CLINICAL CENTER BETHESDA, MARYLAND MONTGOMERY 100. COUNTY OF DEATH MONTGOMERY 100. COUNTY 100. TOTAL 100. COUNTY 100. COUNTY 100. TOTAL 100. COUNTY 100. COUN	- 5	592-30-5796 1□ M 2 K F 8	YRS.	ONTHS DAYS	HOURS MIN.	SEPT. 29,	1984							
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WHITE To not a second Commence Comme				ION				LIMITS?						
WHITE To not a second Commence Comme	ERAL			101.					NAT COUNTRY?					
SHELLEY HARRINGTON—BUSTER 199. MALHING ADDRESS Stime and Number or Part Rous Number City or Teals, Stime, 2p Code) SHELLEY HARRINGTON—BUSTER 200. METHOD OF CORPORATION 1 Shell 2 A Crementary of Part Part And Part Rous Number City or Teals, Stime, 2p Code) 1 Shell 2 A Crementary of Part Part And Part Rous Number City or Teals, Stime, 2p Code) 2 Shell 2 A Crementary of Part Part And Part Rous Number City or Teals, Stime, 2p Code) 2 Shell 2 A Crementary of Part Part And Part Rous Number City or Teals, Stime, 2p Code) 2 Shell 2 A Crementary of Part Part And Stime, 2p Code, 2p Carl And Code Code, 2p Carl	ĭ B	1 Never Married 2 Married FORCES? 1 YES 2 NO.		If yes, spe	cify Cuban, Mexican	, Puerto Rican, etc.)	Black,	ick, White, etc.						
BELLEY HARRINGTON—BUSTER THE MALHING ADDRESS (Store and Number of Parial Reads Number of by or Team, State, 2 Code) SHELLEY HARRINGTON—BUSTER THE MALHING ADDRESS (Store and Number of Parial Reads Number of by or Team, State, 2 Code) SHELLEY HARRINGTON—BUSTER 20. METHOD OF CORPORATION 10 Bustley 2 Corresponding 10 Removed from State 2 Comments on 3 Removed fr	8		EDENT'S US	SUAL OCCUPATIO	N	16b. KIND OF BU	SINESS/IND	USTRY						
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Sequentially list conditions and an accordance of the state of the sta		BILL J. BUSTER						STER						
SHELLEY HARRINGTON-BUSTER SHELLEY HARRINGTON-BUSTER SHELLEY HARRINGTON-BUSTER SHELLEY HARRINGTON-BUSTER SON PLACE AND DATE OF SUBSCITION/Hams of a process of the state of the control of the state of the control of the state of the control of the state of the control of the state of the control of the state of the control of the state of the control of the state of the control of the contro			MAILING AL	DDRESS (Street or										
Section Sect	일						.,,,	4000)						
21. Donation 5 Other (Sepoch) 21. SIGNATURE OF FUNDALS SERVICE LIGENSES 22. NAME AND ADDRESS OF FACULTY MOO.991 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Ones and Death Interval Between			ND DATE OF	DISPOSITION (Na			CATION —	City or Tow	n, State					
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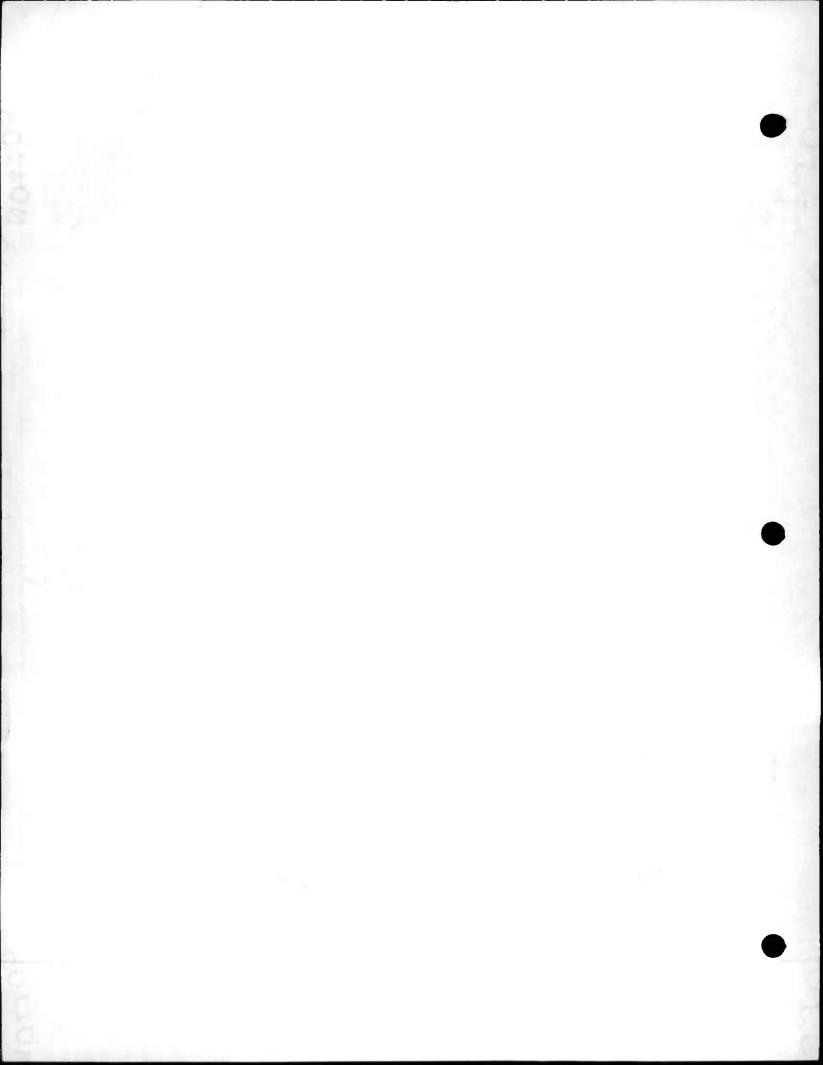
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၉	19a. INFORMANT'S NAME (Ty	/pe/Print)			19b. MAILING	ADDRES	S (Street ar	nd Number	or Rural Ro	oute Numbe	r, City or Town	n, State, Zip	p Code)	
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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne luiteral director, page 3 should be detache al.	TO THE FUNETURE. After this continued has been signed by the authoring president and compressy lined in by the funetal director, page 5 should be defactive to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host

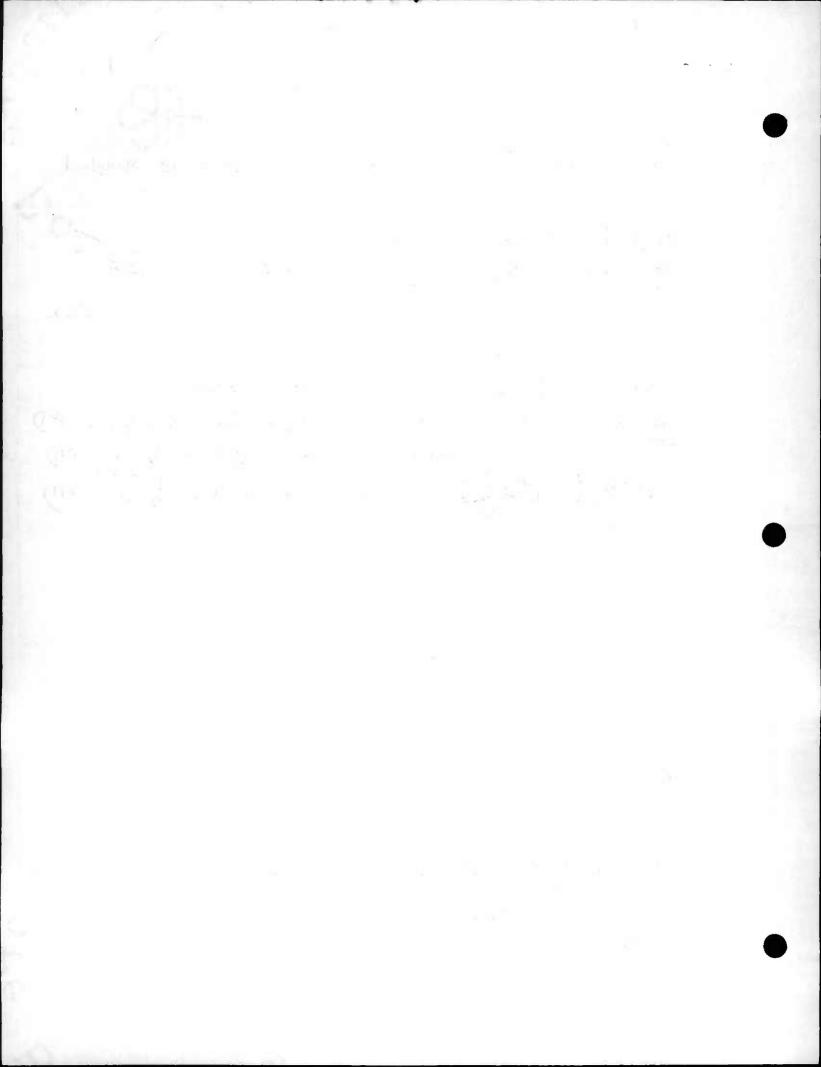
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				ALTH AND I	MENTA	L HYGIENI REG. NO.	E	J	3846
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARE	T ELIZAE	ВЕТН	HOSSI	LER		2. DATE	OF DEATH	Υ.	YEAR	7:35 Pi
тоя	4. SOCIAL SECURITY NUMBER 219-12-2047	5. SEX 6. AGE (In yrs. lest birthday) 1 \(\sum \text{M} \) P 7 2 YRS.			IF UNDER 1		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 28-1920		Country) Mary	ACE (State or Foreign land
	9a. FACILITY NAME (If not institution, give street end number) Northhampton Manor Nursing Home RESIDENCE OF DECEDENT					deri	ck	ATH		9c. COUNT		тн
FUNERAL DIRECTOR		lerick		Fre	y, town on deric	k					1.	d. INSIDE CITY LIMITS? X YES 2 NO
JNERAI	100. STREET AND NUMBER North 200 East Sixteent 11. MARITAL STATUS	h Street				21	701	IIC OBIGII	P2 (Parelly Va	U.S	.A.	AT COUNTRY?
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	YES 2 X N	10	11	yes, speci	lly Cuban, Mexica	n, Puerto	Rican, etc.)	or NO_	Specific	American Indian, Thite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 years	CATION completed) College (1-4 or 5	+) (Gi	CEDENT'S Ive kind of v Do NOT us Omema	USUAL OCK work done du ne retired.)	CUPATION iring most	of working	166	. KINO OF BUS	INESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) George William F	oole						ther	ine Wo	lfe1		
101	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John L. Hossler 507 Riggs Court Frederick, Maryland 21702 20b. METHOD OF DISPOSITION											
	1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURLIFIAL SERVICE LI	_	20b. PLACEA cemetery, cred Mount	matory or of	vet (emet	ery ADDRESS OF FA		Fre		k, M	aryland
Н	23. PART Enter the diseases, or	Complication	eu de la company	ath. Do n	1120	1 NO	RTH MAR	KET	ST. FR	EDERT	CK. I	MES, P.A. MD 21701 Approximate
	IMMEDIATE CAUSE (Final disease or condition a. Due to (or as a consequence of):										Interval Between Onset and Death	
NOI	Sequentially list conditions, 6. Knewnana 10kg											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOMOS											
PHYSICIAN: MEDICA	PERFORMED? 1 YES 2 NO PERFORMED? AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?									ARLABLE PRIOR TO EMPLETION OF CAUSE		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL;	ER/Outpatient 3	□ DOA	OTHER:		CE OF OEATH (Ch				<u> </u>	
ву Рну	27. MANNER OF DEATH 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY (Morifi, Day, Vear) 28b. TIME OF INJURY WORK? 1 YES 2 NO											
COMPLETED	3 Suicide 6 Could not be determined	building,	#FINJURY — At hor atc. (Specify)					City	ATION (Street earlier Town, State)			e Number,
		CIAN: To the best of FR: On the basis of e				inlon, deat	th occured at the	lime, data		due to the	cause(a) er	nd manner se stated.
TO BE	Kill d. 1	O UDMPI ETEO CALL		100 (30)	Di-A)	2	p-/3	97 _/	1	≥ 4/	16/9	onth, Day, Year)

300 West Ninth Street Frederick, Maryland 21701 Kaufmann MD



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic that the complexes have been closed by the provided by	The fortune Director, the size contains as sent and the attent of the attention of the attention of the size of the attention
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_	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		AL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Lest) DONZEL	LAMONT	HENI	ORICKS	2. DAT 4 MON	TE OF DEATH	AY 1.5	3. TIME OF OEATH 6.59A M		
	218-37-2496	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	FUNDER 1 YEAR IF UNDER 2. INTHE DAYS HOURS	MIN. (Mor	e OF BIRTH oth, Day, Year)		BIRTHPLACE (State or Foreign Country) ARY And		
TOR	99. FACILITY NAME (If not institution, give street and number) 91. CITY, TOWN OR LOCATION OF DEATH PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARI RESIDENCE OF DECEMENT									
DIRECTOR		rles		and wine				10d. INSIDE CITY LIMITS? 1 FES 2 NO		
FUNERAL	R+1 Box 10	Regina	Ave	101, ZIP CODE 206			Us	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEMENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1NO				or No — 14	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	10	b. KIND OF BUS	SINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Luther Here Hendyricks 18. MOTHER'S NAME (First, Middle, Melden Surneme) MARY ROSE									
1		Rose	Rt, I	Box 10 Res	. ^	riber, City or Tow.	2 1	ywine MD		
	20a. METHOD OF DISPOSITION 1 © Burlet 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	of from State come	PLACEAND DATE OF I	place)	5/1	193 B	1.	or Town, State		
a cyan	21. SIGNATURE OF FUNDRAL SERVICE LICEN		-	ACLANS FU	OF FACILITY	Hone	Agra	80302 (TM 022		
	23. PART I. Enter the diseases, or con ahock heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in daath)	SUDDEN	the death. Do not chilina. [NFAN- CONSEQUENCE OF):	enter the mode of dylns			ratory arrast	, Approximate interval Batween Onset and Death		
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CER	resulting in death) LAST d									
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION OF COMPLETION									
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEA	TH (Check only o			X -		
rsic	1 YES 2 NO 1	IOSPtTAL: □ Inpatient 2X ER/Outpe		THER: Nursing Home 5 - Resident						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28n. DATE OF INJURY (Month, Day, Year)	286. TIME O			SCRIBE HOW I	NJURY OCCUR	ED		
	3 Sufeide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Special	At home, farm, atre-	et, factory, office	281. LO	CATION (Street a y or Town, State)	and Number or I	Rural Route Number,		
COMPLETED				it the time, data and place, a n my optnion, death occured				Nuse(s) and menner as stated.		
TO BE C	SIGNATURE AND TITLE DE CENTIFIER	la A	wh		SE NUMBER OCME		29d. DATE St	GNED (Month, Dey, Year) 28 1993		
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETING CAUSE OF DEA		Street, E	Baltim	ore,	Maryl	and 21201		
	APR 3 0 93	32. REGISTRAR'S SIGNA Filia David	TURE GON- AGAINGLE							



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CERTIFICATION

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been signed by the attending physician and con it, of Health and Mental Hygiene prior to burfal,

requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law FUNERAL DIRECTOR: After this certificate has b within 72 hours after death with the State Dept.

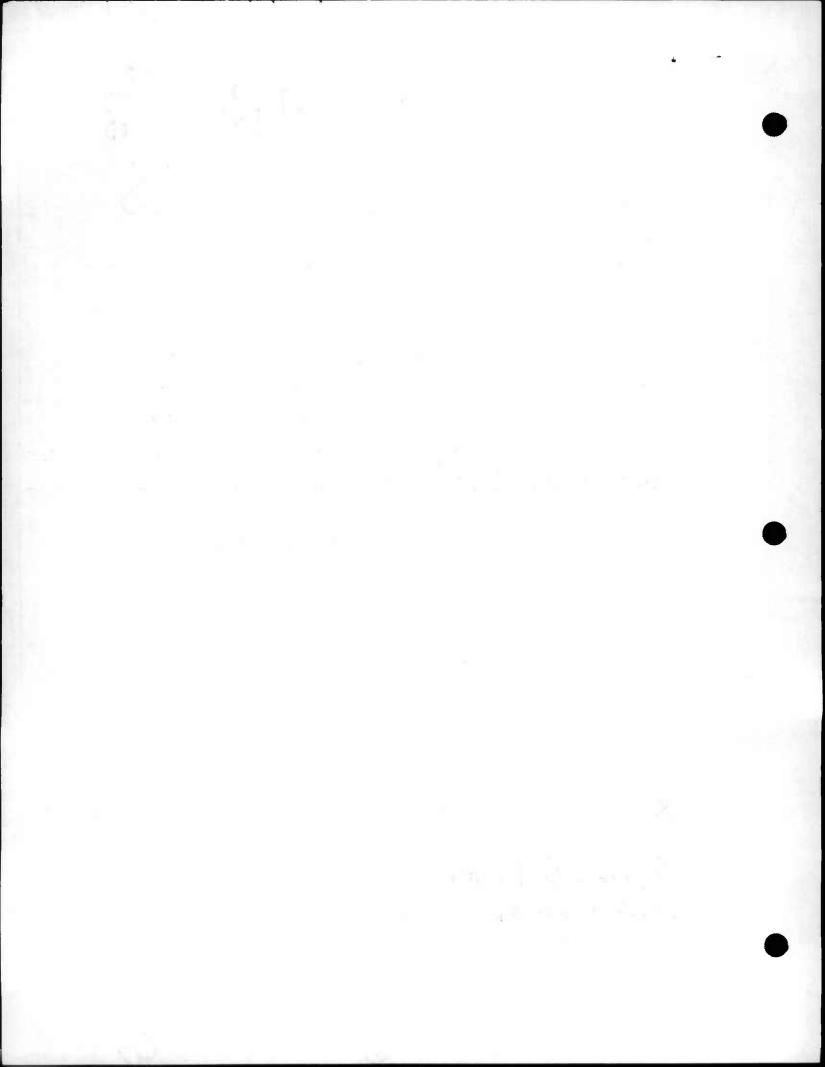
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF OEATN VICTORIA MONIOUE HILL 4 28 1993 9:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTN 215-84-4958 1 M 2 TF JUNE 11, WASHINGTON, DC 1964 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF OFATN 9c. COUNTY OF DEATN OF--RTE 6.BOX 1254A WELCOME CHARLES 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND CHARLES WELCOME 1 YES 2 X NO 10e. STREET AND NUMBER 10t. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? BOX 1254 A 20693 UNITED STATES 11. MARITAL STATUS 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 1 TYES 2 XNO Specify 3 Widowed 4 Divorced BLACK 16a. OECEDENT'S USUAL OCCUPATION
(This kind of work done during most of working 15. DECEOENT'S EOUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 12TH GRADE YEAR NURSING ASSISTANT MEDICINE 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) GEORGE COOPER SHIRLEY RILEY COOPER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BOX 1254 A WELCOME, MARYLAND SHIRLEY COOPER 20693 20e. METHOD OF DISPOSITION
1. Burlet 2 Cremetton 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State ST. CATHERINE S CHURCH CEM. 4 Donation 5 Other (Specify) 5/1/93 MC CONCHIE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

LIA C. THORNTON JOHNSON 22. NAME AND ADDRESS OF FACILITY THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Deeth** disease or condition UPR 61 resulting in death) DUE TO (OR AS CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO OF DEATH? 1 XYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1- YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 Residence 6 Other (Specify) WOODED AREA 27. MANNER OF DEATH 4 28 (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 199 3 SUBJECT STRANGLED 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY -28f. LOCATION (Street and Number or Rural Route Number City or Town, Stete) WOODED AREA 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. URE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) OCME **4** 29 1993

NG WKE Ö

Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE who Davidson Randell

ME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIR
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

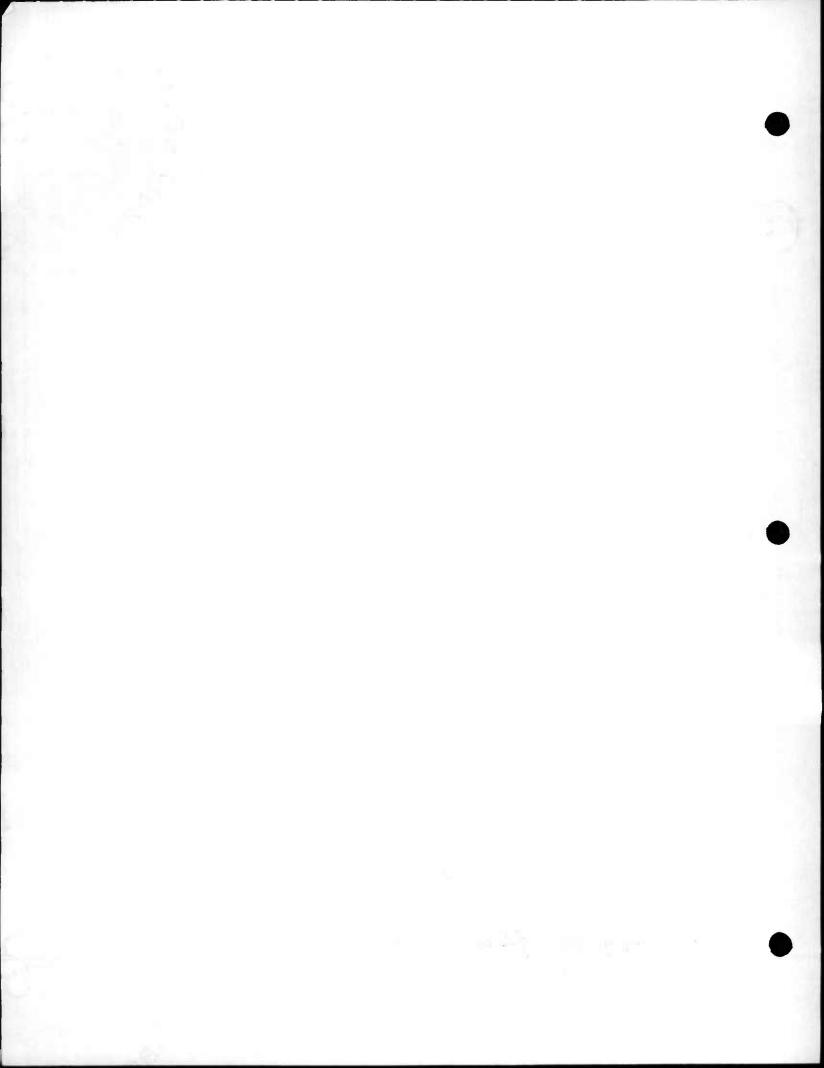
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMUME, INTER-, INTER- CONTROLLED INT

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
7100001						el	1 April			ril 28, 1993		8:34 a m		
4. SOCIAL SECURITY NUME		5. SEX	6. AGE	(In yrs. lest b	100	UNDER 1	YEAR	IF UNDE	R 24 HRS.	7. D/	TE OF BIRTH			NPLACE (State or Foreign
579-30-8287		1 M 2 XF		66	YRS.			- 3	17.7	Ju.		1926		rginia
9a. FACILITY NAME (# not institution, give street and number) 5023 Sentinel Drive, #121							9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN					V. W.		
RESIDENCE OF DEC	EDENT	ive, #121				Bethesda Montgomery					nery			
10a. STATE	10b. COUNT	•			10c. CITY, TO			ATION						10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Monte	omery			Bet	nesc	_							1 TES 2 X NO
5023 Sentin	el Dr	ivo #121					19	01. ZIP COD		208	16			WHAT COUNTRY?
11. MARITAL STATUS	ICI DI	12. WAS DECEDEN	T EVER I	N U.S. ARME	D	13. W	AS DE	CENDENT (IGIN? (Specify Ye			States
1 Never Married 2 3 Widowed 4 X Divo		FORCES? 1 IF YES, GIVE V	YES WAR OR D	2 (XINO		R	yes, s	pecify Cubi S 2 X NO	ın, Maxica	en, Puer	rto Rican, etc.)		Speci	E — Americen Indien, k, Whita, etc. ily:
	EDENT'S EDU	CATION		1 40 - 0505							<u></u>		Wr	nite
(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5		(Glvn	DENT'S USU kind of work NOT use re	done du	ring m	ION lost of worki	ng		16b. KIND OF BU	SINESS/IN	DUSTRY	
Contentary Secondary (C	r12)	4.	+)		ctor o)ev	elopr	nent.	- 1	Charit	ahle	Orga	nizations
17. FATHER'S NAME (First, M	liddle, Last)										st, Middle, Malder		orge	111120110113
<u>Marion Th</u>		Rosser							ary	Le				
190. INFORMANT'S NAME (7								and Number	or Rural	Route N	lumber, City or Tox	rn, State, Zij	Code)	
Mary Sue I 20a. METHOD OF DISPOSITI 1 Burlet 2 A Cremetto		-	201	Se PLACE ANI	ame as			1			ATE 20c. LC		A1 = =	
1 Burlet 2VZ Cremetic 4 Donetion 5 Other	(Specify)	oval from State	cen	SUDI	tory or other	place)	ma	tory				CATION -		wn, state ng. Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		0000	JI BUIT	22. N/	AME A	ND ADDRE	SS OF FA	CILITY				iy, Maryiano
- Quan	eta (2. Thor	200	1							rvices,			
23. PART I. Epter the di	lsesses, or o	complications the	t cause	d the dseti	h. Do not	entar th	ns me	OLS 6	Ing, auc	h aa c	erdisc or resp	ratory an	'Ing . reat.	MD 20910
IMMEDIATE CAUSE (Fin	ssrt isilure.	List only ons ceu	se on s	sch lins.								SANS!		Interval Between Onset and Death
disease or condition resulting in death)	→	Mul	as	fate	ie C	Cal and					guiso.			
		DUE TO	(OR AS /	CONSEQUE	ENCE OF):					(
Sequentially list conditi		b	OR AS A	A CONSEQUE	ENCE OF									
If any, leading to immed cause. Enter UNDERLY!	NG		(011 110 1	. 001132001	LIVOL OF J.									
CAUSE (Disease or inju that initiated events		DUE TO	(OR AS A	CONSEQUE	ENCE OF):									
resulting in death) LAS	' (d												
PART II. Other significa	nt condition	s contributing to	desth b	out not res	ulting in ti	s unde	eriyin	ng cause (given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
											PERFOI	14		AVAILABLE PRIOR TO COMPLETION OF CAUSE
												M NO		OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			01	HER:		LACE OF D						
1 TYES 2 NO		1 Inpetiant 2 I			DOA 4 E	Numin	_		sidence		ther (Specify)			
1XX Natural 5 🗆	Pending	(Month, D.		ľ	INJURY		WC	JURY AT ORK? YES 2	∃ NO	28d. 0	DESCRIBE HOW	NJURY OC	CURED	
a Catata	Could not be	28e. PLACE O	FINJURY	— At home,	, farm, strae				,	28f. L	OCATION (Street	and Number	or Rural R	Poute Number
	detarmined	building,	etc. (Spec	элү)						C	ity or Town, State)			
29e. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my know	ledge, death	occurred at	the time	o, date	and place	end due	to the	cause(e) and ma	nner es atai	ed.	
														and menner as stated.
29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)														
	0. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
Frederick F							יחי	10 11	d. 1.1	ach	ington	00.0	20011	-
31. DATE FILED (Month, Day, 1						HVE	:IIU	ie, ini	N W	aSN.	ington,	DC 2	20015	
APR 2	9 1993	32. REGISTRA	Tevido	on-Ran	delle									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State hear of Heath and Mental Honland or burial, cremation or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31 DATE FILED (Month) Or (160r)

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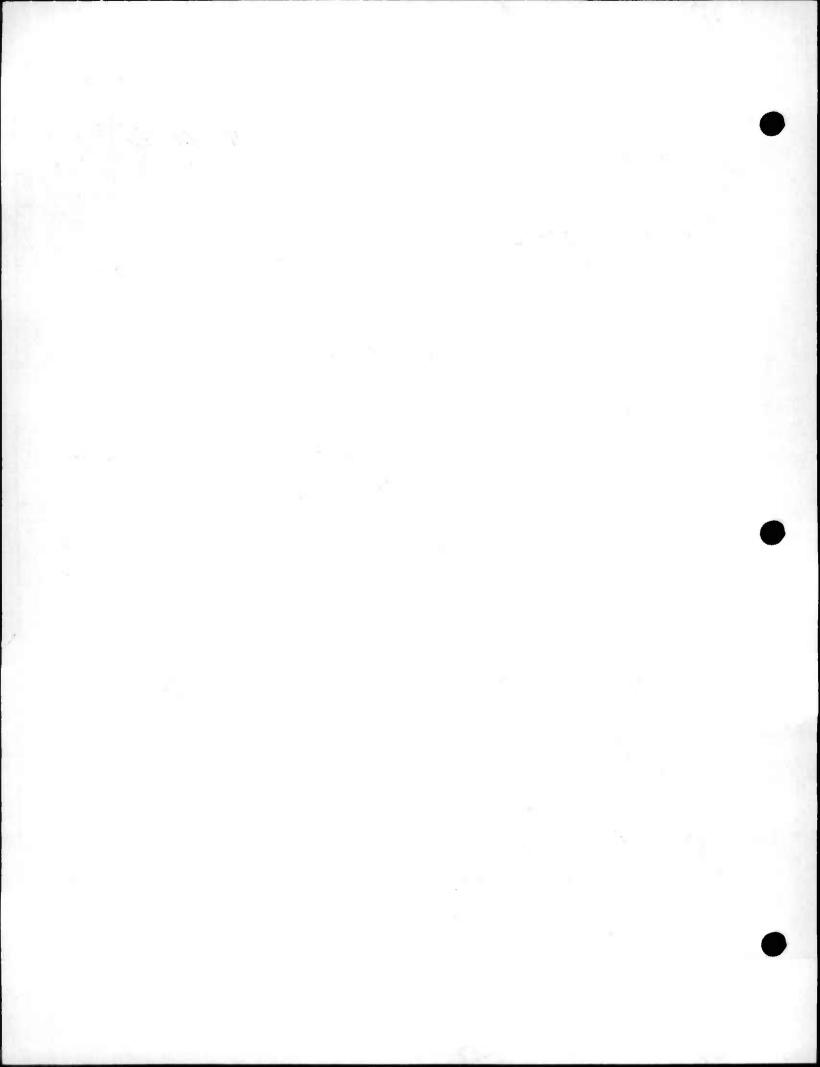
-	FOR 1 - STATE	STATE OF MARYL				MENTAL HYGIEN	9 IE	3 13850		
	REGISTRAR 1. DECEDENT'S NAME (First, Mindle, Last)	ind W.	John	SON	DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 222-03-9487	1 😾 M 2 🗆 F	SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DAT (MO O O O O O O O O O O O O O O O O O O					BIRTHPLACE (State or Foreign Country) MARYLAND		
CTOR	90. FACILITY NAME (# not institution, give st DORCHESTER GENERA RESIDENCE OF DECEDENT			CAMBE	OR LOCATION OF DE	ATH		ORCHESTER		
FUNERAL DIRECTOR	MARYLAND DORG	CHESTER		BRIDGE	TION M, ZIP CODE	La	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
VERA	606 BRADLEY AVE.				21613		USA	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TO YES IF YES, GIVE WAR OR D	2 NO	II yes, s	CENDENT OF HISPAN pecify Cuban, Mexica 8 2 XNO Specify		a or No 14	RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EOUI (Specify only highest grade Elementary/Secondary (0-12) SECONDARY			rork done during n e retired.)	ION ost of working	166. KIND OF BU		TRY		
BE CON	SECONDARY TRUCK-DRIVER WHEATLEY TRUCKING CO. 17. FATHER'S NAME (First, Middle, Last) EDWARD JOHNSON JULIA SPICER									
5	19a. INFORMANT'S NAME (Type/Print) AMANDA JOHNSON					MBRIDGE,				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval Irom State cer	D. PLACE AND DATE O	FDISPOSITION (A	lame of		CATION City	y or Town, Biste		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	INTERIND V	22. NAME /	IND ADDRESS OF FA		SMITH	FUNERAL SERV.		
	23. PART I. Enter the diseases, or o shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Congest	-I ve Fo	lue		eart blo		t, Approximata interval Between Onset end Daeth		
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in death) LAST	d					·			
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 CHO									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Che			J		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	EATH 28e. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK? 28d. OE\$CRIBE HOW INJURY OCCURED								
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, lerm, s clty)	treet, factory, off	v/A	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
COMPLETED		CIAN: To the best of my known: R: On the basis of examination						euse(e) end manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ne	2		29c. LICENSE NUM	1BER 84	29d. DATE \$	IGNED (Month, Day, Year)		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

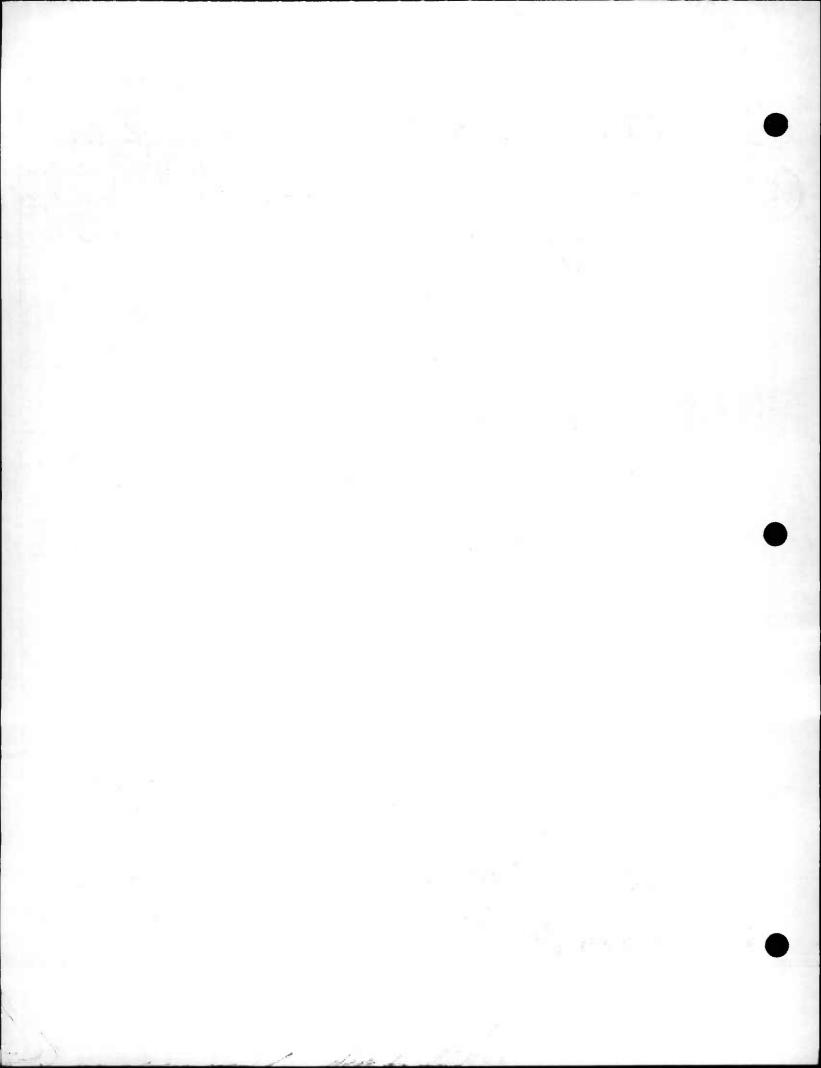
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H			YGIENE EG. NO.	93 13031		
	1. DECEDENT'S NAME (First, Middle, Last)	Mabel R.	Jacobs			2. DATE OF D	DAY	YEAR 6,18 P M		
	4. SOCIAL SECURITY NUMBER 182-30-3735	1 🗆 M 2 🖄 F	yrs. lest birthday) 69 YRS.	1923	3 SIRTHPLACE (State or Foreign Country) Penna.					
HOL	9a. FACILITY NAME (If not institution, give s Washington Coun				rstown	DEATH		9c. COUNTY OF DEATH Washington		
DIRECTOR	Penna. Fra	e. STATE 10b. COUNTY						10d. INSIDE CITY LIMITS? 1 □ YES 2 ※ NO		
FUNERAL	714 Ryan Lan	е		101	. ZIP CODE 1722	25		109. CITIZEN OF WHAT COUNTRY? U.S.A.		
B	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR OAT	2 X NO		ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	en, Puerto Rican,		4. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of site. Do NOT us	USUAL OCCUPATION WORK done during mose retired.) Ty Line	DN st of working	65 59	or Business/INDU	ass Works		
COM	17. FATHER'S NAME (First, Middle, Last) Roy Hint	on	7133CIIID	Ty Line			, Meiden Sumame)	ass works		
TO BE	19s. INFORMANT'S NAME (Type/Print)	Butts			nd Number or Rural	Route Number, Ci	ty or Town, State, Zip C			
	20e, METHOD OF DISPOSITION 1 🖒 Surial 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donation 5 🗀 Other (Specify)	H	PLACE AND DATE	or disposition (Na lher place) ung Ceme	me of	OATE	20c. LOCATION - CI	ty or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	i Zimne	C		merman / encastle	ACILITY	Funeral 17225			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A DONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C									
PHYSICIAN: MEDICAL	PART II. Other significant condition		t not resulting	in the underlying	ceuse given in	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Rient 3 DOA	OTHER:	ACE OF DEATH (C		c(fy)			
ву Рн	27. MANNER OF/DEATH 1 Inpatient 2 ER/Outpattent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF/DEATH 1 S Pending 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY 4 WORK? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 YES									
	3 Suicide 6 Could not be building, stc. (Specify) 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 26e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, Steel									
COMPLETED		CIAN: To the best of my knowle								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	of MI)		29c. LICENSE NU D2/4			SIGNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WH	MD 249	mill	St. Ho	agerst	own	, md			
	MAY 04 1993	32. REGISTRAR'S SIGNAT	TURE	.,	/		1			



31. DATE FILED (MONTH, Day, Year)
APR 29 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the arrest of the control of the control of the control of the arrest of the control of
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93 13852								
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS L. JOHNSON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day's Hours Min.) 578-28-3246 1 M 2 F	S. BIRTHPLACE (State or Foreign WASHINGTON, D.C.								
DIRECTOR	St. Citi, Town on Education of Death	DUTTY OF OEATH 101 (4 OM) STY 10d. INSIDE CITY								
		1 2 yes 2 No								
BY FUNERAL		USA 14. RACE — American Indian, Black, White, etc. Specify:								
COMPLETED	15. OECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/III									
BE	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JOSEPH JOHNSON MARIE LOWE									
5	MARY J. CLARK (SISTER) 14308 MYER TERRACE ROCKVILLE, MD. 20853 200, METHOD OF DISPOSITION DATE 200, LOCATION — City of Town, State 200, L									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES A Donation 5 Other (Specify) CATE OF HEAVEN CEMETERY 4/29 SILVER SILVE	SPRING, MARYLAND HOME, INC.								
	23. PART I. Enter the disesses, or complications that coused the death. Do not enter the mode of dying, such as cardisc or respiratory a shock, or heart feliure. List only one couse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF):	Approximate interval Between Onaet and Death								
ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b									
MEDICAL CI	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRODINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
D BY PHYSICIAN: MEDICAL	2 Actident Investigation 4 2693 /130 M 1 YES 2 DNO FOUND IN STAR									
BE COMPLETED	4 Homicide determined building, atc. (Speciny) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as at one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (a) and manner as at one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (a) and manner as at one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause (a) and manner as at one)									
TO BE	30. NAME AND ADDRESS OF PERSON WHO FOREITED CARS OF PRACTICES TO PRACTICES TO THE PRACTICES TO THE PERSON WHO FOREITED CARS OF PERSON WHO FORE	TE SIGNED (Month, Day, Year 4/ 25 63								

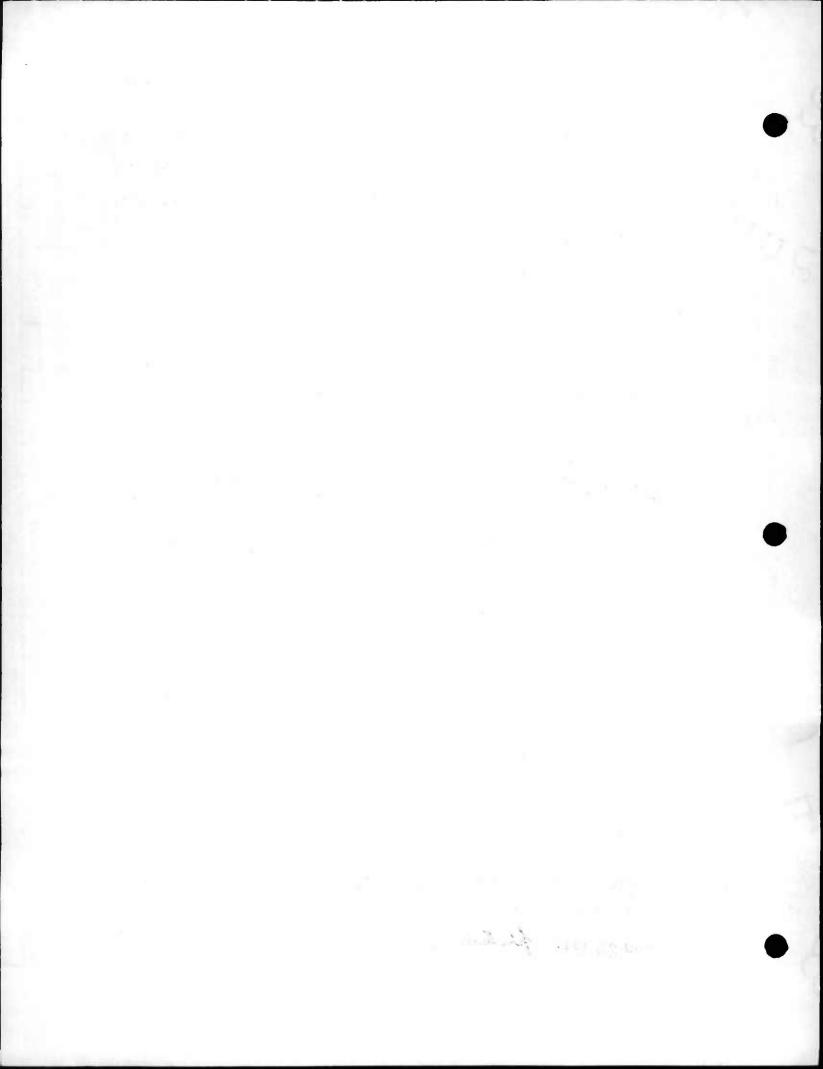


1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
1	1. DECEDENT'S NAME (First, Middle, Lest) SHRLEY JACOBS 2. DATE OF DEATH MONTH DAY YEAR 4 23 93 4/23/93 PM
3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 X F 92 4. SOCIAL SECURITY NUMBER 1 YEAR F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Morith, Day, Year) March 11, 1901 Russia
TOR	9a. FACILITY NAME (# not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH Suburban Hospital Bethesda Montgomery
<u>ا</u> ي	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY
L	Maryland Montgomery Rockville 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NERA	6111 Montrose Rd. #513 20852 USA
BY FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 14. RACE – American Indian, Black, White, stc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, stc.) 16. RACE – American Indian, Black, White, stc. 17. YES 2 NO Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give during most of working
MPLE	Elementary/Secondary (0-12) College (1-4 or 5+) Book keeper Garment industry
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Benjamin Metz Feige Belastutsky 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	test initialities reported to the first volume of runar require furnities, city or lown, state, zip code)
	20s. METHOD OF DISPOSITION
	Donatton Donatton (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Comptony (Mr. Hebron Compton) (Mr. Hebron
	21. SIGNATURE DEFENDE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Chapels
	1170 ROckville Pike Rockville, MD. 20852
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) a. Cerubral Vascular according to the cause of t
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Sequentially list conditions, out to (or as a consequence of): Congression of the conditions of the conditi
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. OUT OF ST VXX FRONT TO (OR AS A CONSEQUENCE OF):
A	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
V: MEDICAL	PERFORMED? 1 YES 2 NO NO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOCODITAL 26. PLACE OF OEATH (Check only one)
Sign	1 YES 2 NO 1 NOPATION 1 DOA 4 Nursing Name 5 Residence 6 Other (Specify)
BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 28a. OATE OF INJURY AT WORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO
	Suicide S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be building, atc. (Specify) Suicide S Could not be building, atc. (Specify) State S Could not be building, atc. (Specify)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(a) and manner as stated.
TO BE	Many Venny M PHYSICIAN D3579/ 29d. OATE SIGNED (Month, Dily, Your) + 4/23/93
	M VEMULY 9801 GEORGIA TWE SUITE 247 SILVER SPRING
	APR 29 1993 APR 29 1993 APR 29 1993

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

	FOR	STATE OF MAR		DEPAR ERTIF					MENTAL	HYGIEN REG. NO	E .	93	13854
- 1	1. DEC. NAME (First, Middle, Last)								2. DATE (OF DEATH			3. TIME OF DEATH
	RUS	SELL BLON	DA JOY	MER,	SR.				April	L 24,	1993	YEAR	1 P.M. M
	4. SOCIAL SECURITY NUMBER	5. SEX Male 6.	AGE (In yrs. les	st birthday)		1 YEAR	IF UNDER		7. DATE O			8. BIRTHP	LACE (State or Foreign
	215 40 1351		91	YRS.	MONTHS	DAYS	HOURS	MIN.			1901	Country, Kent	Co. Md.
	9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	r, TOWN (OR LOCATIO	ON OF DE				NTY OF DE	
OR	Kent & Queen Anne	Hospital			Che	ster	town	, Md	i.			XXXXX	K Kent
띮	RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY			I 10c. CITY	/ TOWN	OR LOCAT	ION						404 BIRIDE CITY
SI	Maryland Kent				k Ha								10d. INSIDE CITY LIMITS? NO
1	10e. STREET AND NUMBER			1 100			. ZIP CODE				I 10a CITI		1 YES 2 NO
BY FUNERAL DIRECTOR	21120 Green Lane					410		2166	51			SA	IXI COOKINI
N	11. MARITAL STATUSMarried	12. WAS DECEDENT EV	ER IN U.S, AF	MED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN?	(Specify Yes			- American Indian,
/ F	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE WAR	YES 2 X I	NO		If yes, sp	ecity Cuba	n, Mexica Specify	in, Puerto Ri	can, atc.)		Black, Specify	White, etc.
	3 Widowed 4 Divorced		1	OV			~	ap s an ,	No			арислу	White
COMPLETED	15. OECEDENT'S EOUCA (Specify only highest grade of		(G	CEDENT'S	rork done	during mo	ON st of workin	a	16b.	KINO OF BUS	SINESS/INO	USTRY	
Ë	Elementary/Secondary (6-12)	College (1-4 or 5+)	life	Poli	e retired.)			•	Po	l+imos	o Ci	+ D.	olice Dept.
MP	8			LOII	Cellia	111						Ly II	office Dept.
8	17. FATHER'S NAME (First, Middle, Last)	hn E. Joy	ner							S. Da			
BE	19a. INFORMANT'S NAME (Type/Print)	Jilli E. Joy											
2	Mildred Doyle Joyr	er	19	2112	ADDRES	S (Street a	T.ane	or Rural I	Acute Numbe	all, N	n, State, Zip	1661	
			205 BLACE							_			
	26a. METHOD OF DISPOSITION 1 Denis 2 Cremation 3 Remote Control Security Remote Control Security Remote Re	af from State	cometery, cre Wesley						OATE	93 Ro		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	weste	y Glia			D ADDRES						
	· 711.0	0.1.1	.00	,							_	h St.	
	100	his LU.	ella				ows -					own,	Md.
	23. PART I Enter the disease, or connect, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that ce at only one cause out to (on	on each line			the mo	de of dyi	ng, auc	h aa cardi	ec or reapi	ratory arr	eat,	Approximata interval Batween Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR		OUENCE OF	he	art	- do	sea	50		11		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions ch conic obst	nuctive		men on		ndariying	causa g	ivan in		24a. WAS AN PERFOR 1 YES 2	MED?	6	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
Y N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Ch	eck only one				
Sic		HOSPITAL:	Outpatient 3	DOA	OTHEI		e 5 □ Re	sidenca	8 🗆 Other	(Specify)			
=	27. MANNER OF DEATH	28a. DATE OF INJU	JRY enr)	28b. TIME	OF	28c. INJ				RIBE HOW I	NJURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		/ES 2 [] NO					
	3 Suicide 6 Could not be	28e. PLACE OF IN. building, atc.	IURY — At ho (Specify)	me, ferm, s	reet, fact	tory, offic				TION (Street a	and Number	or Rural Ro	uta Number,
ETE	4 Homicide determined								July (/	.or.n, orace)			
COMPLETED	290. CERTIFIER (Check only	AN: To the beat of my i	knowledge, de	ath occurre	d at the t	ilme, data	and place,	and due	to the caus	e(s) and mer	ner as atat	ed.	
No.	one) 2 MEDICAL EXAMINER:												and manner as stated.
ш	290. SIGNATURE AND TITLE OF CERTIFIER	- 1					29c. LICE	NSE NUN	WBER		29d. OATE	E SIGNEO (Month, Day, Year)
0		-w						0-	335	14	•		26-93
2	30 NAME AND ADDRESS OF PERSON WHO	COMOLETED CAMER D						40				-	- (~)

Corpulmone	tructive pul		A .	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 — NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient :	OTHE	26. PLACE OF DEATH (Chi		
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street, fa	ctory, office	261. LOCATION (Street and Number or City or Town, State)	Rural Routa Number,

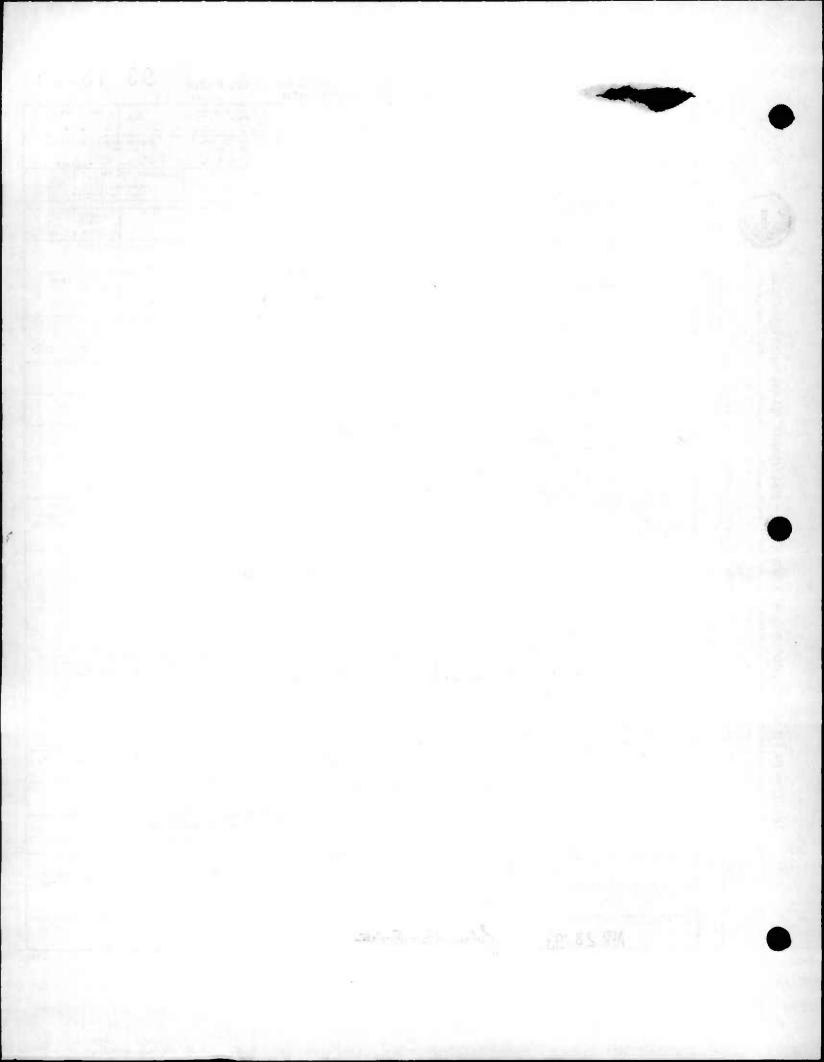
Michael	of PERSON WHO	feld.	M.D.	DEATH (ITEM 27) (Type	, Print)

Chestertown, Md. 21620

31. DATE FILEO (Month, Day, Year)

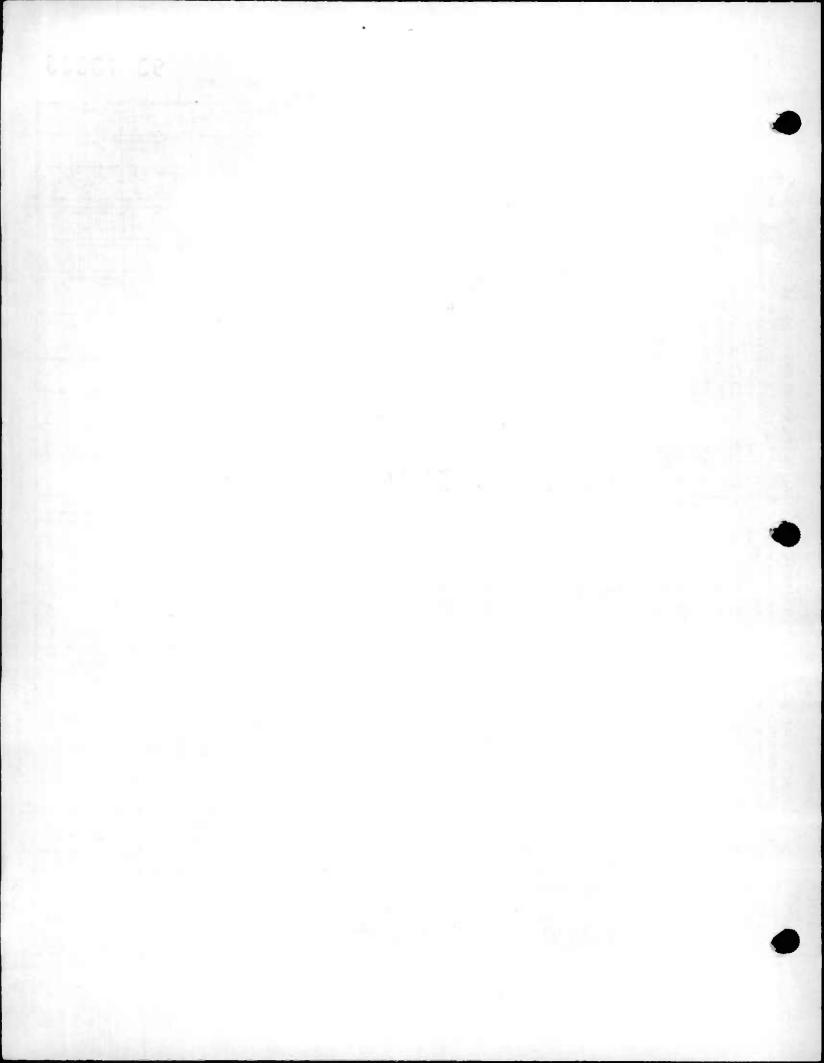
APR 28 32. REGISTRAR'S SIGNATURE
Julia Savidson-Randall ,03

DHMH-16 Rev 1/99



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Incurs after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa-
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ecute	Du co	DUNA	atic
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F	F	۵	=

	REGISTRAR		CI	EKIIF	ICALE	: UF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	TIEWIET T						2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH
	MARGARET LEAGER							-7	27		73	/ P M
	4. SOCIAL SECURITY NUMBER 215-26-4987	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	HOURE MIN.	7. DATE OF (Month, D		7	Countr	PLACE (State or Floriga Maryland
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN (OR LOCATION OF DE		7.50		NTY OF D	W 8 4 4 5
RO	Meredian Center,	Corsici	a Hills		Cen	tre	ville		-	Qı	ieen	Anne's
5	RESIDENCE OF DECEDENT			The are								
2				10c. CI1	Y, TOWN O						- 1	10d. INSIDE CITY LIMITS?
0	Maryland Quee	en Anne's			Chur	_						1 YES ZXX NO
₹ I	MARKET STATES					10	1. ZIP CODE		- 1		S.A.	HAT COUNTRY?
FUNERAL DIRECTOR	Rte. #1 Box 99N				1		21623 CENDENT OF HISPAN		- 1			
BY FU	11, MARITAL STATUS 1 Never Married 2 Merried 3 Nover Married 4 Never Married	12. WILS DECEDEN FORCES? 1 IF YES, GIVE V	YES 3	NO	1	f yes, sp	DECITY CUDEN, Maxica S 2500 Specify	n, Puerto Rica		or No-	Black Specia	- American Indian, White, atc. White
	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CUPATI	ON	16b. KI	ND OF BUSI	NESS/INC	OUSTRY	
E I	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 6	(G	live kind of Do NOT u	work done o se retired.)	during me	ost of working					
7	Q	Conege (1-4 or 6		Homer	naker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mide	tle, Malden S	Sumame)		
	Emitt Leager						Annie	(Anna) Dul	in		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street	and Number or Rural I				Code)	
2	Mirian Leager Co	oppage		Rte.	#1 E	30x	99K Chui	rch HI	11 ,	Mary	land	1 21623
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO			metery, crematory or				City or To	
	1 Buriel 2 Cremation 3 Rem	oval from State	Sudle	rsvi.	lle C	eme	tery		Sudl	ers	/ille	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1 1 -	-			ND ADDRESS OF FA					
. //	> Kut Se	7611.	105				Helfenbe:					
	23. PART i. Enter the diseases, or	7	4	-41 D			Shamrock					Approximata
	shock, or heart fallure.			a.				ii aa Caldia	or reapir	atory ar	rout,	interval Batween Onset and Death
	disease or condition			(15	C	UD					4 years
	resulting in death)	DUE TO	(OR AS A CONSE									
z		b.										,
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE C	F):							
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
	that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	F):							
E	resulting in death) LAST	d										
0	PART II. Other significant condition	ns contributing to	death but not	reauiting	in the ur	nderlylr	ng Cause given in	Part i. 2	fa. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
S	()								PERFOR	\$ 4		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED								— I,	☐ YES 2	NO		OF DEATH?
2		-						_				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				26.6	PLACE OF DEATH (C)	neck only one)				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	2 DO4	OTHE	R:			December 1			
48	27, MANNER OF DEATH	26a. DATE O		26b, TII			me 6 - Realdence	T	RIBE HOW IF	UURY O	CURED	
5	1 Netural 5 Pending		Day, Year)	IN	JURY M	W	YES 2 NO					
В	2 Accident Investigation	28e, PLACE	OF INJURY At h	ome, farm.	street, fac			26f, LOCAT	ION (Street e	nd Numbi	or Rural	Route Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)			22.00			Town, State)			
E	290. CERTIFIER											
COMPLETED	(Check only											e) end manner ee atated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	- /l	- 1				29c. LICENSE NU	MADED		204 04	TE BIONE	O (Month, Day, Year)
) BE	Jun 1	Ami	th (h	, n	ug			45		▶ 4	7/2	7/13
5	30, NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ								1
	31. DATE FILEO (Month, Day, Year)	12 DECIPTE	ARTH SIGNATURE	Y	mo							
	APR 28	'93 FP'	AR'S SIGNATURE	idson-	Pande	200						
	Hrn Z O	JY	1		•							



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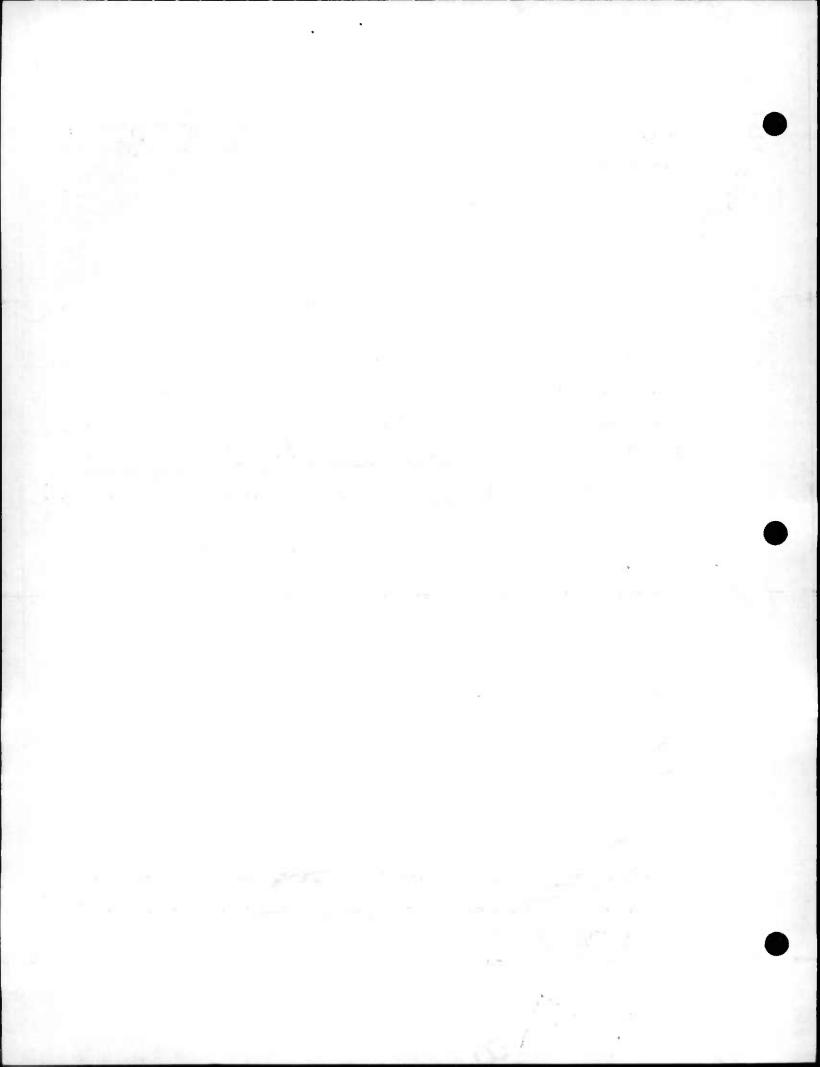
	FOR 1 . STATE		STATE OF I	MARYLAND	/ DEPAI	RTMENT	OF H	IEALTH	AND	MENT	AL HYGIEN		93	13856
	negistrar 1. decedent's name (First, M Phyllis Dap)			(CERTIF	ICATE	OF	DEAT	Н	2. DAT	REG. NO	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 454-58-1602		5. SEX 1 ☐ M 2 ¥ F	6. AGE (In yrs.	last birthday) YRS,	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DAT	22-1993 E OF BIRTH 11th, Day, Year? 7-1932		Count	IPLACE (State or Foreign 17) 1and
топ	90. FACILITY HAME (If not institute to the second s	ourt	et and number)					rna l					inty of D	eath Arundel
FUNERAL DIRECTOR	Maryland 10e. STREET AND NUMBER	Anne	ARunde1		10c. CIT	y, town of Seve	rna	Par!						10d. IHSIOE CITY LIMITS? 1 YES 2Y NO
UNERA	10 Wesler Co		12. WAS DECEDEN	IT EVER IH U.S.	ARMED	13. W			2114		IN? (Specify Yea		U.S.	
В	1 Never Married 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE V	WAR OR OATES		lf 1	yes, spe	cify Cubar 2 X HO	1, Mexica	n, Puarto	Rican, atc.)		Speci Cat	— American Indian, c, White, atc. fy: JCasian
COMPLETED	(Specify only his Elementary/Secondary (0-12 12+	ghest grade co	College (1-4 or 5	+)	Give kind of We. Do NOT u Retai	work done du se retired.)	ring mo:	IN st of working	9	16	b. KIHD OF BUS	ales		
BE	17. FATHER'S NAME (First, Middl Ernest Stan) 19a. INFORMANT'S HAME (Type	Ley Co	nquest						N	e11i	Middle, Malden e Mcs	s	03	
5	Mrs. Susan A	111enb			1	0 Wis	1er	Cour			nber, city or Town na Par	k, M	D 2:	1146
	20a. METHOD OF DISPOSITION 2 Buriel 2 Cremation 4 Doration 5 Other (St. 21 STREAM OF THE ERAL S	pecify)		Lake	EAND DATE	Memor	ial	Gard					nvil	wn, Stete Le, Md
4	Ames	6	XIA	Non	108	/ 4	95	Ritch	nie :	Hwy.		na P	ark,	MD 21146
1	A PART L Enter the dise shock, or hear IMMEDIATE CAUSE (Final seese or condition resulting in death)	t failure Li	et gring one cet	se on each li	18.									Approximeta interval Between Onset and Death
RTIFICATION	Sequentially list condition if any, laeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury this initiated events resulting in death) LAST	te	DUE TO	(OR AS A COHS	EQUENCE O	ም :						., 01		
CE	PART II. Other algnificant	d.	contributing to	deeth but not	regulting	in the und	eriying	causa gi	lven in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										-	PERFOR	XNO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
SICIAN	25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 HO	F	IOSPITAL:	ER/Outpetlent	3 DOA	OTHER:	1 1 mm 2 T	ACE OF DE	ne contrac		ne) er (Specify)			
ву рну	27. MANHER OF DEATH 1 Natural 5 Pen 2 Accident	ding estigation	28a. DATE OF (Month, D		28b. TiM	-	8c. IHJU WOF	RY AT			SCRIBE HOW IN	JURY OC	CURED	
	20a CERTIFIED	rmined	building,	F INJURY — ALL etc. (Specify)						City	CATION (Street a or Town, Stete)			oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL	EXAMINER:	NN: To the best of On the basic of a	my knowledge, o	leath occum r Investigatio	n, in my opi	e, date	and place, ath occure	end due	to the ca	use(a) and men a and place, end	due to th	ne cause(e)	end menner as stated.
8	Manail	1	Vim	2/1/	n/	hI	\ I	COR		TON	PhO, M	29d. OAT	E SIGNEO	(Month, Day, Year)

	,	Analysis at the time, date and place, and due to the cause(e) and menner as star
ANCY G. DIE	m	UD, PhD COR, MC, USN PhD, MD 29d. OATE SIGNED (Morith, Day, Year)

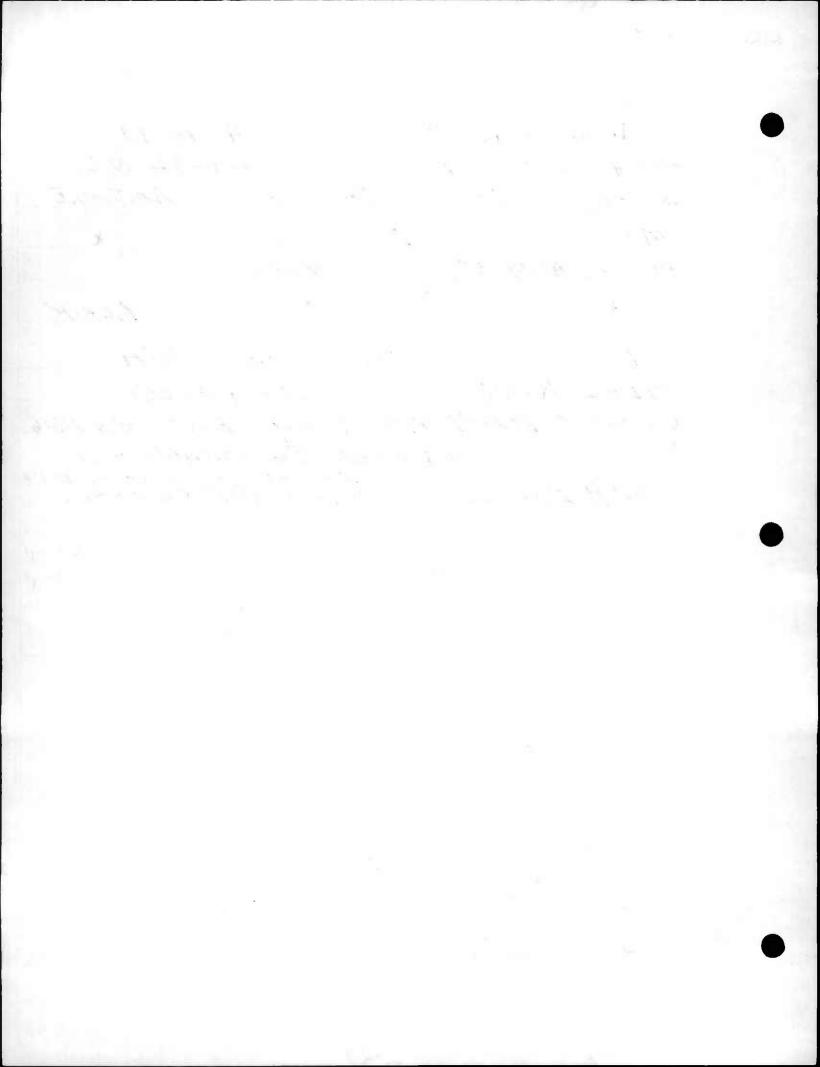
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pancy G. Shion, Pag. Mg Lobr, Mg. Ush 08/Gyn 217-72-3244

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ILJIA Kapchins	skv				5 0	2 0	1011 pm
3	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	HRTHPLACE (State or Foreign
	001-00-0848	XX M 2 □ F 73	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07 05	19 6	RUSSIA
or	9a. FACILITY NAME (If not institution, give s				PR LOCATION OF OE	ATH	9c. COUNTY	
DIRECTOR	Washington Adv	ventist Hos	spital	Takon	na Park		Mon	tgomery
RE	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY
		nge Georges	s C	ollege				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	1 1		101	20742			OF WHAT COUNTRY?
JNE	Ann Arundel Ha	12. WAS DECEDENT EVER IN	A II C ARMED	12 1400 000				RUSSIA
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxican 2 NO Specify:			RACE American Indian, Black, Whita, atc.
ВУ	3 Wildowed 4 Divorced			1 1 123	2 1/2 NO Specify:		ļ .	Specify: White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	₩e. Do NOT use	e retired.) ESSOR			UNCTOO	
M	17. FATHER'S NAME (First, Middle, Last)		TRUI	LSSUK	10 MOTHER'S MAN	IE (First, Middle, Malder	HYSICS	
	MOSHE KAPCHINSKY					RAH KRAKO		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Tov		
2	EDWARD DANTSKER					POTOMAC,		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Reme	oval from State 20b	PLACE AND DATEO	F DISPOSITION (Na	me of 5/4/9		CATION — City of	
	4 Donation 5 Other (Specify)	ß	ALTMORE "		ON CREMA		REL, MA	RYLAND
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		STEIN	I HEBREW	MEMORIAL	FUNFRAI	HOME. INC.
	Gonald C	Xcottle	myer	232 (CARROLL S	TREET, NW	, WASHI	NGTON, D.C.
	23. PART I. Enter the diseeses, or of shock, or heart feilure.	complicatione that ceused Liet only one cause on as	the seath. Do n	ot enter the mo	da of dying, such	es cerdiac or reep	iratory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition			F				Onset and Death
	resulting in death)	Cardi			Des	2200	<u> </u>	
_		DUE TO (OH AS A	CONSEQUENCE OF):				
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	Country in Guality Exot	d						
	PART II. Other significant condition	e contributing to death b	ut not resulting in	tha underlying	cauea given in P			24b. WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME								OF DEATH? 1 YES 2 NO
ÿ								
2	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL		26. PL OTHER:	ACE OF DEATH (Chec	ck only one)		
ΙΥS	1 XYES 2 NO 27. MANNEB OF DEATH		-	4 - Nursing Home	5 - Residence 6			
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	JRY AT RK? ES 2 NO	26d. DEŞCRIBE HOW	NJURY OCCURE	0
ā	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY	— Al home, farm, at			28f. LOCATION (Street	and Number or Ru	umit Bouto Number
COMPLETED	4 Homicide 6 Could not be detarmined	building, etc. (Speci	ify)	,		City or Town, State)	and reamber or rig	rei riodie Namber,
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred	f at the time date	and place, and due to	n the engels and ma		
NO.		R: On the basis of examination						se(a) and manner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME			NEO (Month, Day, Year)
BE I	06	alu	V	>	DOR.	246	D 5	-2-5-
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	하네일 보고 있고 있지 않아?	M. ()	4.	. 9		- has
	00 h N	laubea		21800	0 CS 5m	-SIN	Acre	Security
	MAY 12 1993	J. 32, REGISTRAR'S SIGN	ATURE					

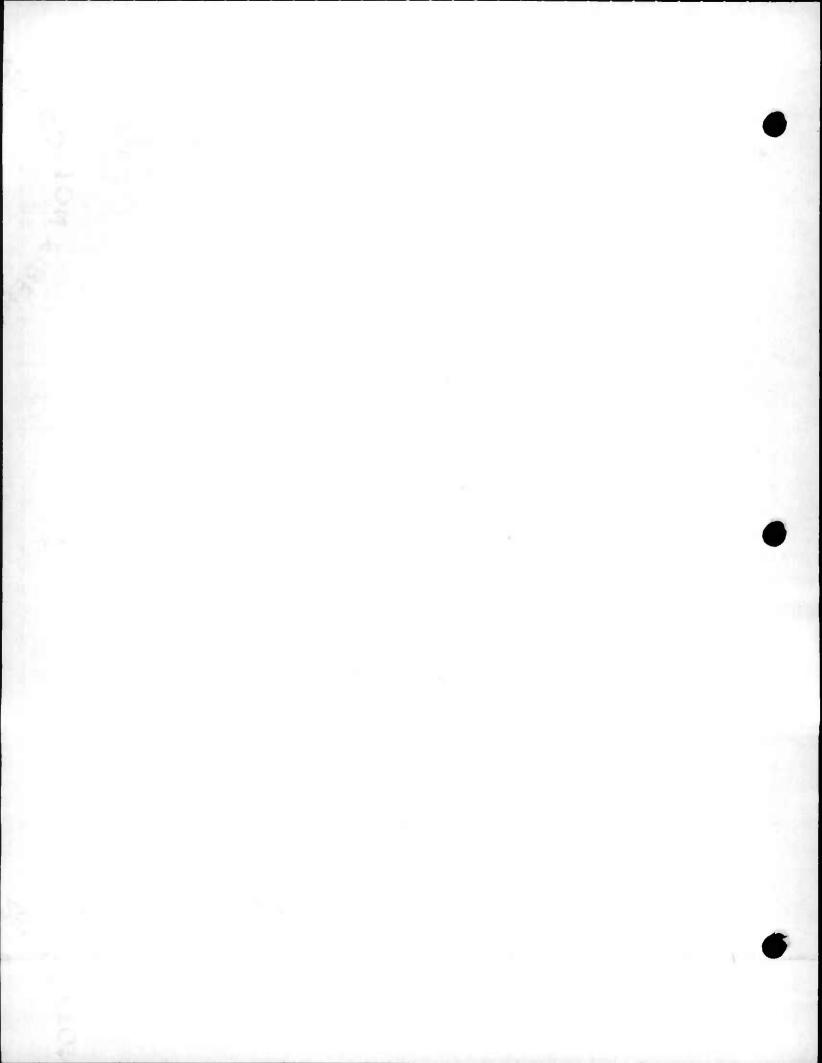


		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	13	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 9 43 3. TIME OF DEATH
CONTRACT OF THE PARTY OF THE PA		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1. M 2 F C YRS. 6. AGE (In yrs. last birthday) 1. M 2 F C YRS. 6. AGE (In yrs. last birthday) 1. M 2 F C YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year)
	Я	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RAITAGE
Jes 1, 2	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
permit. Pa		BALTIMORE 1 YES 2 NO
***	FUNERAL	2905 MT HOLLY ST 2/2/6
	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 T Divorced 12. Was DECEDENT EVER IN U.S.A.BMED FORCES? 1 YES 2 IN NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify:
or atte	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY
ND hospita ached	COMPL	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Sufname)
7 8 8 K	BE C	NEAL KIRK LEACY ME COY
be n	5	CORRINE R. DORSEY 2905 MT. HOLLY ST. BALTINDREND 2/216
e 6 m rector,		20s. METHOD OF DISPOSITION 1) Burlai 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify)
ALTIMOR death. Page 6 m funeral director, l.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FUNELAL HOME 2001 C
B hours after of the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between
thin 24 rately fille mation,		IMMEDIATE CAUSE (Final disease or condition resulting in death) A Multiorgan failure 2 days
D 2 2 2	N	DUE TO (OR AS MONSEQUENCE OF): Sequentially list conditions, Debus, Aridons 2 day
SOX te be ex sician a prior to traum	RTIFICATION	if any, feading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events Due TO (or As A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF): LIMITED ACT OF AS A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF): LIMITED ACT OF AS A CONSEQUENCE OF): Due TO (or As A CONSEQUENCE OF):
P.O. th certification in Hygier or oth	CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): colortony d.
RDS, hat the dea to by the att and Menta ny Injury.	CAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
OF VITAL RECO HYSICIAN: The law requires thins certificate has been signed with the State Dept. of Health is ked, or litem 23 shows are	MEDI	The performent of the prior to complete prior to
ITAL F N: The law ricate has be State Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DOSPITAL: 128. PLACE OF DEATH (Check only one)
F VIT SICIAN: Th certificate the State	HYSIG	1 VES 2 QNO 1 Apparlient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
	ВУ Р	Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
DIVISION OR ATTENDING F DIRECTOR: After hours after death	ETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIV SPITAL OR A VERAL DIREC Nin 72 hours VT: If Item	COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 he IMPORTANT: If It	BE	296. BIGNATURE AND TITLE OF CERTIFIER Surgery Resident 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
(A)	2	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PrINT) GAURI BEDI DEPIT. OF SURGERY, SINAI HOSPITAL BALTIMORE MID
0		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) GAURI BEDI DEPTT. OF SURGERY, SINAT HOSPITAL, BALTIMORE, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 1 9 1993 ALIE DAVIdSON-Randall



a deadh nerdificate he assessed	NAME AND ADDRESS OF THE PARTY O
THE MUSTIAL OF ALLENDING PRISIDIAN. THE ISM REQUIRES that the death certained be executed within 24 hours after beath. Page to may be retained by the mospital of attending physician.	Constant of
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1.	S 3 model C
the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	5)

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIE					
- 9	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATN									
	ELSIE V. KE	EFER		April 16, 1993 4:15 A							
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	3 DATE OF BUTTO		BIRTINPLACE (State or Foreign				
	253-05-4047	□ M 2 [XF 78	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Ybar) Oct. 2,	101/	Country)			
	Sa. FACILITY NAME (If not institution, give street		-1117	Oh CITY TOWAL	OR LOCATION OF DI			Maryland			
Œ	Sacred Heart Home,				tsville	EATN		y of DEATH nce Georges			
5	RESIDENCE OF DECEDENT	THE.		пуас	rsviiie		FILE	ice Georges			
DIRECTOR	10a, STATE 10b, COUNTY			, TOWN OR LOCAT				10d. INSIDE CITY			
	Maryland Prince	Georges	[]	Hyattsvi	11e			LIMITS?			
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
FUNERAL	5805 Queens Chapel	Road			20782		U.	.S.A.			
5		. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Y	es or No- 14	I. RACE — American Indian,			
ВУ	1 Never Married 2 Married 3 🕅 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif	n, Puerto Rican, etc.) y:		Black, White, etc. Specify:			
ED E		ou luci						White			
H	15. DECEDENT'S EDUCATI (Specify only highest grade com	npleted)	(Give kind of w	USUAL OCCUPATION FOR done during model retired.)	ON st of working	16b. KIND OF B	USINESS/INDUS	ITRY			
7	Elementary/Secondary (0-12) C	college (1-4 or 5+)		sewife			wn Hoi	m.o			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		11003	CMILE	10 MOTHERIO MA	ME (First, Middle, Malde		ille			
Ö	William H. Fran	ke				e V. Dyer					
띪	19a, INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDDESS (Street o		Route Number, City or To		and at			
2	Monsignor Dade							, MD 20737			
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal	20b. PLA(E AND DATE O	F DISPOSITION /Na	me of	DATE 20c I	OCATION — CI	ly or Town Stele			
	1 XX Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State competery.	Vetera	her place) Cen	netery 4	/19/93 Ch	eltenha	am, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE		22 NAME AN	ID ADDRESS OF EA	CII ITY					
	► (Starle II.	ROOV 1-						Home, P.A.			
=	23. PART I. Enter the diseases, or com	pilostions the caused the	death Do a	4/39	Baitimore	Avenue,	Hyatt	sville, MD			
	shock, or heart failure. List	only one cause on each i	ine.	ot enter the mo	de of dying, suc	n as cardiac or res	piratory arres	interval Between			
	immediate cause (Final disease or condition a. Cerebro Vasueler accident 3 months										
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
z											
은	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
3	CAUSE (Disease or injury										
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):							
CERTIFICATION	d										
١٢	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
ICAL	mild tende d	emertin - nuel	Hinte	net tun	ع	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 YES	2 MO	OF DEATH?			
2								1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)					
PHYSICIAN: MEDI		OSPITAL: Inpatient 2 ER/Outpatient	3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)					
Ě	27. MANNER OP DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. INJ	URY AT	28d. DESCRIBE NOW	INJURY OCCUI	RED			
BY	1 Natural 5 Pending 2 Accident Investigation	(worth, Day, 1881)	INO		ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, 1erm, s	treet, factory, office	-	281, LOCATION (Stree City or Town, Stat	and Number or	Rural Route Number,			
COMPLETED	4 Nomicide datermined					Only or Town, Gran	-/				
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my knowledge,	death occurre	d at the time, date	end place, and due	to the cause(e) and m	anner as stated.				
NO.	one) # MEDICAL EXAMINER: O	n the basis of examination and/	or investigation	n, In my opinion, de	eath occured at the	time, date and place	and due to the r	cause(e) and manner on stated			
	296. SIGNATURE MID TITLE OF CERTIFIES	1			29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)			
) BE	Illa y /hl.				022-	750	V4/	16/93			
2	38. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type,	Print)	^	-	"/"	113			
	PETER M Schissle	MA 7500	Oree.	nway Ci	4 Dr. C	rensel.	- hed	20770			
Ì	31. DATE FILED (Month, Day, Year)	DMPLETED CAUSE OF DEATH (I MO 7500 32. REGISTRAR'S SIGNATURE	70	, /							
	APR1 9 1993	guille waydson	-Markaga	-							



TO BE COMPLETED BY FUNERAL DIRECTOR

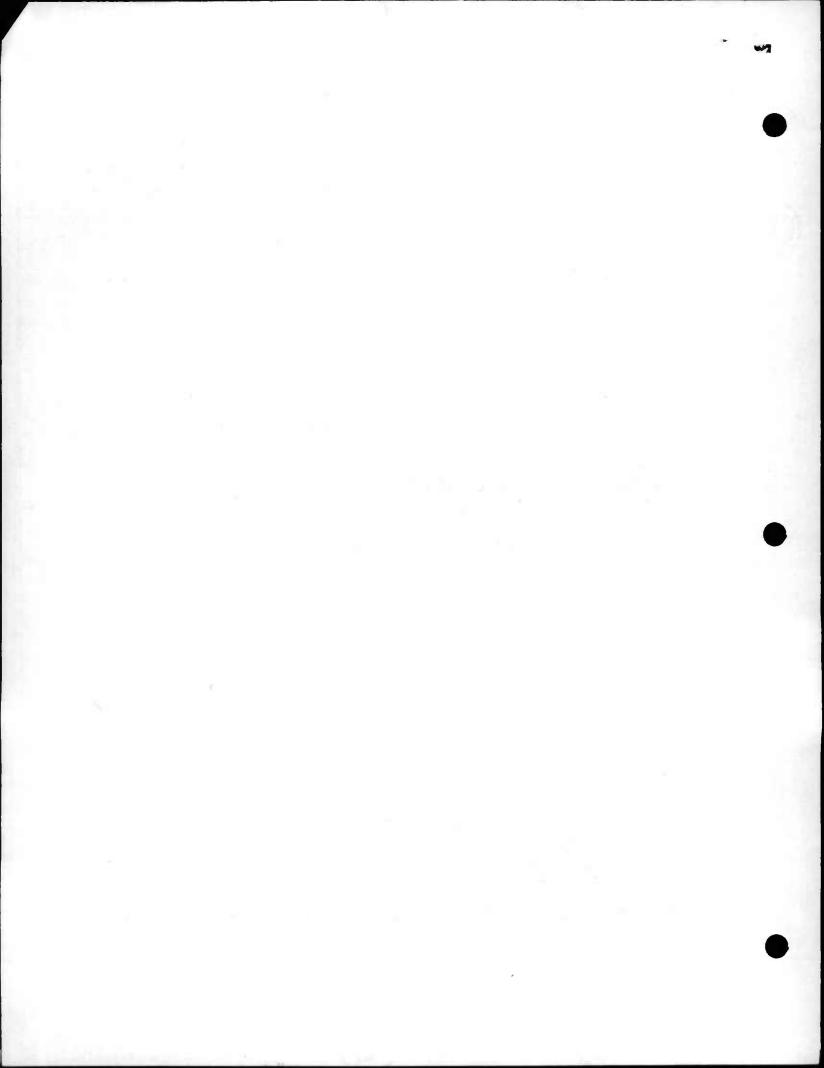
-	800		sit pe
	BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-trans n, or removal.
Total Control of the	DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pilled in by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

•	STATE REGISTRAR	
	1. OECEDENT'S NA	ı
•		

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. OECEDENT'S NAME (First,	Middle, Last)			ENTIFIC	CATE	F DEAIR		REG. NO.			
						MC	2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH	
CHRISTOPH 4. SOCIAL SECURITY NUMBER		RAYMOI	i. AGE (In yrs. Ia		IF UNDER 1 YEA	NGLER				93	1:50 PW
SCIOLING BY LIGHT		1 🛛 M 2 ☐ F			HONTHS DAY			NTE OF BIRTH lonth, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
215-80-1377 90. FACILITY NAME (# not ins			18					7/25/74			yland
FREDERICK			וגיייזכי			N OR LOCATION	OF OEATH		9c. COUNT		
RESIDENCE OF DEC		TAL NO	SPITAL		FREDE	RICK			FRE	DER	ICK
10a. STATE	10b. COUNTY			10c, CITY.	TOWN OR LO	CATION					444 BANDE OUT
Maxuland	271										10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	FY	ederick		1	Walk	ersvill	e			_	1 YES 2 NO
						101. ZIP CODE			10g. CITIZE	EN OF W	HAT COUNTRY?
9800 Gree							1793			S.A	
1 Never Married 2 1		12. WAS DECEDENT FORCES? 1	YES 2 X		13. WAS I	Specify Cuben, I	HISPANIC ORI Maxican, Puer	GIN? (Specify Yearto Rican, etc.)	or No- 1	4. RACE Black,	— American Indian, White, atc.
3 Widowed 4 Divon		IF YES, GIVE WAI	OR DATES		1 🗆 1	ES 2 🔀 NO	Specify:			Specify	r.
15, DECE	DENT'S EDUCA	TION	16a Di	CEDENT'S II	SUAL OCCUP	TION			1		White
(Specify only	highest grade co	impleted)	(6	ive kind of wo	rk done during	most of working		16b. KINO OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-	12)	College (1-4 or 5+)									
17. FATHER'S NAME (First, Mid	tella di anti			cle	rk			family		ral	store
						18. MOTHER	R'S NAME (Fin	st, Middle, Maiden	Sumame)		
John W. K		r						M. Pas			
19a. INFORMANT'S NAME (Ty)	5-10		19	b. MAILING A	DORESS (Stre	et and Number or	Rural Route N	lumber, City or Town	, State, Zip C	lode)	
John W. Klir				9800 G	reenb	riar La	ne W	Valkersv	ille.	MD	21793
20a, METHOD OF DISPOSITION 1 Description 2 Cremetion	N 3 □ Remove	al from Stata		AND DATE OF	DISPOSITION	(Nama of			CATION — CI		
4 Donation 5 Other (Specify)		St.	Peter	's Cer	netery	5	71 Lib	ertyt	Own.	MD
21. SIGNATURE OF FUNERAL	SERVICE LICE	ISEE /	61			ANO ADDRESS	OF FACILITY				
attari	ie 1	J. Xlue	Ber					D.D. Ha	rtzle:	r &	Sons
23. PART I. Enter the dis	01 CO	molinations that a	3	ath De a	Lik	pertyto	vn. MD)			
shock, or he	ert feliure. Lis	st only one cause	on each iine	etn. Do no 3.	t enter the	node of dying	, such as c	ardiec or respin	atory arrea	nt,	Approximata intervsi Between
iMMEDIATE CAUSE (Fine disease or condition		051-									Onset and Desth
resulting in desth)	▶ a	SBIT			SORV	ERC					!
		DUE TO (O	R AS A CONSE	OUENCE OF):							
Sequentially list condition	D.										
if sny, leading to immedi	inte	DUE TO (O	R AS A CONSE	DUENCE OF):							
CAUSE (Disesse or injury											
thet initiated events resulting in death) LAST		DUE TO (O	R AS A CONSE	DUENCE OF):							
resulting in death) EAST	d										
PART II. Other significan	t conditions	contributing to de	eth but not r	naultina la	the underly	lan navas shu	- In Deat				
				oodining in	the underly	ing couse give	mi mi cart i.	24a. WAS AN / PERFORI		1 7	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
							1 X YES 2 🗆				COMPLETION OF CAUSE OF DEATH?
								/		1	TES 2 NO
											7
25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL: ,,		12		PLACE OF DEAT	H (Check only	one)			
1X YES 2 NO	1	Inpetient 2 XE	R/Outpetient 3		OTHER:	ome 5 🗆 Reald	ence 8 🗆 O	ther (Specify)			
27. MANNER OF OEATH		28a. OATE OF IN (Month, Day,		28b. TIME (NJURY AT WORK?	28d. 0	ESCRIBE HOW IN	JURY OCCU	RED	
1 Netural 5 P	ending vestigation	313207 - 37				YES 2 N	0				
• 🗆 • • • • • • • • • • • • • • • • • •	ould not be	28e. PLACE OF #	NJURY - At ho	me, term, str	et, 1actory, o	fice	261. L	OCATION (Street as	nd Number or	Rural Ro	ute Number,
4 Homicide de	etermined	bulleting, etc	· (Specify)				, c	ity or Town, State)			
29a. CERTIFIER 1 CERTIF	YING PHYSICIA	N: To the best of m	knowledon de	ath occurred	et the time of	A contraction of	4 4 4 4 4 4		Full State		
CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
296 SIGNATURE AND TITLE C		11/2	. /			29c. LICENS					Month, Day, Year)
000	O.C.M.E. 4-28-1993										
MAN AND ADDRESS OF	The property of the property of the	TR M	3							_	
31. DATE EILED (Month, Day 16					n Str	eet, I	Balti	more,	Mary	⊥an	d 21201
31. DATE FILED (Mohin, Del 3		ficha mula	SIGNATURE	rejiii.							



3	Z	40
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be the filed within 72 hours after death with the State Deor of Health and Mental Hydriene now is no non-now.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified as
2	ge 5	9
Hay	r, pa	st b
9 96	recto	Ē
Pa	ral d	in a
death	fune	ехаш
after	y the	Cal
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thes th	gned	2 3
equir	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the father filed within 72 hours after death with the State Dent, or Health and Mental Hydiene prior to burial command or removal	how
WE	as be	23
The	ate h	E
IAN:	rtific:	10
NSIC	is ce	ed,
G P	er th	nark
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30. NAME AND

31. DATE FILED (Month, Day, Year)

3 '93

							9	3 386		
	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR Certif	TMENT OF	HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Mary DA Ida	ICNO	TTKn	ott	2. DATE OF DEATH MONTH 4/28	793 q	3. TIME OF DEATH		
		. 5 456 -	yrs. last birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Your)	17412	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stre		0	9b, CITY, TOV	/N OR LOCATION OF D	12/	-	Maryland rof DEATH		
TOR	Frederick Memorial Hospital Frederick Frede									
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
	Maryland Fr	rederick		Freder	ick 10f. ZIP CODE		1.0 017.77	1 ☐ YES 2 ☑ NO N OF WHAT COUNTRY?		
FUNERAL	8156 Artie Ken	nn Rđ			2170	71	10g. CITIZE			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 YES	.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	or No — 14	U.S.A. RACE — American Indian,		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			res 2 X NO Specif			Specify:		
Ü	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 1	6. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUS	White		
COMPLETED		Coilege (1-4 or 5+)	file. Do NOT us	vork done during te retired.)	most of working					
M M	12 17. FATHER'S NAME (First, Middle, Lest)		h	omemak			wn home	9		
						ME (First, Middle, Maiden				
BE	Christopher G. F. 190. INFORMANT'S NAME (Type/Print)	Reichert	19b. MAILING	ADDRESS (Stre	Blar	nche Ida Ha Route Number, City or Tox	armer	ode)		
٩	Lawrence R. Knott							rtvtown. MD 21		
10	204 METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Ramov		LACE AND DATE	OF DISPOSITION				or Town, State		
	4 Donation 5 Other (Specify)	I	ary, crematory or of Loudon 1	Park Ce		4/30 Bal	timore	, MD		
NAME OF THE PARTY	21. SIGNATURE OF FUNERAL SERVICE LIDE	Jan De	/	22. NAM	AND ADDRESS OF FA	CILITY		& Sons		
3	23. PART I. Enter the diseases, or co	molications that decad to	he death De a	Wo	odsboro. N	MD				
	anock, or neart failure. Li	et only one ceuse on each	h line.	ot enter the	mode of dying, suc	h as cardlec or reep	iratory arreat	interval Between		
5	IMMEDIATE CAUSE (Final disease or condition	RESPIRAT	DP V	FANCU	RC			Onset and Death		
	resulting in death) a.	DUE TO (OR AS A CO						- 17-15		
Z	Sequentially list conditions, 6.	DUE TO (OR AS A CO	ry E	DEMA	etha.			2 045		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	CONLEST	ONSEQUENCE OF	7: 11/ 1-0	Genil	1 -		4.1-		
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF	14577~/ 7:	FIILU	R-E		i WK		
HT	resulting in death) LAST									
	PART II. Other aignificent conditions	contributing to death but	not requities i	a she wastest	1					
MEDICAL	RENAZ FAIL	ULS	not readiting i	ii the underly	ing cause given in	PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE		
ED						1 D YES 2	NO	DF 0EATH?		
2						—		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1005			PLACE OF DEATH (Ch	eck only one)				
YSI	1 YES 2 T NO	10SPITAL:	ent 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		28d. DEŞCRIBE HOW INJURY OCCURED					
D BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, s			261. LOCATION (Street City or Town, State)	and Number or i	Pural Route Number,		
LET	20. 0577/5/50									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowleds On the basis of examination as	ge, death occurre nd/or investigation	o at the time, d n, in my opi <i>n</i> io	ate and piece, and due t, death occured at the	to the cause(s) end mentione, date end place, en	nner as atated. d due to the co	suse(s) end menner es stated,		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	V-0	M . A		29c. LICENSE NUN	ABER .	29d. DATE SI	GNED (Month, Day, Year)		
10 B	30. NAME AND ADDRESS OF PERSON WAS O	fahan	mi				14-	28-53		

NE

FRED ERKK

MI)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

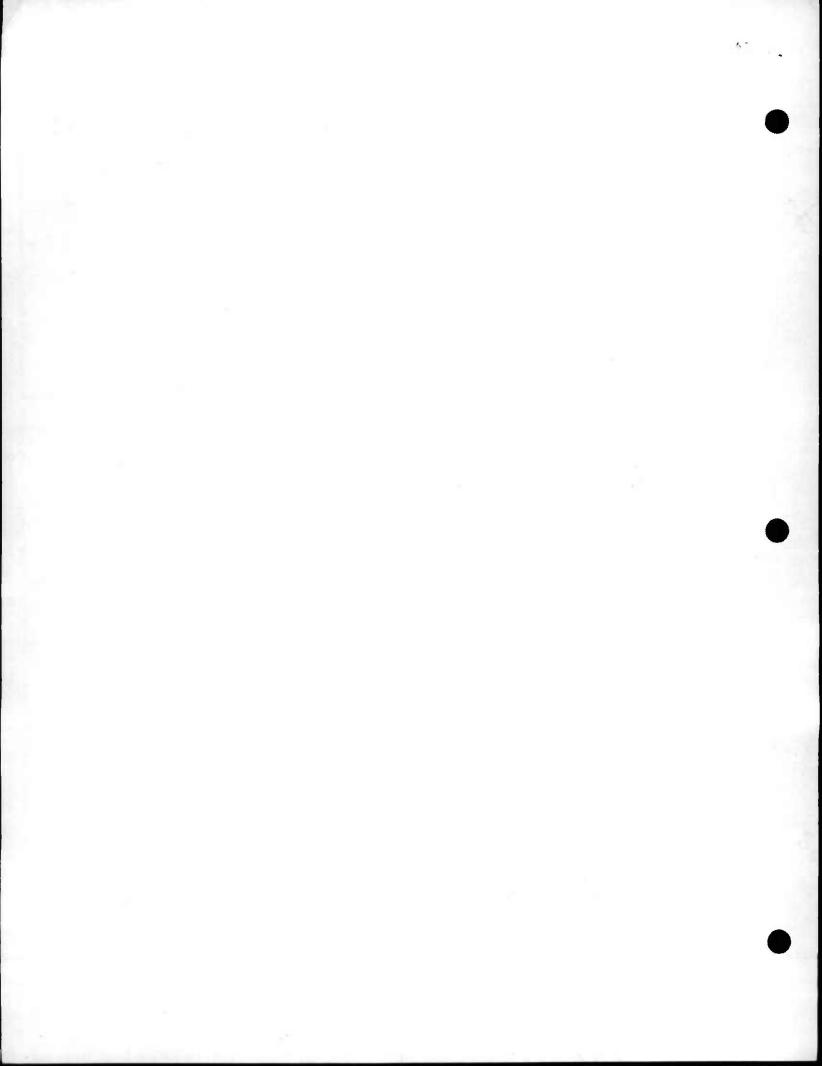
ATHA 915 TOLL HOUSE

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32. REGISTRAN'S SIGNATURE

Suit Savidson—Pendall

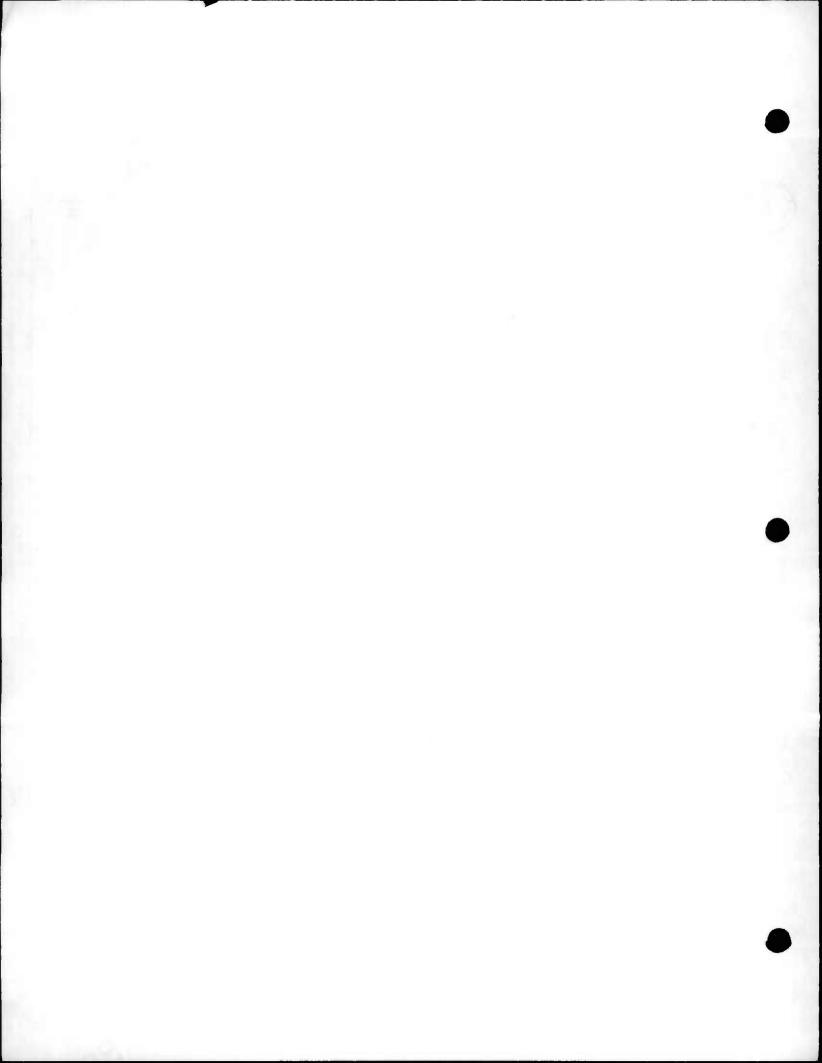
21701



		FOR
1	-	STATE
•		REGISTRAR
	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		INIE OF III	AIII LAU	CERTIF			DEATH	F	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle,	, Last)							2. DATE OF	DEATH			3. TIME OF OEATH
	Hazel M. KAUFFMAN								4-29-93			YEAR	9:10 A M
	4. SOCIAL SECURITY NUMBER	5. S			s. last birthday)	IF UNCES	DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) June 3, 1907		8. BIRTI	HPLACE (State or Foreign	
	214-74-7410		M 2 💢 F	85	YRS.	MONTHS	DATS	HOUNA MIN.	June 3	, 190)7	Vir	ginia
	9e. FACILITY NAME (If not institution					9b. CITY	, TOWN C	R LOCATION OF DE	ATH			NTY OF E	
5	Ravenwood Luth		Nursing	g Home	3	На	gers	town			Wa	shin	gton
ច្ឆ	RESIDENCE OF DECEDER	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland W	ashin	gton		На	gers	town						LIMITB?
ا ہے	10e. STREET AND NUMBER		0			0	_	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	300 Northern A	venue						21740			US	Α	
5	11. MARITAL STATUS		WAS DECEDENT FORCES? 1	EVER IN U.S	B. ARMED			ENDENT OF HISPAN			or No-	14. RACI	E American Indian, k, White, etc.
84	1 Never Merried 2 Merried 3 XWidowed 4 Divorced		IF YES, GIVE W					2 X NO Specify		n, etc.)		Spec	
		1		1.00		1			T				will re
<u> </u>	15. DECEDENT (Specify only highes	st grade comp	leted)		(Give kind of a life. Do NOT ut	vork done	during mo	on st of working	18b. Kil	ID OF BUS	BINESS/INI	DUSTRY	
٦ ا	Elementary/Secondery (0-12) 8 years	Co	llege (1-4 or 5 +		nousewi				1	ome			
COMPLETED	17. FATHER'S NAME (First, Middle, Li	ast)						18. MOTHER'S NA			Surneme)		
	William	Dove1	1					Allie		Koor			
BE	19a. INFORMANT'S NAME (Type/Prin				19b. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Number,	City or Tow	n, State, Zij	p Code)	
2	Richard	Kauf	fman		341 Ho	rst	Aver	ue Chan	bersbu	ırg,	Penn	sylv	ania
	20e. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremetion 3 □	Barnoval 1	trom State	20b. PL	ACE OF DISPO	SITION (N	ame of cer	netery, crematory or	- 1-		CATION —		
1	4 Donation 5 Other (Specifi	y)		Res	t Have				5/3	Hag	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERV	VICE LICENSE	^ .	, [)			D ADDRESS OF FA		305	N. 1	Potor	nac Street
	efected o	1- 0	run	NC	^			al Home					Maryland
	23. PART I. Enter the disease												Approximate
_	ahock, or haart failure. Liat only one cause on each line. iMMEDIATE CAUSE (Final								interval Between Onset and Death				
	disease or condition a. Arteeriosclerotic Heart Disease many years of the consequence of:									many year			
8	Sequentially list conditions, Severe Aortic Stenosis years												
Ĕ	ouse. Enter UNDERLYING The story of Prior Acute Mybcardial Infarction History of Prior Acute Mybcardial Infarction												
윤	CAUSE (Disease or Injury that initiated events	¢			NSEQUENCE O		= My	Caruiai	Illian	CLIU	11		
CERTIFICATION	reaulting in death) LAST	d											
	PART ii. Other algnificant cor	nditions co	ntributing to	death but i	not requiting	in the u	nderlyln	n cause alven In	Part I 24	- WM C AN	AUTOPSY	1 24	WEDE AUTOROV ELIGINAR
DICAL							nuerrynn	y cause given in		PERFOR	RMED?	241	b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Diabetes Me	211111	ıs_Insu	iin u	epender	11			— [¹	YES 2	NO E		OF DEATH?
≥			-										1 TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MED	ICAL					26. PI	ACE OF OEATH (Ch	neck only one)				
မ္ဟု ၂	EXAMINER?		SPITAL:	ER/Outpatia	nt 3 🗆 DOA	OTHE M Nu		e 5 🗆 Residence	6 ☐ Other (S	necify)			
≩	27. MANNER OF DEATH		26e. DATE OF	INJURY	26b. TIA		28c. INJ	URY AT	28d. DESCR		NJURY OC	CUREO	
BY	1 Natural 5 Pendin 2 Accident Investig		(Month, De	iy, roary		M		YES 2 NO					
	3 Suicide 8 Could			F INJURY — etc. (Specify)	At home, term,	street, fac	tory, offic	•	26t. LOCATIO	ON (Street own, State)	end Numbe	or or Runal	Route Number,
쁘	4 Homicide daterm	nlned											
2		PHYSICIAN	: To the best of	my knowledg	je, death occur	ed at the	time, date	end place, and due	to the ceuse(e) end me	nner aa sti	nted.	
COMPLETED	one) 2 MEOICAL E	XAMINER: O	n the basis of ex	amination en	d/or investigation	on, in my	opinion, d	leath occured at the	time, date an	d place, er	nd due to t	the ceuse((e) end menner as stated.
BEC	296. SIGNATURE AND TITLE OF CE	ERTIFIER		11				29c. LICENSE NU	MBER				O (Month, Day, Year)
2	com	24		2 11			>	DO 10	6 2		▶ 4	/30/	/ 9 3
-	30. NAME AND ADDRESS OF PERS												17/0
	Edward W. Ditt 31. DATE FILED (Month, Day, Year)		I, M.D.			ashi	ngto	n ST. F	lagersi	own,	, MD.	21	1740
	Jens	3	- Server	A GIGHTALO	4 2								



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)	John Alfred , Kana	KANAGA Ga			2. DATE OF DEATH DO April 20	AY YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 716-10-1437	1 M M 2 □ F 90	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Oct. 1,19	02 Mar	RTHPLACE (State or Foreign unity) 'Yland			
90. FACILITY NAME (If not institution, give s Washington Count RESIDENCE OF DECEDENT		9b.		r location of de	ATH	9c. COUNTY O	ngton			
Maryland Wash	ington		own or Locat	353			10d. INSIDE CITY LIMITS? 1 🔼 YES 2 🗌 NO			
100. STREET AND NUMBER 222 N. Potomac S			101.	21740			SA			
11. MARITAL STATUS 1 Never Merried 2 🛣 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. APMED I: ANO S	If yes, spe	ENDENT OF HISPAN polity Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	Se	ACE — American Indian, lack, White, etc. pecify: hite			
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 Completed) College (1-4 or 5 +) O O	a. DECEDENT'S USU (Give kind of work of life. Do NOT use ret telegra	done during mos lired.)	N st of working	166. KIND OF BUS		Y			
17. FATHER'S NAME (First, Middle, Last) John D. Kanaga				18. MOTHER'S NA Emma	ME (First, Middle, Maiden . Ickes	Sumame)				
19e. INFORMANT'S NAME (Type/Print) Edna M. Kanaga		196. MAILING ADD 222 N.	Potoma	ac St.,	Route Number, City or Town Hagerstown	, State, Zip Code) , Md. 2	1740			
20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremetion 3 🗆 Rame 4 🗆 Donation 5 🗀 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State cameter	ACEANDDATEOFDI y, crematory or other p SE Hill	Cemete:	ry	4-26 Hag	cation — city or erstown	Town, State , Maryland			
Satt	Munne	D	415 E		Blvd., Ha	_	n, Md. 21740			
23. PART I. Entar the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or as a co	lina.	antar tha mod	da of dying, auci	n as cardiac or reaple	ratory arrest,	Approximata interval Between Onset and Death			
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events									
PART II. Other significant condition	a contributing to death but n	not reaulting in th	ne undarlying	causa given in	Part I. 24s. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF OEATH (Che						
27. MANNED OF DEATH 1 Netural 5 Pending 2 Accident Investigation			28c. INJU WOF			Other (Specify) . OEŞCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm, atreet	t, lectory, office	office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge R: On the bests of examination and						e(e) and menner as stated.			
296 AGMATURE AND TITLE OF CERTIFIER	Fallock 1	6		29c LICENSE NUM	BER / 880	29d. DATE SIGN	22/93			
MARTIN W. GA	11. 1	(17EM 27) (Type, Print) M () 32	246:	ANTI GT	Am It H	Actors	our, md			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

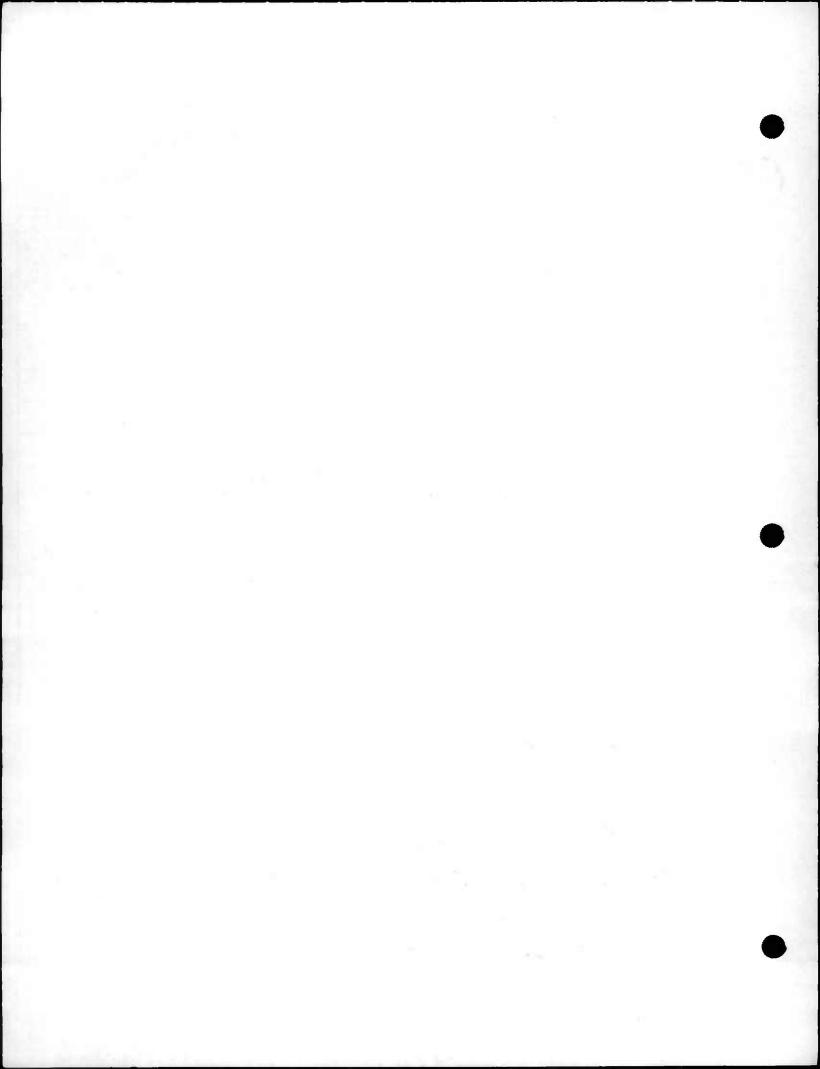
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TQ BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 3 1993

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1 - STATE REGISTRAR		STATE OF MA				OF HEALT		MENTA	AL HYGIENE REG. NO.		0	
1. DECEDENT'S NAME (First,)	Middle, Last)								E OF DEATH			3. TIME OF DEATH
Mary		Kunk	10					MON	TH -20	- 9	YEAR 3	1030 AM
4. SOCIAL SECURITY NUMBER	11		AGE (In yrs. les		IF UNDER		ER 24 HRS.	7. DATE	OF BURTH		a. BIRTHP	LACE (State or Foreign
212-14-7536		1 M 2 XF	77	YRS.	CWITTE	DAYS HOURS	MIN.	Apr.	129, 19	15	Mary.	land
9a. FACILITY NAME (If not inst			1	1	9b. CITY,	TOWN OR LOCA				9c. COUN	TY OF DE	
Washingto		ty Hospit	:aL			Hagers	town			Was	hing	ton
	10b. COUNTY			10c, CITY,	TOWN OF	R LOCATION						10d. INSIDE CITY
Maryland	Wash	nington			gers						- 1	LIMITS?
10a. STREET AND NUMBER		- 6			0	10f, ZIP CO	DE			10a. CI712		AT COUNTRY?
1743 Edgew	ood Hi	lls Circl	e Apt	. 2		2174			i	US		IXI COUNTRY?
11. MARITAL STATUS	-	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. W			IIC ORIGI	N? (Specify Year			- American Indian,
1 Never Married 2 🔀 k 3 Widowed 4 Divorce		FORCES? 1		NO	11	yea, specify Cui	ban, Maxica	n, Puarto	Rican, etc.)		Black, Specify	White, atc.
15. DECE	DENT'S EDUCA	TION	16a. DE	CEDENT'S U	SUAL OC	CUPATION		16	b. KIND OF BUSI	NESS/INDI	USTRY	***************************************
(Specify only : Elementary/Secondary (0-1	highest grade co	College (1-4 or 5+)	(G	live kind of wo . Do NOT use	vrk done di	iring most of wor	king	1				
12 years	1	years	(clerk					pharma	асу		
17. FATHER'S NAME (First, Mid				-		18. MO	THER'S NA	ME (First,	Middle, Malden S	umame)		
Ernest Fran	nklin M	lunson				Cor	a Wir	oini	a Saim			
19a. INFORMANT'S NAME (Type Charley W.		. Ir.	19	743 F	DORESS	(Street and Numb	er or Rural I	Poute Nun	nber, City or Town,	State, Zip	cod lag	erstown yland
20a. METHOD OF DISPOSITIO		, 02.				TION (Name of	110 0					
1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	Specify)	200000000000000000000000000000000000000	ROSE	HITT	Ceme	etery			28 Hage	ersto	OWN,	Maryland
21. SEGNATURE OF PUNERAL). M	uned	U		G€	ame and addr	. Min	nich				ac Street
23. PART i. Enter the dis	eases, or cor	mplications that	eused tha da	ath. Do no	t anter t	meral	ving, auci	h aa car	Hage diac or magin	tory arm	WII.	Maryland Approximata
iMMEDIATE CAUSE (Fine disease or condition resulting in death)	ert fallure, Lis	DUE TO (O	Dn aach lina								,	interval Between Onsat and Death
												I month.
Sequantially list condition if any, leading to immedicause. Entar UNDERLYIN		Probab DUE TO (O	R AS A CONSEC	DUENCE OF:	BW.Y	O (Chol	le d	rat	s Cánou	C.		1 month.
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	DUE TO (O	R AS A CONSEC	QUENCE OF):								
PART ii. Other aignificent	t conditions of	contributing to de	ath but not r	equiting in	the une	lerivine course	aluan in	Don't I				
		out the same of the same	iatii bat ilot i	counting it	the one	arrying ceuse	given in	Part I.	24a. WAS AN A PERFORM			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
									1 [] YES 2 [NO		OMPLETION OF CAUSE OF DEATH?
											1	☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO	MEDICAL											
EXAMINER?	F	IOSPITAL:			OTHER:	26. PLACE OF	DEATH (Che	ck only o	ne)			
27. MANNER OF DEATH		Inpatient 2 E				ng Home 5 🗆 I	Residence					
1 Natural 5 P	ending veatigation	(Month, Day,		28b. TIME INJUI	RY M	1 YES 2	□ NO	28d. DE	SCRIBE HOW IN	IURY OCCI	URED	
3 Sulcide 6 Co	ould not be termined	28a. PLACE OF I building, etc	NJURY — At ho (Specify)	me, farm, str	eet, factor	y, offica		28f. LOC City	CATION (Street an or Town, State)	d Number o	or Rural Roo	Ite Number,
29a. CERTIFIER (Check only	YING PHYSICIA	N: To the best of m	knowledge de	ath occurred	at the tim	a data and plac	a and due					
one) 2 MEDICA	AL EXAMINER:	On the basis of exam	ination and/or i	nvestigation,	In my opi	nion, death occ	ured at the	time, data	and place, and	due to the	a. causa(a) s	ind manner as stated.
29b. SIGNATURE AND TITLE O												
Richard &	. Am						LO4		5		fl26	fonth, Day, Year)
30. NAME AND ADDRESS OF F	-		OF DEATH (ITEM	1 27) (Type, P.	rint)							n Med 21742
31. DATE FILED (Month, Day, Ye	J. Smit	32. REGISTRAR'S	SIGNATURE	114-	C	e itens	-pw1	Pik	Le, 140	1 4	STOWN	nul 21741
APR 27 199	3 9.	in Senies	- Par And									



TO BE COMPLETED BY FUNERAL DIRECTOR

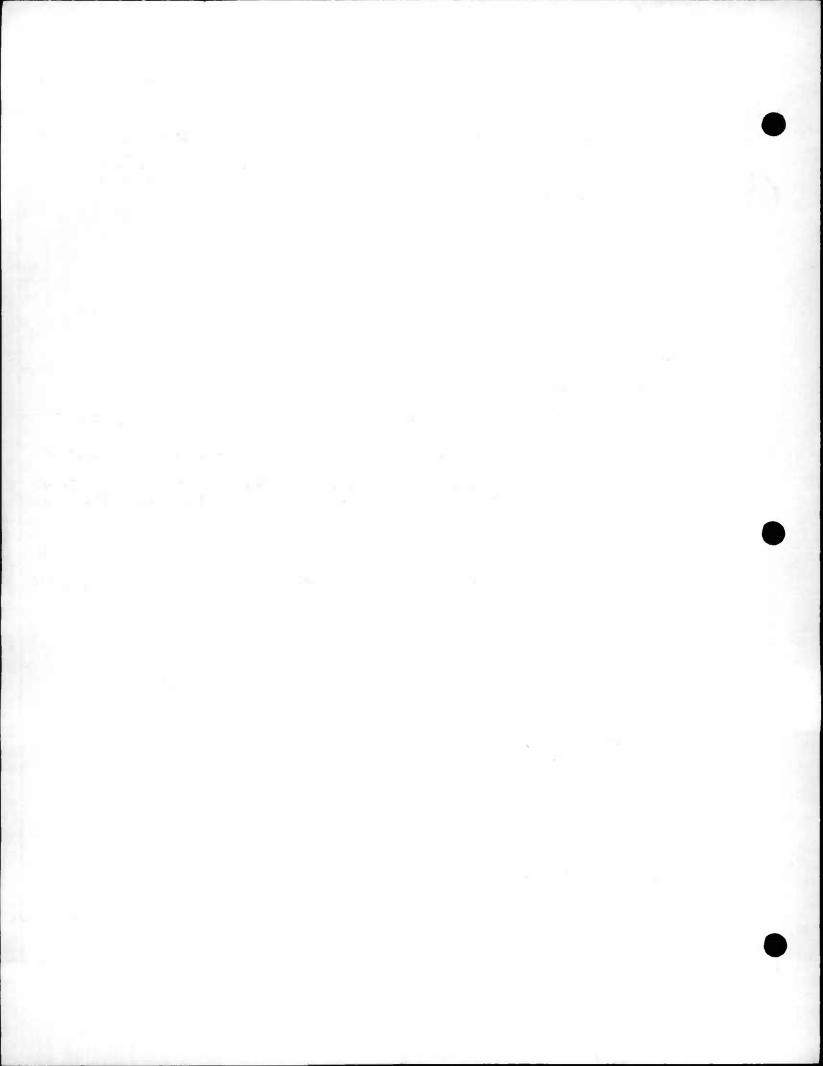
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



15:24

DHMH-16 Rev 1/89

YEAR 93

2. DATE OF DEATH

4. SOCIAL SECURITY NUMBER

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

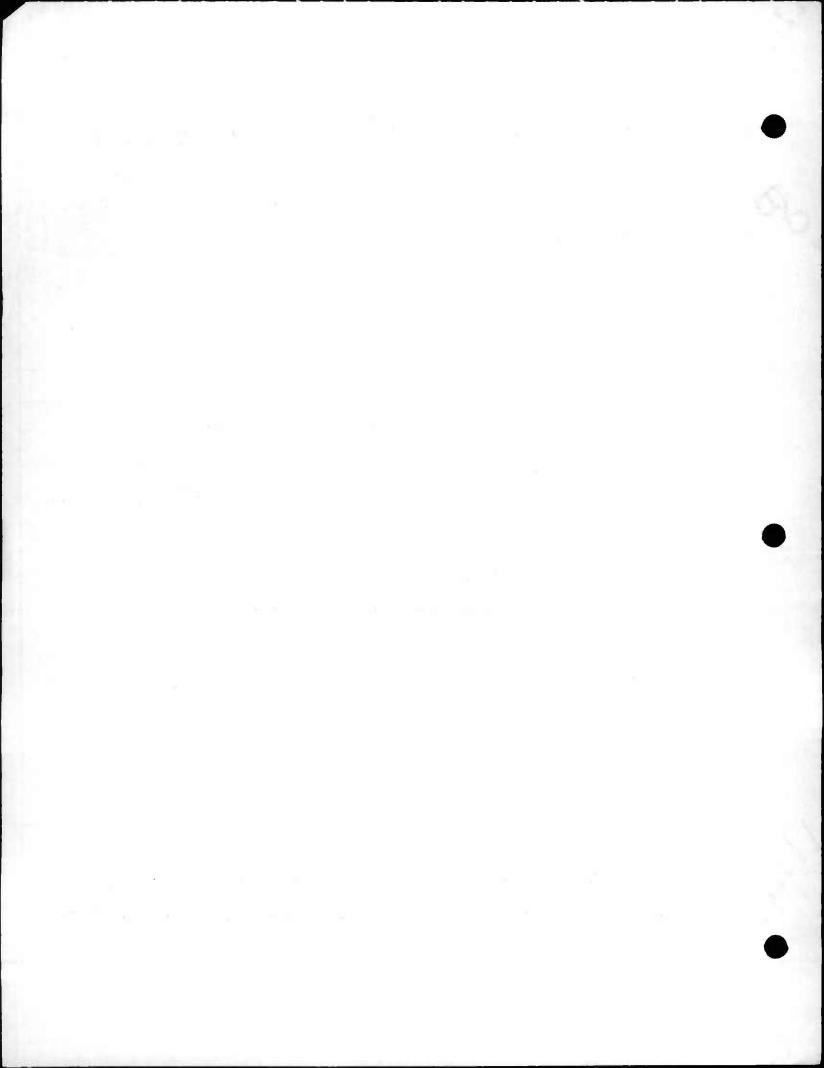
EUGENIA BRISLIN KEENEY

EUGENIA MARIE KEENEY

5. SEX

	TO SERVICE SER	
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit here is a second for use as the burial-transit permit with the State Debt, of Health and Mental Hyolene prior to burial, crimation, or removal
	hours at	or rem
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the 1 with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.

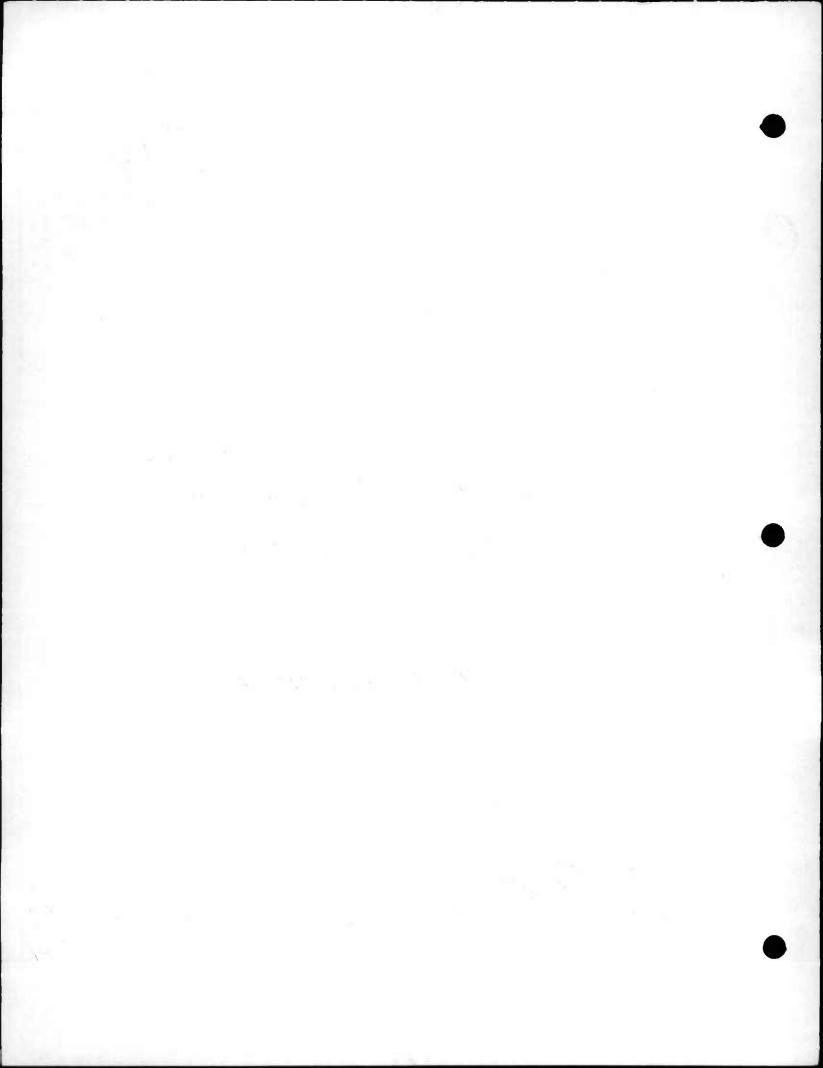
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDER 2	24 HRS.	7. DATE O	F BIRTN		8. BIRTHP	PLACE (State or Foreign
		199-12-0959		1 □ M 2 😾 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	27	Country)
on ba		9a. FACILITY NAME (If not in	nstitution, give s	treet and number)		-	9b. CITY,	TOWN 0	R LOCATIO			5,19		NTY OF DE	SYLVANIA
	S S	HOLY CROSS	HOSPI	TAL					SPRI						
	ЕСТО	RESIDENCE OF DEC	10b. COUNT			40.00				NO			VI	ONTGO	
y	DIRE					10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
Ĕ		MARYLAND 100. STREET AND NUMBER		TGOMERY		1	KEN		GTON ZIP CODE	_			10- 017		1 YES 2 NO
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5 should	0	19a. INFORMANT'S NAME (7								or Rural F	Poute Numbe	r, City or Town	, State, Zip	Code)	
y be n		JOHN C. KEE		(HUSBA			LUND			KENS	SINGT	ON,MA			0895
tor, p		20a, METHOD OF DISPOSIT 1 N Burial 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	cemetery, cr	ematory or o					DATE	i i		City or Tow	
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S Tell	CERTIFICATION	resulting in death) LAS	T L	d	•										
peen signed by the att of Health and Menta shows any injury,		PART II. Other significe	nt condition	s contributing to	deeth but not	resulting i	in the und	lerlying	ceuse al	ven in	Part I.	14a. WAS AN	AUTOPSY	24h V	VERE AUTOPSY FINDINGS
ed by th and	MEDICAL	Pneu	moni	a. Penal								PERFOR	MEO?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE
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has been Dept. of 23 sho	z						0				_				
ate har	CIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			071150		ACE OF DE	ATN (Che	ck only one				
ertification of the State	PHYSI	1 YES 2 NO		1 Inpatient 2				ng Nome		Idence	8 🗆 Other	Specify)			
this c with	표		Pending	28e. DATE OF (Month, E		28b. TIM INJ	E OF 2	28c. INJU WOF	RK?		28d. DESC	RIBE NOW IN	JURY OC	CURED	
After death	В	3 Suitelde	Investigation	28e. PLACE C	F INJURY — At h	ome term s	treat factor		ES 2 _	NO	204 1 0004	TOM (Ct.) -1 -			
after 28 is	ETED		Could not be determined	building,	atc. (Specify)		areet, ractor	y, ornee			City or	TON (Street a. Town, State)	na Number	or Hurai Ho	ute Number,
DIRECT HOURS	Ë	29a. CERTIFIER (Check only	IFYING PNYSI	CIAN: To the best of	my knowledge, d	eath occum	of at the time	no deta	and place is	and due	to the same	(0) 0-4	The Sec	14	
TO THE FUNCACIONAL TRANSPORT TO THE CONTINUE OF THE CONTINUE O	COMPL														and manner as stated.
HE FU	BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	0					29c. LICEN				29d, DATI	E SIGNED (fonth, Day, Year)
2 P & M	10 B	q	mus	my/					D:	378	91		▶ 4	[20]	93
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111		31. DATE FILED (Month, Day.			R'S SIGNATURE	717 (iem) <u>^</u>	HVE	平:	> 2	811 8	To	MU .	~ 205
1		APR 9 9			widson-Ra	. 1.00							·		
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AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detected for one at the burial-transfer.		Ŷ.	ľ
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be distributed by use as the burstal.	(C)		and offer
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0 e law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending has been signed by the attending physician and completely filled in by the furneral direction, page 5 should be described for use as the	020	physica	burlat-te
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212 Balt requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or at has been signed by the attending physician and completely filled in by the funeral directic page 5 should be described by use	15-0	tending	as the
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital has been signed by the attending physician and completely filled in by the threstal director page 5 should be described.	212	0.0	for use
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLA e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the has been signed by the attending physician and completely filled in by the function director, page 5 may be death and completely filled in by the function director, page 5 may be retained by the	2	hospita	ached
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AL RECORDS, P.O. BOX 68760, e law requires that the death certificate be executed within 24 nour has been signed by the attending physician and completely filled in	ш	S afte	4
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AL RECORDS, P.O. BOX 6876 e law requires that the death certificate be executed has been signed by the attending physician and com	90,	within	pietely
AL RECORDS, P.O. BOX (e law requires that the death certificate be ex has been signed by the attending physician a	6876	ecuted	moo be
AL RECORDS, P.O. BC e law requires that the death certificate has been signed by the attending physis	×	pe ex	dan al
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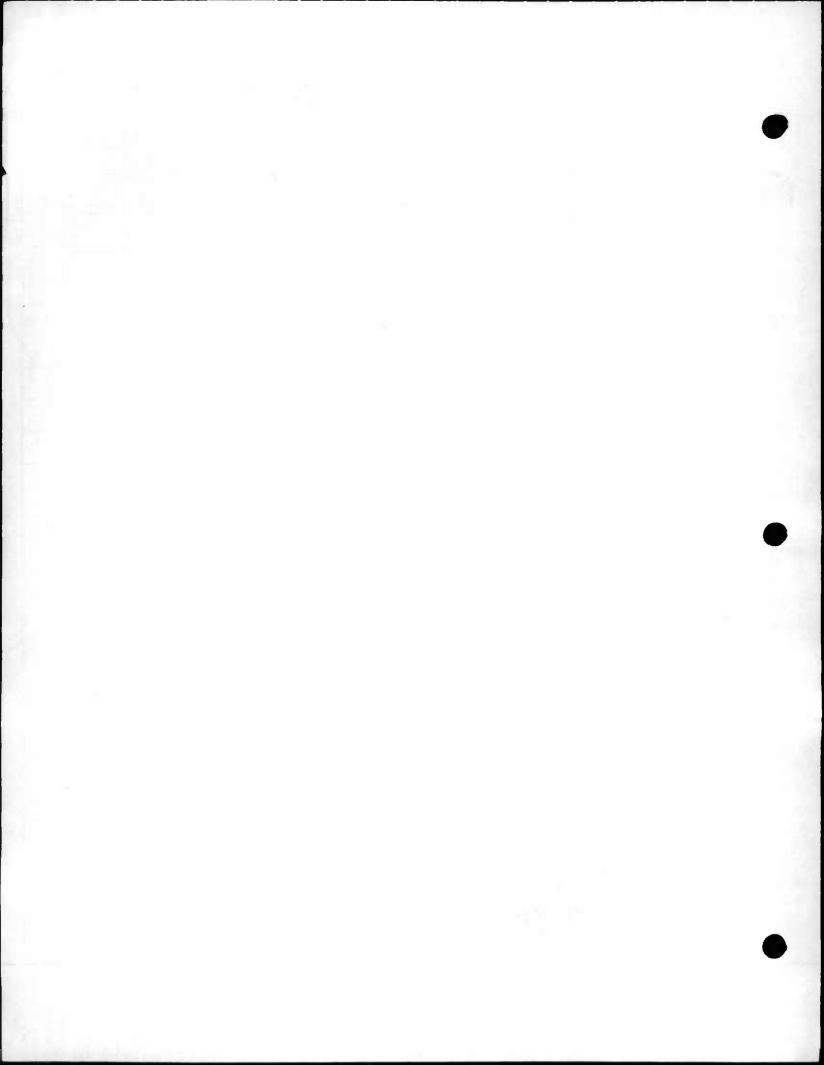
TO BE COMPLETED B	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
oal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y the funeral director, page 5 should be detached for use as the noval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remain!
after death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
BALTIMORE, MARYLAND 21215-0	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

				OF HEALTH AND M	ENTAL HYGIEN	93	13866			
	1. DECEDENT'S NAME (First, Middle, Lest) Andrew James	CER Kovach	TIFICATE		REG. NO 2. DATE OF DEATH MONTH 4 D		year 3. TIME OF DEATH			
		AGE (In yrs. lest bit	MONTHS 0	AVR MOURRE MIN	7. DATE OF BIRTH (Month, Day, Year) Oct. 1, 1	1	B. BIRTHPLACE (State or Foreign Country)			
œ	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TO	OWN OR LOCATION OF DEA		1918 Ohio 9c. COUNTY OF OEATH				
DIRECTOR	Greater Laurel-Beltsville H RESIDENCE OF DECEDENT 10. STATE 10b. COUNTY			urel		Princ	ce George's			
	Maryland Prince George's		Lanham	OCATION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	104. STREET AND NUMBER 6915 Nashville Road			10f. ZIP CODE	0706	en of what country?				
	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMEI	D 13. WAS	DECENDENT OF HISPANIC es, specify Cuben, Mexican,	ORIGIN? (Specify Year Puerto Rican, etc.)		4. RACE — American Indian, Black, White, atc.			
D BY	3 Wildowed 4 10 Divorced 10/22/42			YES 2X NO Specify:			Specify: White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give I life. Do	DENT'S USUAL OCCU land of work done durk NOT use retired.)	ng most of working	16b. KIND OF BUS	SINESS/INOU:	STRY			
OMP	17. FATHER'S NAME (First, Middle, Last)	Compt	troller/A		ASC E (First, Middle, Maiden					
BE C	John Kovach			Sophie	Bederka					
2	19a. INFORMANT'S NAME (Type/Print) Kenneth Kovach		ame as 10	treet and Number or Rural Roo	ute Number, City or Town	n, State, Zip C	ode)			
	20a METHOD OF DISPOSITION 1 [ABuriel 2] Cremation 3] Removal from State 4] Donation 5] Other (Specify)	20b. PLACE AND cemetery, cremate	DATE OF DISPOSITION OF OTHER DISCONDING	N (Name of			rk, Ohio			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE))	22. NAI	ME AND ADDRESS OF FACIL D Funeral Se	LITY	,	IK, UIIIU			
	Ellen W. K	app	933	Gist Avenua	e. Silver	Sprin	g, MD 20910			
	23. PART I. Enter the diseases, or complications that dishock, or heart fellurs. List only one cause IMMEDIATE CAUSE (Final	on each line.	. Do not enter the	mode of dying, auch	aa cerdiac or reapi	ratory arrea	Approximete Interval Between Onset and Death			
	disease or condition resulting in death) a	AS A CONSEQUE	NCE OF):	faretin	Λ					
NO	Sequentially list conditions,									
ICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERTIFICATION	thet initiated events resulting in death) LAST d	AS A CONSEQUE	NCE OF J.							
. 11	PART II. Other aignificent conditions contributing to de		ilting in the under	Tylng ceuse given in Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	Chronic obstruct	sme b	ulmon	of allow	VES 2	1/	COMPLETION OF CAUSE OF DEATH?			
AN: N							1 - YES 2 - NO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Xinpatiant 2 PR	VOutpetient 3 🗆 (OTHER:	Home 5 Residence 8						
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJ (Month, Day, 1)	URY 28 thar)	8b. TIME OF 28d		8d. DESCRIBE HOW IN	NJURY OCCU	RED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Description 4 Homicide determined	JURY — At home, (Specify)	farm, street, factory,		8t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my	knowledge, death o	occurred at the time,	date and place, and due to	the Cause(a) and man	ner sa stated.				
	2 MEDICAL EXAMINER: On the basis of examiners. 29b. SIGNATURE AND TITLE OF CENTIFIER.	ination and/or inves	etigetion, in my opini	on, death occured at the tim	ne, date and place, and	d due to the o	cause(a) and menner as stated.			
TO BE	Ma Sum (1)			29c. LICENSE NUMBE D2494	FR (2)	PAR	SIGNED (Month, Day, Year)			
	30' NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27	MD X	317 Chern	1 Lan	ela	use MI			
	31. DATE FILED (Month, Day, Yer) 32. REGISTRAPS						20707			
	ALL STORY						OHMH-16 Rev 1/89			



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The isw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 70 hours after death with the State Dent of Heath and Mental Houland note to burial commission or secured.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumetic event, the medical examiner must be notified at once.
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With	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furble deviation? Proving after death with the State herr of Heath and Mental Harden neter to build premarion or removed	Jent,
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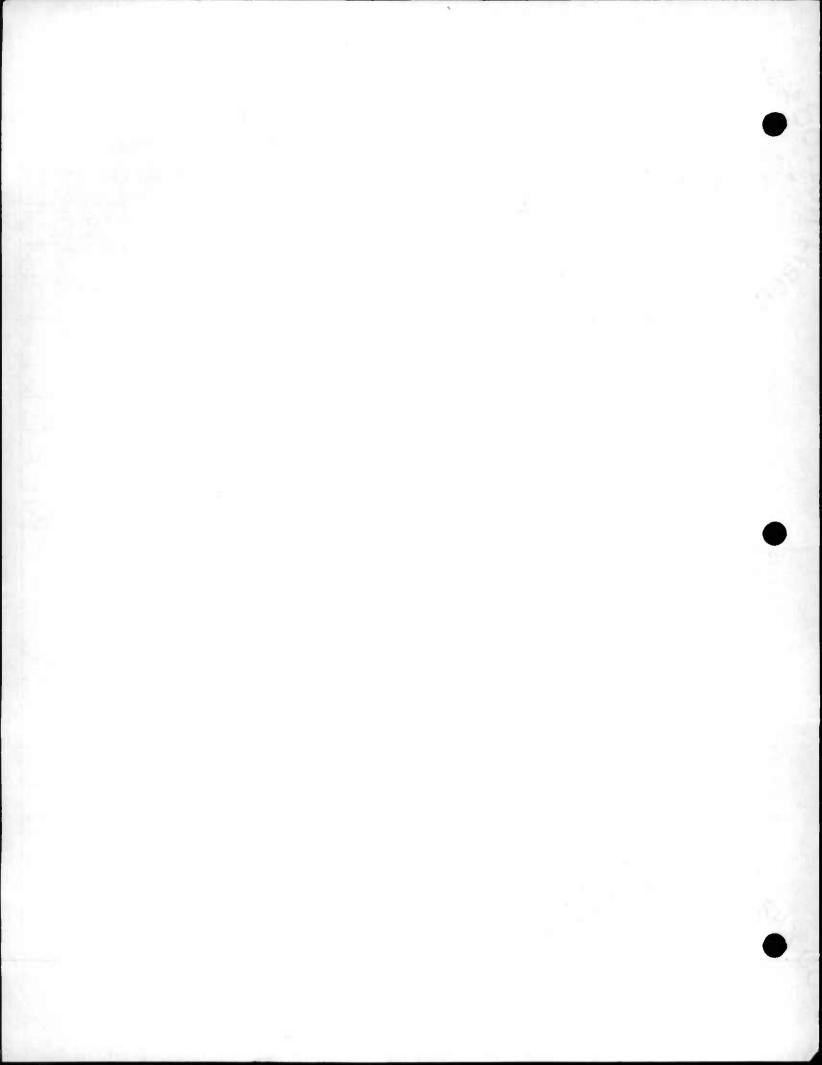
1	1. DECEDENT'S NAME (First, Middle, Last)	00	Lillia	an k	Karp		2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1/1-					4 2	7	93	2:30/4
		5. SEX	8. AGE (In yrs. last	- "	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL: Country)	ACE (State or Foreign
	077-28-4222 Sa. FACILITY NAME (If not institution, give st	/\	92	7	95 CITY TOW	N OR LOCATION OF D		900	New INTY OF DEAT	
DIRECTOR	Hebrew Home of Great		ton	75	Roc	ntgome				
띭	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION			10	d. INSIDE CITY
	Maryland Mont	qomery		Bet	hesda				1	LIMITS?
¥	10s. STREET AND NUMBER					101. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
FUNERAL	6714 Persimmon T					20817			ited S	States
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YES 2 N		If yes,	specify Cuban, Mexica		or No	14. RACE — Black, W	American Indian, hite, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE Y	WAH OR DATES		101	ES 2 NO Specif	y:		Specify:	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S U	SUAL OCCUPY	ATION most of working	16b. KIND OF BUS	SINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use	retired.)	•				
Š	12 17. FATHER'S NAME (First, Middle, Last)		Pro	priet	or	The state of the s	Clothi			
	Harry	Cohen				Fannie	ME (First, Middle, Maiden	417-	elrod	
O BE	19a. INFORMANT'S NAME (Type/Print)	COLICIT	196	. MAILING A	ADDRESS (Stre		Route Number, City or Tow			
۲	Marvin E. Schneck	k (Son			s #10					
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremetion 3 Remo	rval from State	20b. PLACE A	ND DATE OF	F DISPOSITION er place)	(Name of	DATE 20c. LO	CATION -	City or Town,	State
	4 Donation 5 Other (Specify)	FNSFF	Lake	side	Memori	al Park	4-23-9 Vi a	mi,	FL	
	. 0/1/	001			Rapp	Funeral	Services.	P.A.		
=	DAVI-	a.cu		827	933	Gist Ave.	Silver Śr	rina	- MD	20910
	23. PART I. Enfor the diseases, or c shock, or heart fallure. I IMMEDIATE CAUSE (Final	omplications that list only one cau	t caused the de ise on each line	sth. Do no	ot enter the i	mode of dying, suc	h as cardiac or respi	ratory an	rest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)		CUM OF							
z										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF):						
3	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF:					_	
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions	annielle de	dM- bAA	. 101 1						
EDICAL	ALZHEIMERS	DEM	ENTY2	esulting in	the underly	ing cause given in	Part I. 24s. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS
			01-11/1				1 🗆 YES 2	NO	OF	MPLETION OF CAUSE
Σ.,							-		1 10	TYES WHO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Ch	eck only one)			
הַ	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: Nursing H	ome 5 🗆 Residence	6 Other (Specify)			
1 LH	27. MANNER OF DEATH 1 Autural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		26b. TIME INJUI	RY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OC	CURED	
_	3 Suicide S Could not be	28e. PLACE O building,	F INJURY — At hor etc. (Specify)	me, farm, str	reet, factory, o	fice	281. LOCATION (Street a City or Town, State)	nd Number	or Rural Route	n Number,
	4 Homicide determined									
COMPLEIED	(Check only one)									
3	2 MEDICAL EXAMINER	: On the basis of a	ramination and/or le	nvestigation,	, in my opinion	, death occured at the	time, data and place, an	d due to th	ne cause(s) an	d menner as stated.
	296. STONATURE AND TITLE OF CERTIFIER CLUM S. WAY	daran	V, MD			D391	66	29d. DAT	1/22/	onth, Day, Year)
	AUNS MARCH	COMPLETED CAU	DE OF PEATH (ITEM	1277 (Type, P	TROSE	ERD F	ROCKVILLE	., 1	10	
	31. DATE FILED (Month, Day, Year)		N'S SICHATURE	2				1		
	APR 27 1993	1	•			<u>.</u>				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

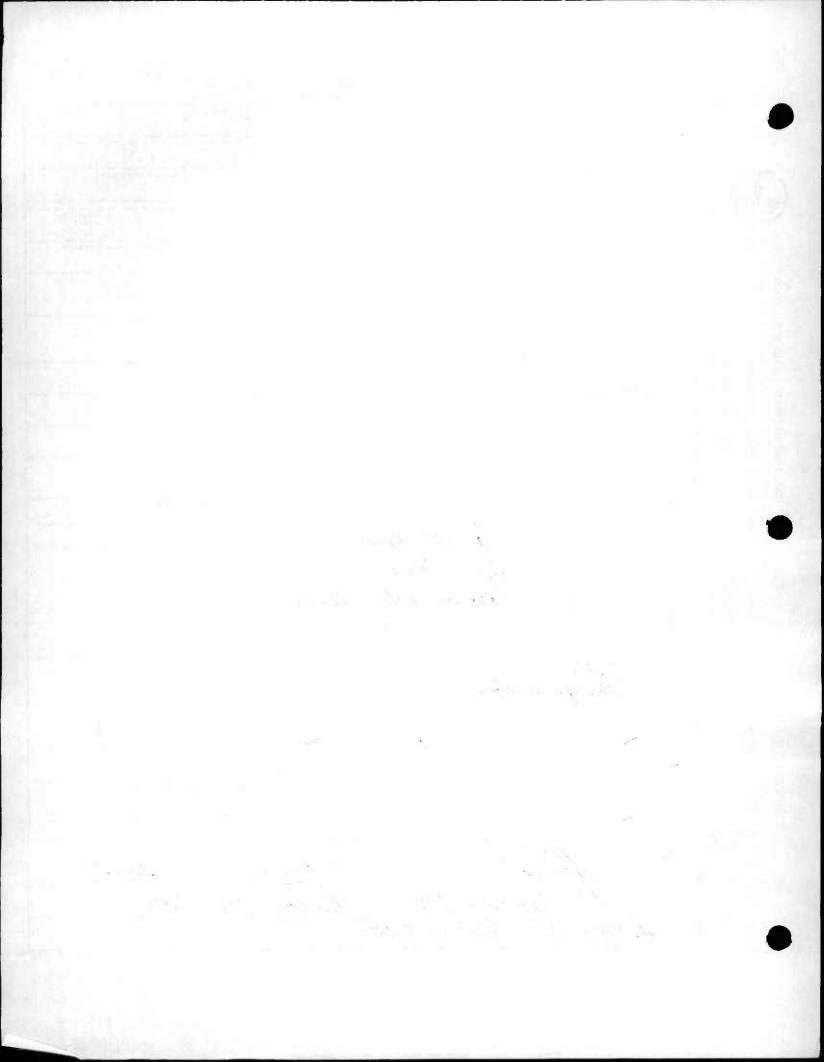
APR 27 1993

	Barbara Royce Ke	ndall							April	26,	1993	FEAR 5	:15 A.
	4. SOCIAL SECURITY NUMBER		6. AGE (In	yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. 7	Month, De	MRTH v. Year)	8	. BIRTHPLA Country)	NCE (State or Foreign
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œ	9a. FACILITY NAME (If not institution, give							ON OF DEAT	н		9c. COUNT	Y OF DEAT	Н
DIRECTOR	Carriage Hill Nu	rsing Cen	ter		Silv	er :	Sprin	ng			Monte	gomer	У
JEC.	10a. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN OR	LOCAT	ION				-	100	d. INSIDE CITY
	Maryland Montg	omery		Sil	ver S	pri	ng					1 (LIMITS?
MAL	10e. STREET AND NUMBER					101.	ZIP CODE	E		1	10g. CITIZE	N OF WHA	T COUNTRY?
FUNER	10415 Haywood Dr	T				_ 20	0910			1	U.S.A	١	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES	2 NO				F HISPANIC			r No 14	RACE Black, W	American Indian, hite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DAT	res **	11	YES	2 NO	Specify:				Specify:	√hite
9	15. DECEDENT'S EDU	CATION	Т	16a. DECEDENT'S	USUAL OCC	CUPATIO	N		16b. KINI	D OF BUSIN	IESS/INDUS		viiite
4	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u	work done du se retired.)	uring mos	it of workin	g					
COMPL		2		Home Ma	ker				Own	n Home	e		
3	17. FATHER'S NAME (First, Middle, Last)				-	$\neg \neg$	18. MOTH	IER'S NAME	(First, Middle	, Malden Su	rname)		
N N	Bryce Willard Ke	ndall						e Clai					
2	19a. INFORMANT'S NAME (Type/Print)	1 11			ADDRESS (
	Cynthia Louise K	endall		6263				Ln.					
	1 N Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	ceme	PLACE AND DATE fery, crematory or o te of H	OF DISPOSIT	TION (Nai	me of		DATE		TION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	Ga	te of n				SS OF FACIL	4/29	SIIVe	er Sp	ring,	MD
9	20	< 20						neral					
	7.6.1	Jan			10	Ε.	Deer	r Parl	c Dr.	, Gai	thers	burg	, MD 2087
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one ceus	e on eac	the death. Do ch line.	not enter ti	he mod	de of dyl	ng, such a	a cardiac	or respirat	tory arres	t,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition			CANC	-0								Onset and Deat
			- (# NC									7 mon
- 1	resulting in death)	DUE TO #	20 40 4	The state of the s									177.0
	resulting in death)	•		CONSEQUENCE O	F):	+777	2 \ 1	Cal	AD	SE.			
NO.	Sequentially list conditions,	b. C	-AA	The state of the s	n: 55 Pl	10%	27	col	LAP:	SE.			
CALIDIA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. C	-AA	CONSEQUENCE O	n: 55 Pl	10%	2-/	Coli	LAP:	SE.			
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (c	OR AS A	CONSEQUENCE O	n: 55 P1 " n:	10%	27	coli	LAP:	SE.			
ERIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (c	OR AS A	CONSEQUENCE OF	n: 55 P1 " n:	10%	27	Coli	LAP:	SE.			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (d	OR AS A C	CONSEQUENCE O	n: 55 P1 " n:						TOPSY	24b. WE	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (d	OR AS A C	CONSEQUENCE O	n: 55 P1 " n:				rt I. 24a.	WAS AN AU	ED?	AM	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE
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BI PHISICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation 3 Suicide 6 Could not be	b. DUE TO (6 c. DUE TO (6 d	DR AS A CODE AS	CONSEQUENCE OF CONSEQ	OTHER: 4 AN Nursir	26. PL ng Home WOF 1 Y	ACE OF DE	EATH (Check eldence 6 [21	rt I. 24a. 1 [only one)	WAS AN AU PERFORME] YES 2 [X] ocity) If (Street and	ED?	OF 1 [RE AUTOPSY FINDINGS ULABLE PRIOR 12 MPLETION OF CAUSE DEATH? YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Netural 5 Pending Investigation	b. DUE TO (c. DUE TO (c. DUE TO (c. d	DR AS A CODE AS	CONSEQUENCE OF CONSEQ	OTHER: 4 AN Nursir	26. PL ng Home WOF 1 Y	ACE OF DE	EATH (Check eldence 6 [21	only one) Other (Spe	WAS AN AU PERFORME] YES 2 [X] ocity) If (Street and	ED?	OF 1 [RE AUTOPSY FINDINGS ULABLE PRIOR 12 MPLETION OF CAUSE DEATH? YES 2 NO



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cremation, c	rvent, the m
prior to burial,	traumatic e
Il Hygiene p	or other
th and Ment	any Injury,
ept. of Heal	23 shows
he State D	or item
ir death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remove	Is marked, or item 23 shows any Injury, or other traumatic event, the medical

	REGISTRAN		CEI	KIIF	CATE O	- DEA	H	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) SYLVIA	KAYLOR						2. DATE OF DEATH	DAY	YEAR :	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							_04	23	93	14:45P M
		5. SEX 6. AC	E (In yrs. lest b	YRS.	IF UNDER 1 YEAR MONTHS DAYS	-	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPI Country)	LACE (State or Foreign
	033-18-7436 9a. FACILITY NAME (If not institution, give a		67	THS.	AL AITH TOUR	12/31/1925 Massachus					
œ	KENT & QUEEN A		TAL	- 1	9b. CITY, TOWN OR LOCATION OF DEATH CHESTERTOWN 9c. COUNTY OF DEATH KENT						ATH
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT				OTES TENTONIA RENT						
E	10a. STATE 10b. COUNT	Y		10c. CITY	TOWN OR LOC	ATION				3	IOd. INSIDE CITY LIMITS?
<u> </u>	Maryland Ken	t		_ Ch	estert	own					YES 2 NO
AA!	10e. STREET AND NUMBER					of. ZIP COC	177		10g. CITIZI	EN OF WH	AT COUNTRY?
NE	203 Washington A					2162				J.S.	
3	1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 3 NO	ED	If yes,	specify Cub	an, Mexican,	C ORIGIN? (Specify Y., Puerto Rican, atc.)	e or No- 1	4. RACE - Black, 1	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES		1 🗆 YI	S 200 NO	Specify:			Specify:	White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION	16a. DECE	DENT'S	JSUAL OCCUPA	TION		16b. KIND OF B	JSINESS/INDU	STRY	111111111111111111111111111111111111111
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. De	o NOT use	ork done during in retired.)	nost of work	ng				
MP	10		He	ouse	wife						
	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Malde			
BE	Noyes Hanscome							e Webster			
2	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or To			
	Mike Kaylor						venue	, Chester			
	1 Buriel 2 Semation 3 Rem 4 Donation 5 Other (Specify)	oval from State	emetary, crema	tory or oth			1/20/	4	OCATION — CI		,
	21. SIGNATURE OR FULLED AL SERVICE LIC	1.1	Metro (crem		AND ADDRE	4/26/ SS OF FACI	1993	Balt	more	e, Maryland
1	17/	Val611	//-		Tom	Helf	enbei	n Funeral	Homes	s, P	. A.
	000000	r. Wille	eller	_	130	Spea	r ROa	d. Cheste	rtown	DM.	21620
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on	eech line.	h. Do no	vost	ode of dy	ing, auch	aa cerdiac or rea	piretory arrea	it,	Approximata interval Between Onset and Death
İ	resulting in death)		A CONSEQUE								
z I	Sequentially list conditions,	Afke	105 le	2051	5						
Ĕ	If any, laeding to immediate cause. Enter UNDERLYING	DUE TO OR AS	A CONSEQUE	ENCE OF)	-	4.					
CERTIFICATION	CAUSE (Disease or injury	DUE TO JOH AS	A CONTROLL	ACC.	eny de	sells	0_				-
Ē	that initiated events resulting in death) LAST		7	INOL OF							
빙											İ
MEDICAL	PART II. Other significant condition	a contributing to death	but not rase	uiting in	the underlyi	ng cause	given in P		NAUTOPSY RMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
8 1	- J.M.							_ 1 TYES		CC	OMPLETION OF CAUSE F DEATH?
	Mulfiple	myeloma						_			YES 2 NO
Ž.											
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I OTHER:	LACE OF D	EATH (Checi	k only one)			
PHYSICIAN:	1 YES 2 NO	1 Inpetient 2 ER/O		DOA	t ☐ Nursing No			Other (Specify)			
BY PH	1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year		ISD. TIME INJU	RY W	JURY AT ORK? YES 2		284. DESCRIBE HOW	INJURY OCCU	RED	
COMPLETED	3 Suicide 6 Could not be determined	28a. PLACE OF INJUI building, atc. (Sc	RY — At home, pecify)	, farm, ate	reet, factory, off	Ca	2	City or Town, State	and Number or)	Rural Rout	te Number,
7 [29a. CERTIFIER Check only	CIAN: To the best of my kno	wiedge, death	occurred	at the time, dat	a and place	and due to	the cause(s) and me	oner se stated		
No.		R: On the basis of examinat									nd manner as stated.
Ŭ U	29b. SIGNATURE AND TITLE OF CERTIFICE	11 m					ENSE NUMB		29d. DATE S		
۱۱ ۵	10	40 /				17	250	33	D 4	1.76	onth, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 2)	7) (Type, F	Print)		1.		-1-	1	
	MID	rowley,	MI	>		-65	on.	MD	21601	/	
	31. DATE FILED (Month, Day, Year) APR 26 '93	32. REGISTRATS SIG	Daydson	- Pano	lell						
	/ 11112000	1		-6							



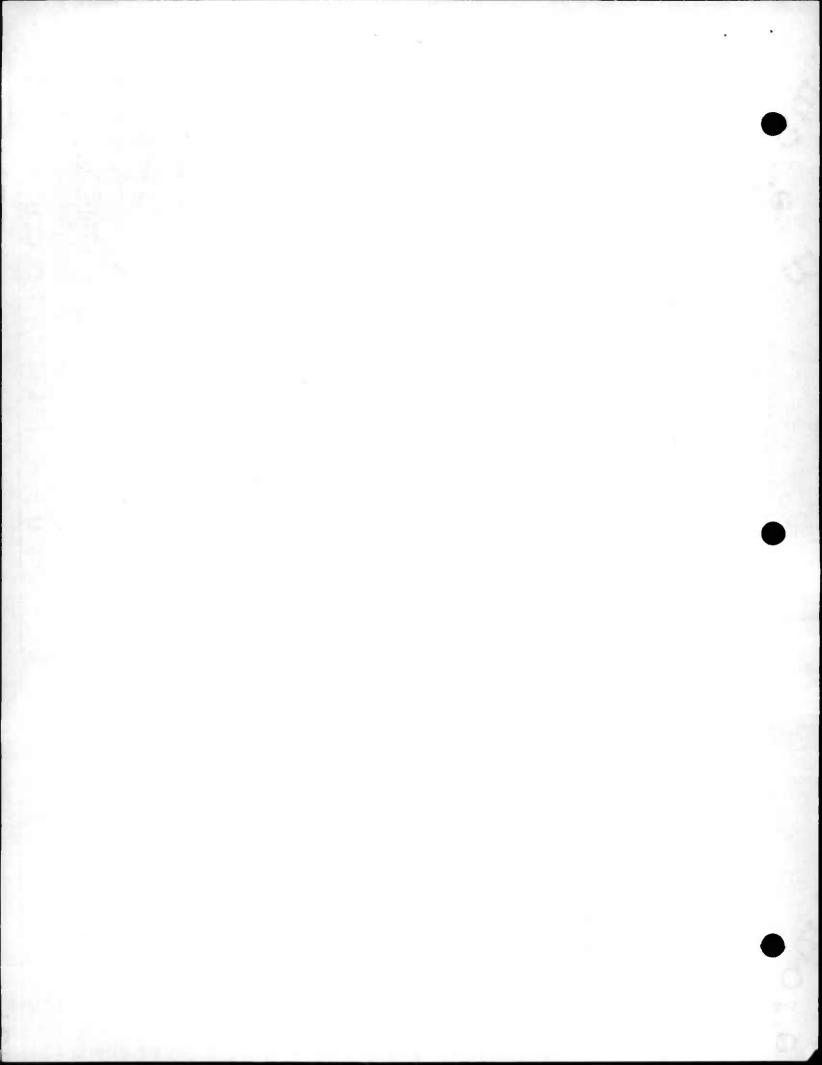
		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

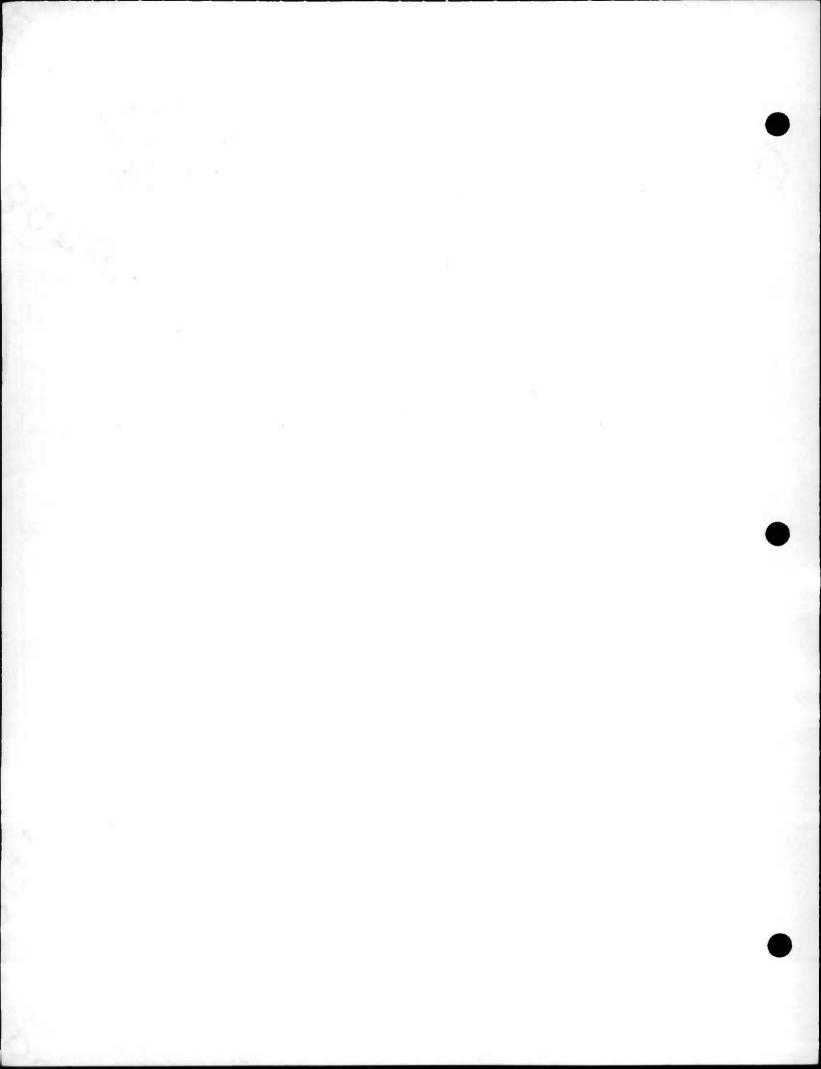
	1 - STATE REGISTRAR		CERTIFI	CATE OF		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)	- 1	,			2. DATE OF DEATH MONTH D	AV YE	3. TIME OF DEATH		
			VELLY			4 19	93	3 10:57 A. M		
	4. SOCIAL SECURITY NUMBER 218-09-3101	-/ -	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		MRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give s		3 4 YRS.	9b. CITY. TOWN C	R LOCATION OF D	- / / / -	S 9c. COUNTY	OF DEATH		
HOT:	HARFORD MEMORIAL HOSPITAL HAVRE DE ORACE HARFORD									
DIRECTOR	10e. STATE 10b. COUNTY	Ford	10c. CITY	TOWN OR LOCAT	o Grad	90		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER 10s. STREET AND NUMBER									
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	ocify Guben, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: "R		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secogdgry (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S to (Give kind of we life. Do NOT use	ork done during mo		16b. KIND OF BUS	I SINESS/INOUSTI	RY DIACT		
once. COMPLET	8		Lak	oreR						
·	17. FATHER'S NAME (First, Middle, Lest) SAMUE Be KEIV MARY BANKS									
TO TO	198, INFORMANT'S NAME (Type/Print) Edna Sconion)	19b. MAILING /	OAK 3	H Alay	Poute Number, City or Tow	n, State, Zip Cod	1081		
must be	20e, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF		me of		CATION - City	2017		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY ADDRESS OF FACILIT									
or removal	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do no	ot enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest.	Approximate		
ōE	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DC/A	ach line.					Interval Between Onset and Death		
to buris	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
and Mental Hygiene prior to buri y Injury, or other traumatic CAL CERTIFICATION	CAUSE, Enter UNDERLETING CAUSE (Disease or injury) that initiated events resulting in death) LAST d.									
	PART II. Other aignificant condition	s contributing to deeth I	out not resulting in	the underlying	L COLLEGE Character	Part I. 24s. WAS AN	ALITTORIAN I			
shows any injury, MEDICAL CE					Cause given in	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
23 sh								- 10		
rith the State Dept. ed, or Item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)				
od, or	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TiME	OF 28c. INJ	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D		
marked, BY PH	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	RK? ES 2 NO					
E S	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm, at city)	reet, factory, office		281. LOCATION (Street & City or Town, State)	and Number or R	ural Route Number,		
2 = 3		CIAN: To the best of my know						use(s) and menner on stated		
IMPORTANT: O BE CO!	200. SIGNATURE AND THE OF CENTIFIER				396, LICENSE NUI			NED (Month, Day, Year)		
e fie of of of of of of of of of of of of of	Jound	gun			P/2	190	14/	20/93		
-	30. HAME AND ADDRESS OF PERSON WH	YUN.	ATH (ITEM 27) Pype.	me	de	groce	M	D		
	31. DATE FILED (Month, Day, Year) APR 26 93	32. REGISTRAR'S SIGN			-		21	078		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director have 5 should be detached for use as the hundrings. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAF	3. TIME OF DEATH
ĺ	WILLIA		KER				1993	3:50 P.M
	4. SOCIAL SECURITY NUMBER 217-65-1575	5. SEX 6. AGE (In yr.		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 15.	Co	ATHPLACE (State or Foreign untry) Carolina
В	9e. FACILITY NAME (If not institution, give st MEMORIAL HOSP		ron 98	EASTO	R LOCATION OF O	EATH	9c. COUNTY OF	F DEATH
CTO	RESIDENCE OF DECEDENT							
IRE	100. STATE 10b. COUNTY	,	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Card	oline	Fed	lerals				1 YES 2 NO
RA				101	ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?
N.	726 Academy A	VENUE 12. WAS DECEDENT EVER IN U.S	ADMED	I 12 WAS DEC	21632	NIC ORIGIN? (Specify Yes	U.S.	
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 2 YES 2 IF YES, GIVE WAR OR DATES	□NO	If yes, spe	city Cuban, Maxico	in, Puarto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.
	15. DECEOENT'S EDUC	CATION 18s	DECEDENT'S USI	JAL OCCUPATION	N	18b. KIND OF BUS	INESS/INOUSTRY	White
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo- tired.)	st of working			
M M	12	_	Superi	ntend	ant	Wastew	ater T	reatment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE		A. Kerney					she	
2	190. INFORMANT'S NAME (Type/Print) Elli M. Ker	nev	726 Ac	ademv	AVe.	Route Number, City or Town Federalsb	n, State, Zip Code)	.21632
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	oval from State	CEAND DATE OF D	ISPOSITION/Na	me of	OATE 20c. LO	CATION — City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC		veceran	22. NAME AN	D ADDRESS OF FA	CILITY		Ivid.
	•			Will	iamson	Funeral		632
	23. PART I. Enter the diseases, or c	omplications that caused the	deeth. Do not	enter the mo	de of dying, auc	h as cerdiec or reepi	ratory arrest.	Approximate
	IMMEDIATE CAUSE (Final	a. Carebra Vo	saler	su.	dent			interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COM	NSEQUENCE OF):					
	PART ii. Other eignificant conditions	a contributing to death but n	ot rasuiting in ti	na undariying	cause given in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
ICAL	0.00	onemone				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	renel fail	me				1 □ YES 2	LENO.	OF OEATH? 1 YES 2 NO
ÿ								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	ACE OF DEATH (Ch	ack only one)		
14S	1 TYES 2 TNO 27. MANNER OF DEATH	Inpatient 2 ER/Outpatien	R 3 DOA 4	Nursing Home		8 Other (Specify)		
ВУ Р	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOI		28d, DESCRIBE HOW IN	IJURY OCCUREO	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree	t, fectory, offica		281. LOCATION (Street a: City or Town, State)	nd Number or Rure	I Route Number,
COMPLETED		CIAN: To the beat of my knowledge						
ខ្ញុ	2 MEDICAL EXAMINER	R: On the basis of axamination end	Vor Investigation, In	my opinion, de	ath occured at the	time, data and place, and	dua to the cause	e(a) and manner as stated.
TO BE	296. SHOSHATUHE AND TITLE OF CENTIFIER				29c. LICENSE NUI	18ER 749	29d. DATE SIGNE	13/93
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Prints 5 Duto	0	Lane	Easto	m	2160/
	31. DATE FILED (Moogh, Day, 1807)	32. AEGISTRAR'S SIGNATUR						-,~



10d. INSIDE CITY 1 YES 2 NO

> Approximate Interval Between **Onset and Deeth**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

DF DEATH? 1 YES 2 NO

WHAT COUNTRY?

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

2 2 3

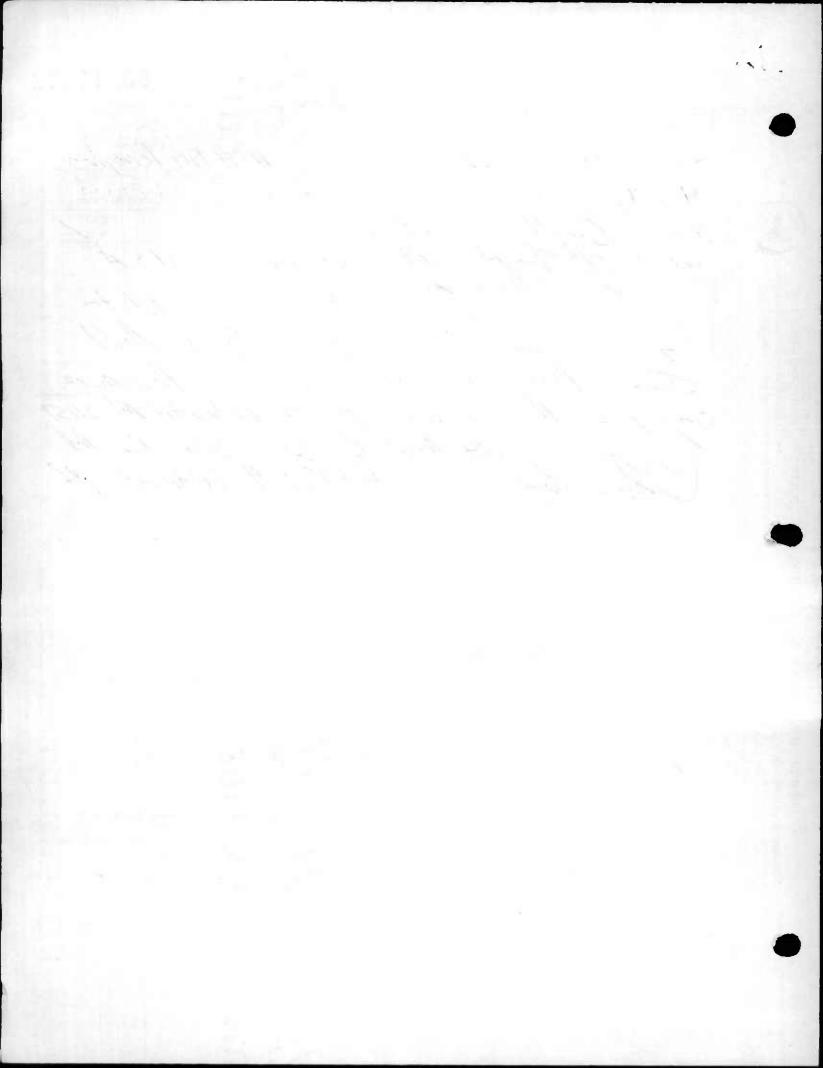
'93

31. DATE FILED (MC APR 3

		1. DECEDENT'S NAME (First, Middle, Last)	11.			2. DATE OF DEATH	3. TIME OF
- 1		WELDOW H	1000 MM X (1)	TOIDE	=0	77	1997 9
- 1		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. ie:	st birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTHPLACE (State
		216-14-1247 1	WH2 0 F 73	YRS. MONTHS	DAYS HOURS MIN.	(Miles Day Bod)	19 25 MISUN
-1		9a. FACILITY NAME (If not institution, give street		ah CITY	TOWN OR LOCATION OF D	EATH I	COUNTY OF DEATH
	œ	17 3 1# ALO +	- no la come	100	AAT In	110	A A A A
	DIRECTOR	RESIDENCE OF DECEDENT	MONEZ I NAM	V 2/)	SIVE Y STON	UIU	CHILONI
	EC	100 TATE / 10b. COUNTY	11	10c. CITY, TOWN O	R LOCATION		10d. INSIDE
9	E	Marsland (see	2//	1500	Stows		LIMITS
		10e. STREET AND NUMBER	1	211	101, ZIP CODE	1 10	g. CITIZEN OF WHAT COUNT
- 1	FUNERAL	4217 111	lane Stawa	MI.	2178	フー	(1.5.A
	H	11. MARITAL STATUS 12			0110		0 0 7
- 1	5	1 Never Married 2 Married	. WAS DECÉDENT EVER IN U.S. AI FORCES? 1 YES 2	100	f yes, specify Cubar, Maxico		No— 14. RACE - American Black, White, atc
	В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	YES 2 ATO Specif	y:	Loff, 73
	8	15, DECEDENT'S EDUCATI	ION I 18a DI	ECEDENT'S USUAL OF	CCUPATION	18b. KIND OF BUSINE	Se /INDI ISTOV
		(Specify only highest grade con	npleted) (C	he kind of work done (during most of working	IOD. KIND OF BUSINE) SS/INDUSTRY
	ا چ	Elamentary/Secondary (0-12)	College (1-4 or 5+)	unson	Jack	() aw	1911/
9	COMPLET)	11	<u> </u>		
5	8	17. FATHER'S MARIE (First, Middle, Last)	to to	4.10	18. MOZHER'S NA	ME (First, Middle, Maiden Sur	name)
9	BE	John /2	1-	10102	Des	3/2	Maserno
\$	2	19a. INFORMANT'S NAME (Type/Print)	Thollan "	b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Jown, S	itate, Zip Code)
be notified at once.	-	Shifty E	11/21/27	267 6	· IKKIK ST	· Westmin	2/02 /14 . 7
200		20a. METHOD OF DISPOSITION 1 D Buriel 2 Cremetion 3 Remove	trom State 20b, PLACE	OF DISPOSITION (No	me of cemetery, crematory or	20c LOCAT	JON — City or Town, Stata
examiner must		4 Donstion 5 Other (Specify)	57.	mery 5	Cener	01/4	RI Kun 1
mer	- 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	46	22.	NAME AND ADDRESS OF F	CIMITY //	0/ /
E		1 100	V.X		detelas la	.4. hbl	thirste,
	_	() and of the	4/		1900-	17. 1000	1000
the medical		23. PART I. Enter the diseeses, or con shock, or heart fallure. Lis	pafications thet caused the d t only one cause on each lin	eeth. Do not enter e.	the mode of dying, euc	th ee cerdlec or reepirat	ory srrest, Appro
E		IMMEDIATE CAUSE (Finel	10		4		Onse
=		diseese or condition resulting in death) s	8461116	11/0	CHRSS	St INI	HILCIVA
Vent	ľ	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF			
or other traumatic event,	2						
E	2	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):			
IZ	2	ceuse. Enter UNDERLYING					
ie.	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):			
2	CERTIFICATION	resulting in deeth) LAST					1
	빙	u.			_		
hows any injury,	A	PART II. Other significant conditions of	contributing to deeth but not	resulting in the un	iderlying ceuee given in	Part I. 24a. WAS AN AU PERFORME	
any	EDICAL					1 YES 2 D	COMPLETION
100							1 TYES
69	Σ.						
23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	neck only one)	
or item	길	EXAMINER?	OSPITAL:	OTHE	R: /		
	ĭ.	27. MANNER OF CEATH	Inpatient 2 ER/Outpatient	20b. TIME OF	sing Home 5 M Realdence		101/ 0.001/100
is marked,	급	1 Netural 5 Pending	(Month, Day, Year)	INJURY	20c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJU	JRY OCCURED
Tar.	BY	2 Accident Investigation		M	1 YES 2 NO		
.00		3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, atreet, fact	tory, offica	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
1 28	ETE	4 Homicide determined				2 (*)	
iten	1 1	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, d	eath occurred at the t	ime, data and place, and du	a to the cause(a) and manne	r as stated.
딃		CONTROL ONLY	On the beals of examination and/or				
	<u> </u>		A A				of to the canes(s) and matthe
M	COMPL	A .	301 ()()		nor comment	MOED I	
PORTAN	BE COM	29b. SIGNASUME AND TITLE OF CONTINUE	Man Oliver	MD	29c. LICENSE NU	MBER 1 2	ed. DATE SIGNED (Morrin, Day.
IMPORTANT: If item	BE	29b. SIGNADUTE AND TITLE OF CHITTIES	Wellier	MD	DI	MBER 1496 =	
IMPORTAN	ш	A .	COMPLETED CAUSE OF DEATH (ITI	M 5)	DI	MBER 1496 ** WINSHII	

Tulia Nevidson Pandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

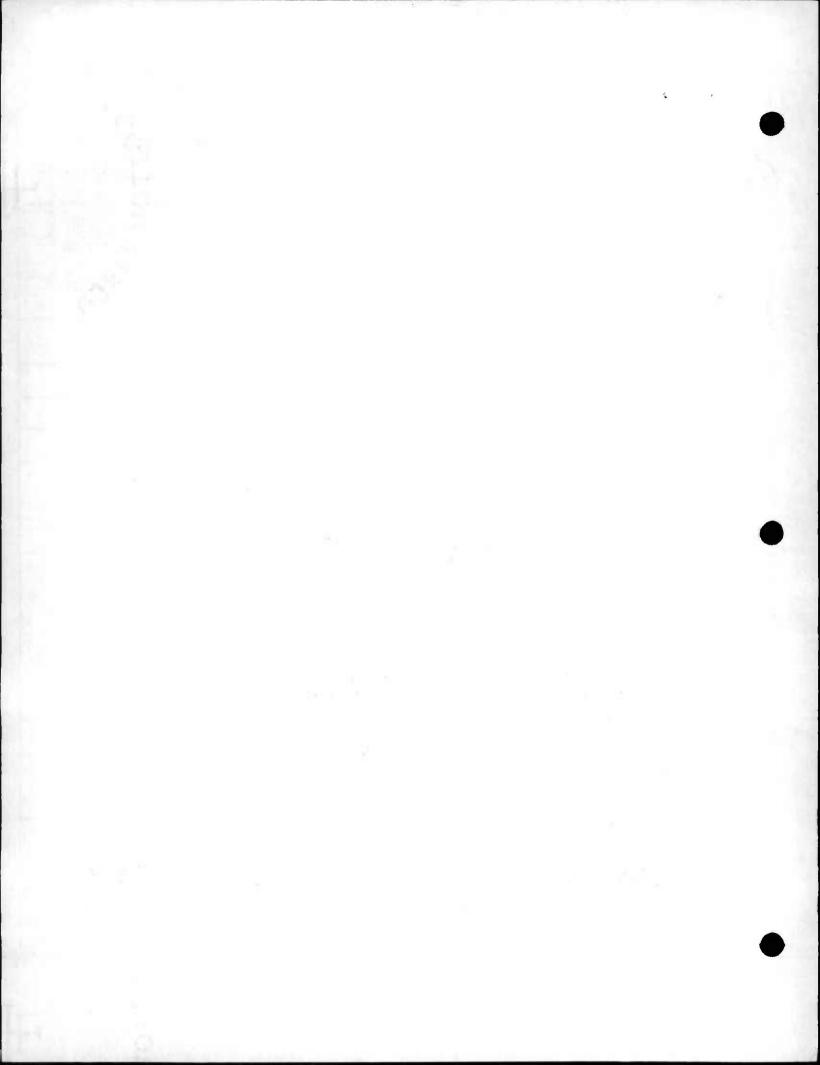


BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician. By filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Plane	nation, or removal. the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit cernifi.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
Phillip	Lewis			4 28	93	11:30 am
DGGGGGGGGGG _		MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign
220-26-2138	□ M 2 □ F 75	YRS.		2/17/17		aston. MD
9a. FACILITY NAME (If not institution, give street	t end number)	96.	CITY, TOWN OR LOCATION OF D	EATH 9	c. COUNTY OF	DEATH
Meridian Nursin	g Center-	The Pine	s Easton,	MD	Talk	ot
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
MD Talb	ot.	EAST	ON			1 VES 2 □ NO
10e. STREET AND NUMBER			10f. ZIP CODE	10	Og. CITIZEN OF	WHAT COUNTRY?
112 GLENWOOD AVE			21601		USA	
11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEDENT EVER IN FORCES? 1 YES	2 V ND	13. WAS DECENDENT OF HISPAI It yes, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes or in, Puerto Rican, etc.)	No- 14. RAC Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES"	1 TES 2 NO Specif	y:	Spec	**/y: BLACK
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION nointed)	16a. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF BUSING	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use ret	ired.)			
12th		MEAT CU	TTER	FAC	TORY	
17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden Sun	name)	
OLIVER LEWIS 190. INFORMANT'S NAME (Type/Print)		105 MAILING ADI	ELIZAT PRESS (Street and Number or Rural	BETH WILSON		
GERTRUDE WILSON		1	ENWOOD AVE., I			
20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DE			ION City or To	own, State
1 XBuriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		etary, crematory or other p PARADISE C	elace) EMETERY	5-1-93 TRAP	DE MD	
21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AND ADDRESS OF FA	CILITY BENNIE S	MITH FI	NFRAL SERV
•			P.O. BOX 168	37 , EASTON,	MD.216	GI
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):	Cores			Interval Between Onset and Death
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	·	CONSEQUENCE OF):				
PART II. Other significant conditions of PART II. Other significant conditions	pontributing to death be Ventrice entre	Peninth	when the underlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 TYES 2 THE PERFORMENT OF THE P	D?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1	,	26. PLACE OF DEATH (Ch	eck only one)		
	OSPITAL: Inpatient 2 ☐ ER/Outp	ettent 3 🗆 DOA	HER: Nursing Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 V Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	285. TIME OF	28c INJURY AT WORK?	28d. DESCRIBE HOW INJU	IRY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	M 1 YES 2 NO	281. LOCATION (Street end City or Town, Stete)	Number or Rural i	Route Number,
A. 05-11-15-1					_	
			the time, date end place, end due my opinion, death occured at the			e) end manner ee stated.
29b. SIGNATURE AND TITUE OF CERTIFIER			29c, LICENSE NUI			(Month, Day, Year)
KAN SWAN	ne r	2	042	815	1/2	9/93~
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	METER CONTRACTOR OF THE PERSON	21601		—
	U LIO	1 61000	THAM,	2 600		- 1



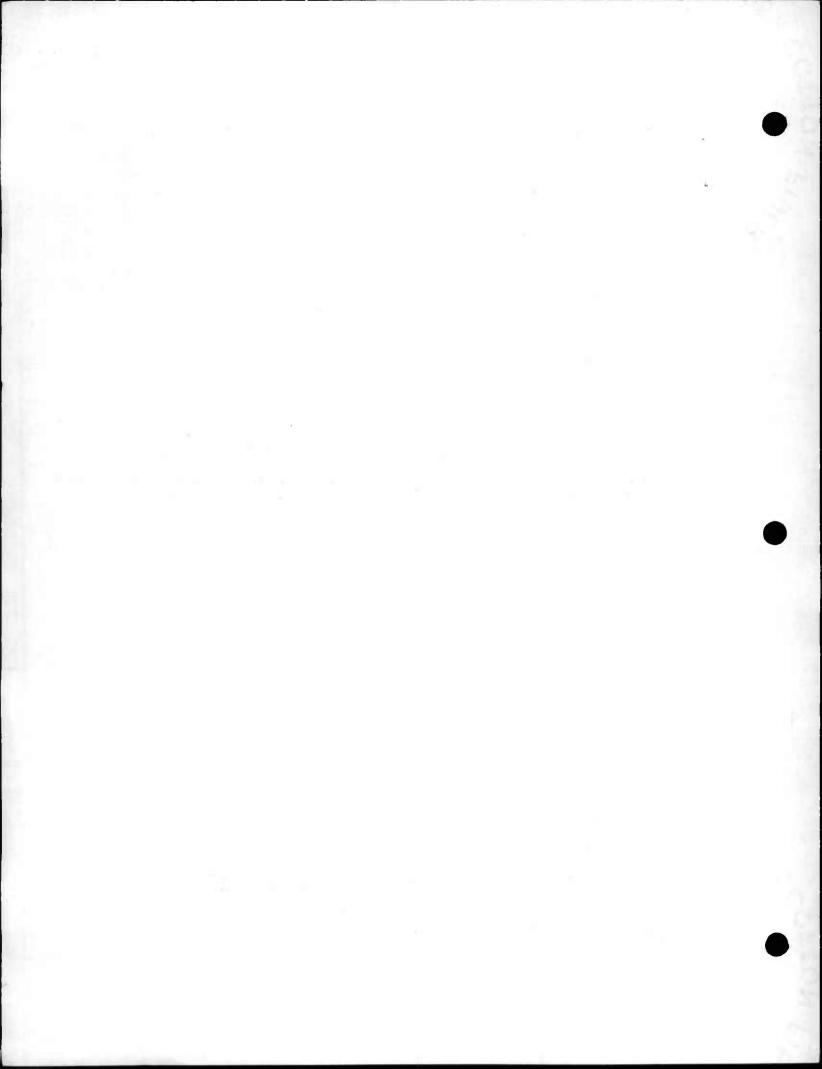
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	must b
J.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be
ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical
lation,	the .
crem.	event
o buna	natic
prior 1	traur
/diene	other
£	6
1 Menta	njury,
Ith and	any
of Hea	hows
Dept.	23.1
State	Item
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APR 1

Day, Year) 1993

													93	}	38	74
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAN			MENT (MENTA	L HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)													3. TI	IME OF OEA	TH
1	Gwynn HELLEN		Leona	ard						MONT	4 (DAY	9 3 ^{YEAR}	1	:55	P
79	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	yrs, lest birth	hday)	IF UNDER 1 1	VEAR	IF UNDER	1 24 HRS		OF BIRTH				E (Stete or F	inmine.
	2 1 2 -74-8839	1 🗆 M 2 💢 F	91					HOURS	MIN.	Apr	il 29	,190	1 Wa	shir	gton	D.C
å	9e. FACILITY NAME (If not institution, give				1	9b. CITY, T	_			ATH			UNTY OF			
Ö	Memorial Hosp	oital at	Eas	ton			Eas	tor	1			Ta	ı1bo	t		
្ត្រ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	· V		100												
DIRECTOR		lbot		10		t. M								10000	INSIDE CIT LIMITS? YES 2	_
	10e. STREET AND NUMBER					-		IP CODE	F			10a C	ITIZEN DI		COUNTRY?	240
FUNERAL	8780 Bozman-Nea	vitt Rd.						663				1	J.S.		COOKINII	
5	11. MARITAL STATUS	12. WAS DECEDEN FDRCES? 1				13, WA	S DECEN	IDENT C	F HISPAN	IIC ORIGIN	? (Specify)	aa or No-	14. BA	CE - A	merican Ind	lan,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W							n, Maxicai Specify		Rican, etc.)			nc//v	white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16	8a. DECEDE		SUAL DCC		of workin	×2	16b	KIND OF B	USINESS/I	NDUSTRY		MII CC	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do I	NOT use	retired.)	ing most t	or working	v							
₩ .	Private Tutor			Hous	ewi	fe					Home					
Ö	17. FATHER'S NAME (First, Middle, Lest)						1	IB. MOTI	HER'S NAI	ME (First, I	Middle, Maide	on Sumame)			
BE (Johnson Hel	len						P	Marv	C. (Gwynn					
	19a. INFORMANT'S NAME (Type/Print)			19b. MA	AILING A	DDRESS (S	Street and				ber, City or To		Zip Code)			
2	J. Henry Leonard			1							t. Mi			V/G	21663)
	20a. METHOD OF DISPOSITION		20b. PL	ACE AND	DATEOF	DISPOSITI	ON (Name				7	OCATION				
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	Cemete	ory, cremetor odlaw	ry or othe	or place)	0.1	Com	4-13	-93 ^{AT}		astor			yland	4
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	· I WOO	uraw	TT TAN	22. NA	MEAND	ADORES	SS OF FAC	CHITTY					yrun	
	Varieson	16.2	Eor	ra	rd						rd Fu				21663 rvlar	
	23. PART I. Enter the diseases, or	complications the	caused th	he death.	Do not	t enter th	e mode	of dyi	ing, such	h aa cerd	lisc or res	piratory a	rrest.	, 1120	Approxim	
	ahock, or heert failure. iMMEDIATE CAUSE (Finel	Liet only one ceu	se on eech	h ilne.	2				4						intervai B	latween
	disease or condition			+	40	ur	no	m	-0-					i	/ I	- Contin
	resulting in deeth)	a. DUE TO	(OR AS A CO	ONSEQUEN	CE OF									-	1_0	1
_														i		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	DR AS A CO	ONSEQUEN	ICE OF):									- i		
\	csuse. Enter UNDERLYING	-												į		
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CO	DNSEDUEN	ICE DF):											
토	reaulting in death) LAST															
8		· .												-		
4	PART ii. Other eignificent condition	ne contributing to	deeth but	not result	ting in	the unde	rlying c	euse g	given in I	Part i.	24a, WAS A	N AUTOPS	Y 2		AUTOPSY F	
MEDICAL											1 TYES			COMP	ABLE PRIOR	
l ii										_	. []	24,			YES 2	NO
										- 1					169 2 [_]	NO
\ ¥	25. WAS CASE REFERRED TO MEDICAL			_			26 PLAC	E OF D	EATH /Che	ick only on						
SICIAN:	EXAMINER?	HOSPITAL:	EB/Outerall			THER:										
H	27. MANNER OF DEATH	28a. DATE DF			b. TIME (☐ Nursing	Home	_	sidence							
0	1 Netural 5 Pending	(Month, Di	ry, Year)	200	INJUR	RY	WORK	7	1	28d. DES	CRIBE HOW	INJURY O	CCURED			
BY	2 Accident Investigation	20 - PI 40F 0	P 10.1 11.100.7				1 YES	2	NO							
유	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE Of building,	etc. (Specify)	At home, to	arm, stre	eet, factory	, offica			26f. LOC.	ATION (Street or Town, State	t and Numb e)	er or Rura	I Route N	lumber,	
E	The second secon															
COMPLET		ICIAN: To the best of														
8	2 MEDICAL EXAMINE		amination ar	nd/or invest	rigation,	In my opin					and place,	end due to	the couse	e(a) and i	manner ee s	tated.
TO BE	30. NAME AND ADDRESS OF PERSON WH	an	_		- 1	ny		9c. LICE	SE NUM	3/	5	29d. D/	TE SIGNE	(Mont)	h, Day/Year)	3
	THOMAS W. FAUNT	LEROY JR.	M.D.	40:			CT	. E/	ASTON	N, AN	/IRYLAI	ND 2	1601	l		
ı II	31. DATE FILED (Month /Day Marr)	22 DECHETRA												_		

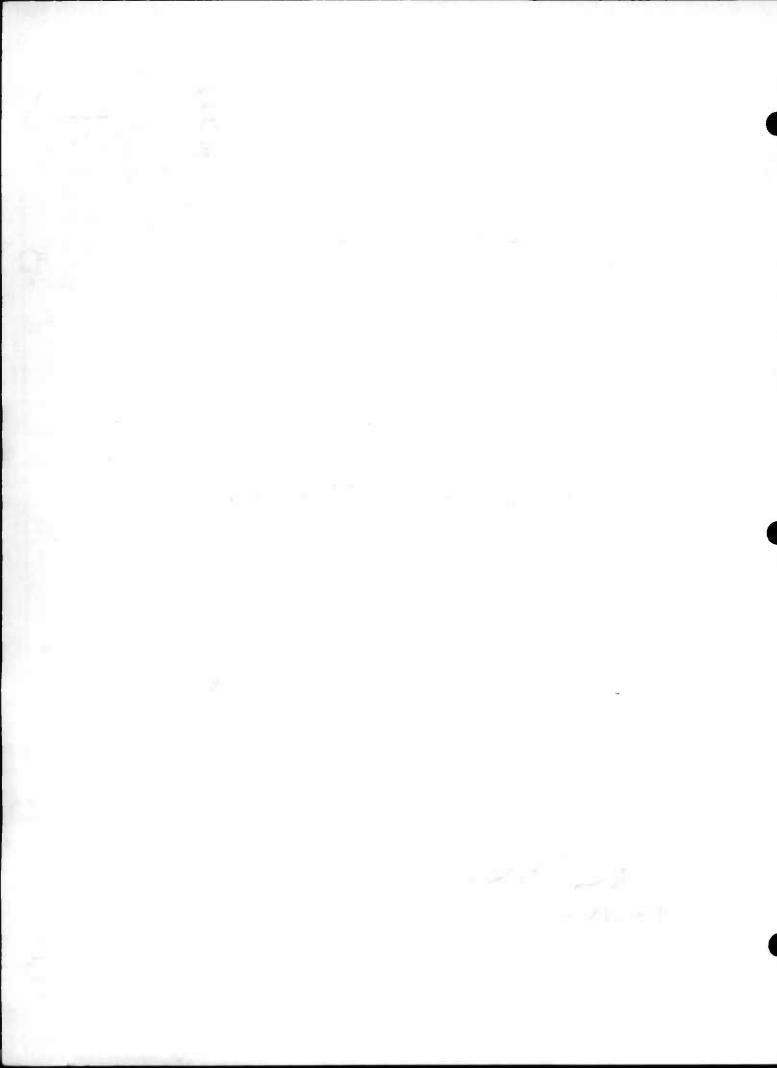
32, REGISTRAR'S SIGNATURE



	1	
), BALTIMORE, MARYLAND 21215-0020	DDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death After this certificate has been signed by the attending physician and completely filled in by the fune death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ows any injury, or other traumatic even
DIVISION OF VITAL RI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law red TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of	IMPORTANT: If item 28 is marked, or item 23 sh

ITEMS: 23 PART I, 27, 28a-f, PER MEO G-699 5/14/93 t.t

1. DECEDENT'S NAME (First, Middle, Last)					HEALTH AND F DEATH	MENTA	AL HYGIEN REG. NO	E		
	EAN	rmmi	TE CT	EPHENS			2. DATE OF DEATH DAY Y			3. TIME OF DEATH
						04	16		93	1:13 P
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.		IF UNDER 1 YEA		(Mor	E OF BIRTH oth, Day, Year)		Count	HPLACE (State or Foreign ry)
577-66-2168 9a. FACILITY NAME (If not institution, give s	27	43	YRS.				ember			ainesville
PRINCE GEORGE		L		CHEVI	N OR LOCATION OF E	DEATH			NTY OF E	GEORGES
10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	ce George'	s	Gı	reenbel	t					LIMITS?
100. STREET AND NUMBER 7810 Hanover Par	rkway T2				20770				JSA	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ABMED	13. WAS E	ECENDENT DF HISPA	ANIC ORIG	IN? (Specify Yea	or No—	14. RAC	E — American Indian,
1 Never Married 2 Married 3 Nidowed 4 Divorced	IF YES, GIVE WAI		ZMO		specify Cuban, Mexic ES 2- ND Spec		Rican, etc.)		Spec	
15. DECEDENT'S EDU	CATION	1 440	DECEDENTIO	101141 00010						Black
(Specify only highest grade	completed)	168.	(Give kind of v life. Do NOT us	USUAL OCCUPY vork done during a retired.)	most of working	16	b. KIND OF BUS	INESS/INC	USTRY	
12	College (1-4 or 5+)			k pers	on		Privat	е		
17. FATHER'S NAME (First, Middle, Last)	-				18. MOTHER'S N			Sumame)	_	
George Henry Ste	ephens				Marie	Thom	pson			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Nun	nber, City or Tow	, Stare, Zic	Code)	0.05=0
Marie Holmes			7810	Hanove	r Parkway	7 T2,	Green	belt,	Md	20770
20a. METHOD OF DISPOSITION 1 M Burlal 2 □ Cremation 3 □ Rem	oval from State		CE AND DATE O	F DISPOSITION	Name of	DA	1	CATION -		
4 Donation 5 Other (Specify)	CENGEE		mony			4/2	2 Lan	dove	c, Mk	1.
Semany 6	2 Mag	01	fr.	J.B	JenkinsLandove	Fun			F-Mr	20785
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (O	R AS A CON	SEQUENCE OF):						
CAUSE (Disease or injury	(5		SED SENSE OF	,-						
	ds contributing to d	eath but no	ot resulting i	n the underly	ing cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	ds contributing to d	eath but no	et resulting i			_	PERFOR	MED?	24b	COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d			26. OTHER:	PLACE OF DEATH (C	heck only a	PERFOR	MED?	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 28a. DATE OF IN	R/Outpatient	3 □ DOA	26. OTHER: 4 □ Nursing H	PLACE OF DEATH (C)	heck only o	PERFOR	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 □ Inpatient 2 ☑ E	R/Outpatient		26. OTHER:	PLACE OF DEATH (C)	heck only o	PERFOR 1 YES 2 ne) or (Specify)	MED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 A E E E E E E E E E E E E E E E E E E	R/Outpatient JURY Year) NJURY — At	3 □ DOA 730 U 12:00	26. OTHER: 4 Nursing H 3 OF 28c. P M 1 [PLACE OF DEATH (C) ome 5 Realdence NJURY AT VORK? YES 2 XX NO	6 Oth	PERFOR 1 VES 2 ne) or (Specify) SCRIBE HOW II	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\triangle \text{ NO} \)
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CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 AE 28a. DATE OF IN (Month, Dey. 4-16-93 28a. PLACE OF In building, etc. FOUND: I CIAN: To the best of my.	ER/Outpatient JURY Year) NJURY — At c. (Specify) NN	3 □ DOA POUT NOT 12:00 home, farm, s	26. OTHER: 4 Nursing H 3 OF 28c. PM 1 Ireet, factory, of	PLACE OF DEATH (C) The self-and force NJURY AT YORK7 YES 2 XX NO Tites The and place, and due to death occurred at the	heck only of Other 28d, DE UNK 28t, LOC City Rd	PERFOR 1 VES 2 1 VES 2 1 (Specify) SCRIBE HOW II (NOWN CATION (Street a or Town, State) Fairmont use(a) and men	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural F Inn, P. (AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1) YES 2 \(No No No No No No No No No No No No No N
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIK)	HOSPITAL: 1 Inpatient 2 AE 28a. DATE OF IN (Month, Dey. 4-16-93 28a. PLACE OF In building, etc. FOUND: I CIAN: To the best of my.	ER/Outpatient JURY Year) NJURY — At c. (Specify) NN	3 □ DOA POUT NOT 12:00 home, farm, s	26. OTHER: 4 Nursing H 3 OF 28c. PM 1 Ireet, factory, of	PLACE OF DEATH (C) pme 5 ☐ Realdence NURY AT VORK? YES 2 XX NO Itea	heck only o	PERFOR 1 VES 2 1 VES 2 1 (Specify) SCRIBE HOW II (NOWN CATION (Street a or Town, State) Fairmont use(a) and men	JURY OCCURE Number E DON'S Hqts. There as state to the 29d. DATE	or Rural F Inn, P. (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1) YES 2 \(\text{No.}\) NO 100/18 Number, 5367 Sheriff 2. County, Md 2 and manner as stated. (Month, Day, Year)
CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 AE 26a. DATE OF IN (Month, Day, 4-16-93 28a. PLACE OF I building, with FOUND: I CIAN: To the best of my R: On the best of exam	ER/Outpatient UJURY Year) NJURY — At c. (Specify) NN y knowledge, nination and/	3 □ DOA 280 □ INV 12:00 home, farm, s death occurre or investigation	26. OTHER: 4 Nursing H N	PLACE OF DEATH (C) The state of the state o	heck only of the case time, date	PERFOR 1 YES 2 or (Specify) SCRIBE HOW IF (NOWN CATION (Street a or lown, State) Fairmont use(a) and men a and place, and	MED? NO NO NO NO NO NO NO NO NO N	or Rural F Inn, P. (AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1) YES 2 NO Novie Number, 5367 Sheriff County, Md 2) and manner as stated. (Month, Day, Year) 7 — 1993



3. TIME OF DEATH

10d. INSIDE CITY

Scotia

8:15 P

8. BIRTHPLACE (State or Foreign Country)

Nova

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

March 19

APRIL 16,1993

1940

9c. COUNTY OF DEATH CHARLES

10a. STATE

IRECTOR

4. SOCIAL SECURITY NUMBER

579-52-5537

RESIDENCE OF DECEDENT

5. SEX

9a. FACILITY NAME (If not institution, give street and number)
PHYSICIANS MEMORIAL HOSPITAL

10b. COUNTY

1 - M 2 XX

10c. CITY, TOWN OR LOCATION

LONG

96. CITY, TOWN OR LOCATION OF DEATH LA PLATA

IF UNDER 1 YEAR IF UNDER 24 HRS.

ELIZABETH

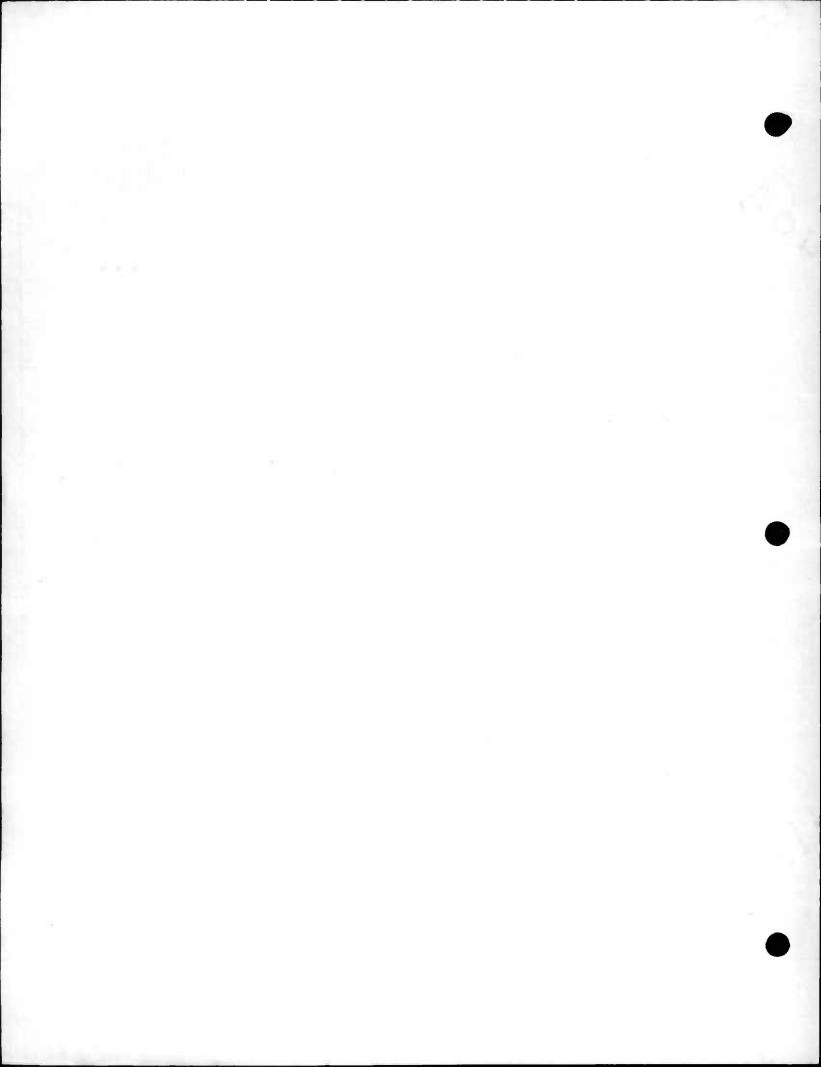
6. AGE (In yrs. lest birthdey)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

H	Maryland Ch	arles	La	Plata	-003				LIMITS?	
FUNERAL	100. STREET AND NUMBER 11A West Hawt	norne Drive			01. ZIP CODE 20646			anada	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes,	CENDENT OF HISPA specify Cuban, Mexic S 2 NO Speci	an, Puerto Rican,	ecify Yes or No— , atc.)	y Yea or No— 14. RACE — American Indian, Bleck, Whita, etc. Specify: Caucasian		
TED	15. DECEDENT'S EC (Specify only highest gra-		(Give kind of wo	rk done during r	TION nost of working	16b. KIND	OF BUSINESS/		CCCDICAT	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	Cashie	,		Sh	oppers	Food '	Warehouse	
BE CO	17. FATHER'S NAME (First, Middle, Lost) John Snow				18. MOTHER'S NA	AME (First, Middle Margie			oodworth	
5	19a. INFORMANT'S NAME (Type/Print) HOWard W. Long			me as	end Number or Rural 10 A-F	Route Number, Ci	ty or Town, State,	Zip Code)		
	20a METHOD OF DISPOSITION Water Company		LACE AND DATE OF ery, cremetory or othe Shington	er place)		Δ 21 Q	20c. LOCATION	-	wn, State Maryland	
į	21. SIGNATURE OF TUNERAL SERVICE I	ICENSEE L	-	22. NAME	AND ADDRESS OF FA	Lee	Funera	1 Hom	e, Inc.	
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street,									
	IMMEDIATE CAUSE (Final disease or condition	. List billy ona cause on aac	in lina.				or reapiratory	srrest,	Approximata intarval Betweek Onset and Dast	
	resulting in death)	DUE TO (DR AS A C	ONSEQUENCE OF):		TEAS OF	10-1				
RTIFICATION	disease or condition resulting in death) Due to (DR AS A CONSEQUENCE OF): Due to (DR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):									
CERTIF	that initiated aventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d									
EDICAL (PERFORMED? AMI								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Σ								OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. (OTHER:	PLACE OF DEATH (Ch	neck only one)				
ΙλS	1 YES 2 NO	1 Inpatient 2 ER/Outpat	ient 3 DOA 4	☐ Nursing Ho	me 5 - Realdenca					
ву РНУ	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y W	JURY AT ORK? YES 2 NO	28d. DESCRIBI	E HOW INJURY O	CCURED		
ЕТЕО В	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify	At home, farm, stre	eet, factory, off	ca	281. LOCATION City or Tow	(Street and Numb n, Stete)	per or Rural Ri	oute Number,	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHY: 2 MEDICAL EXAMIN	SICIAN: To the best of my knowled	ige, death occurred	at the time, dar in my opinion,	e and place, and due death occured at the	to the cause(a)	and menner as a	tated. The ceuse(s)	and manner ae stated.	
BE	296. SIGNATURE AND THE OF CENTIF	"In A am	mh	ND	29c. LICENSE NUI D-40479		29d. D/		(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	MD Domber 1	H (ITEM 27) (Type, Pr	rint)					7193	
	Robert L. Davisor	1, I'ID. PEMDTOO!	ce Square	e, #10 ²	+ Waldorf	, Maryl	and 206	503		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	une Adson-Rand	lelle		, y.1				

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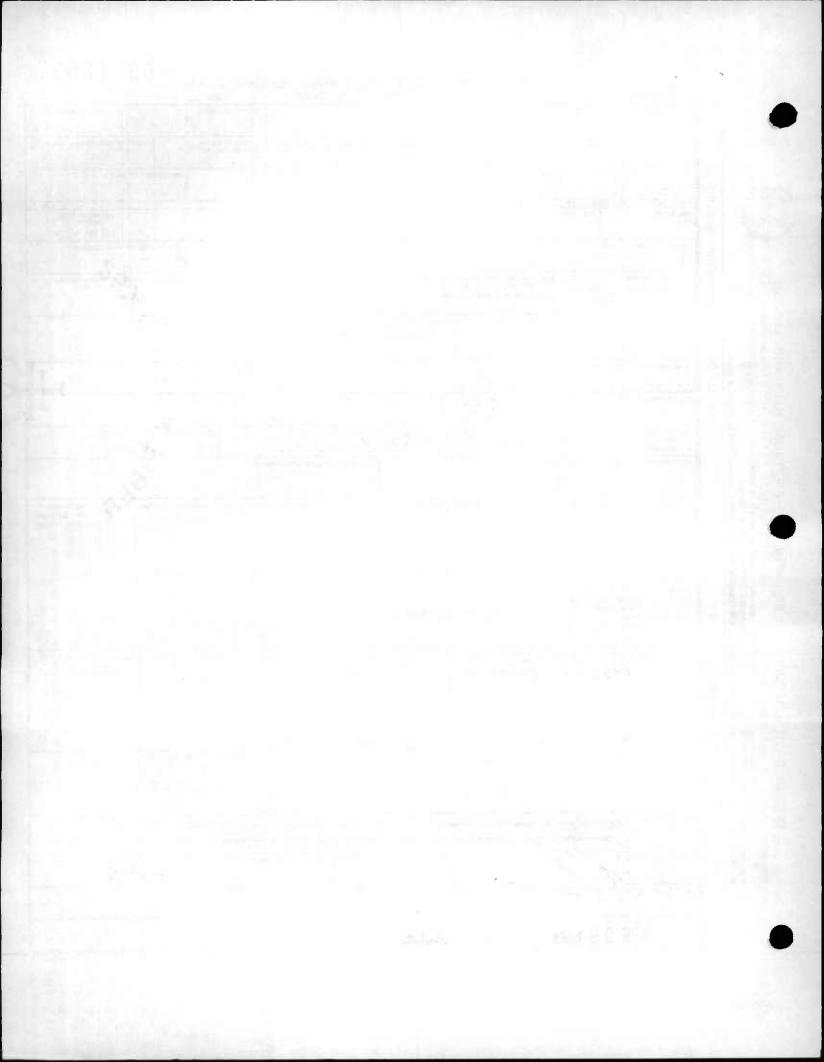
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8

1 -	FOR STATE REGISTRAR	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO)	
1. DECEDENT'S NAME (First, Middle, Les	1)				2. DATE OF DEATN		3. TIME OF DEATH
Regina Merle	e LEWIS				April 27,	1993	7:40 A
4. SOCIAL SECURITY NUMBER 220-32-2501	5. SEX 6,	AGE (In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 18,	Cou	TTNPLACE (State or Foreign intry) St Virginia
9a. FACILITY NAME (If not institution, give				or Location of Di akland		9c. COUNTY OF	DEATN
Garrett County II RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	Garret		, TOWN OR LOCAT		land		10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗆 NO
100. STREET AND NUMBER 404 South Eightl	n Street		10	21550			F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 H IF YES, GIVE WAR	YES 2 NO	II yes, sp	ENDENT OF NISPAN ecity Cuban, Mexica 2 X NO Specify	HC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Bi	CE — American Indian, ack, White, atc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12) 8th	OUCATION de completed) College (1-4 or 5+)		USUAL OCCUPATION done during more retired.)	DN st of working		siness/industry	
17. FATHER'S NAME (First, Middle, Last) Lloyd	Waybri	eht.		18. MOTHER'S NA	ME (First, Middle, Maider		atchford
19a, INFORMANT'S NAME (Type/Print)			ADDRESS (Street a		Route Number, City or Tox		202014
Gerald E. Gank		9706 G	len Vie	w Drive,	Clinton,	Maryland	
20a, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cometery, cremetory or oth Garrett Co	proisposition (Na her place) Ounty Met	m. Gds.	4/30 Oak	land, Ma	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	wart Fun	eral Home d St., Oak	land MI	21550
23. PART I. Enter the diseases, o shock, or haert fellum immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Response to the course of t	AS A CONSEQUENCE OF	Failure Linke	2	my Dis		Approximata Interval Betwee Onset and Date Sudden Years
PART II. Other significant conditions of the part of t	ons contributing to dec		n the underlying	g causa given in	Part I. 24a, WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	ack only one)		
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1) Inpatient 2 ER 28a. DATE OF INJ (Month, Day,)	/Outpatient 3 DOA	4 Nursing Hom OF 28c. INJ JRY WO		6 Other (Specify) 28d, DESCRIBE HOW	NJURY OCCURED	
3 Suicide 8 Could not b	25e. PLACE OF IN building, etc.	JURY — At home, lerm, at (Specify)	treat, factory, offic		26f. LOCATION (Street City or Town, State)	and Number or Rura	I Route Number,
	SICIAN: To the best of my						o(s) and manner as stated.
296. SIGNATURE AND ATLE OF CENTER 30. NAME AND ADDRESS OF THEOR.		F DEATH HTEM 27 /X	Print	D2397		29d. OATE SIGNS	(Manth, Day, Year)
Dr. RobertGoral	ski, MD 3	ll N. Fourt		Oakland,	Maryland	21550	
31. DATE FILED (Month, Day, Year) APR 2 9 199	32 REGISTRAR'S	SIGNATURE AND PORTE					



ir death. Page 6 may be retain he funeral director, page 5 sho al.	באפוווומו וווחפר חם ו
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 brous after death with the State Debty of Health and Mental Hygher prior to buring, commonly, or remove, or companies and the property of the product of th	CHANGE II WILL AS IN HIGHEROU, OF THEM TO SHOWS MINING, OF CHIEF MACHINES CACHE, MICHAEL ST

30. NAME AND ADDRESS OF PERSON
31. DATE FILED (Month, Day, Year)

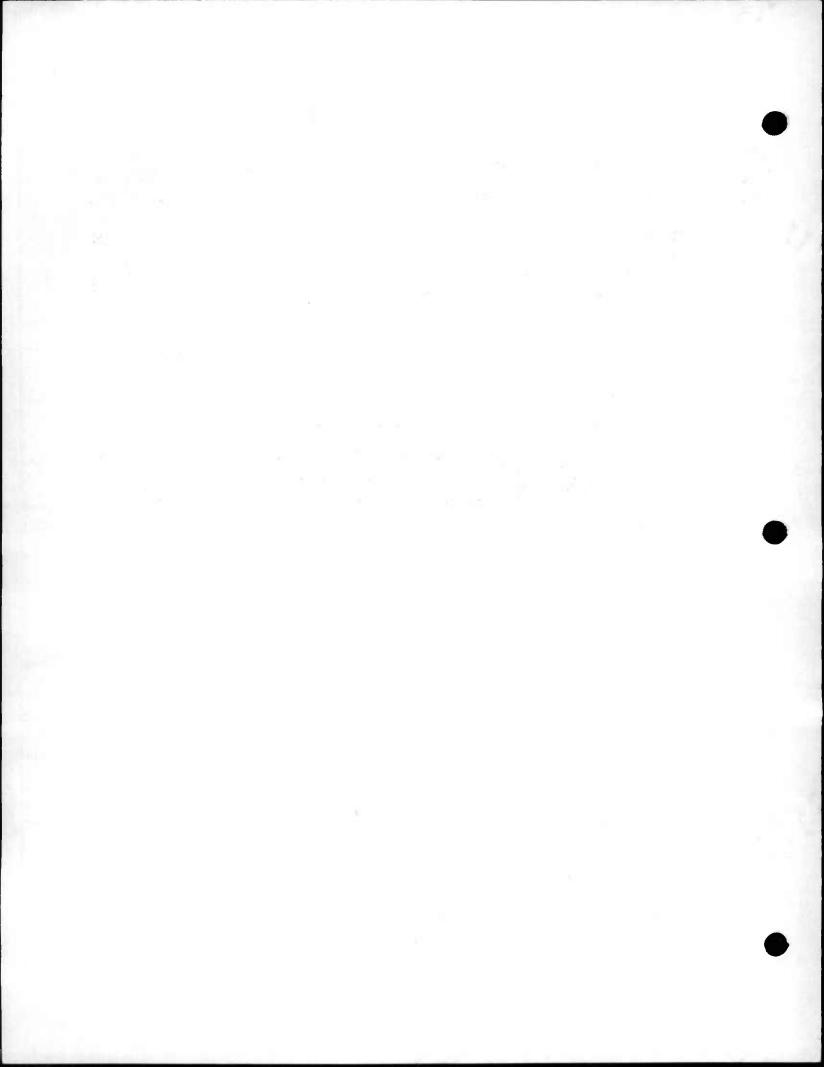
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	1 - STATE REGISTRAR	STATE OF !	MARYLAND /	DEPAR	RTMENT OF	HEALTH	AND I	MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last)			line		LOUGH	ın	REG. NO		3.	TIME OF DEATH	
		TH THE	p. 2	-0U	'GH	2000		April 2	7,1993	YEAR	M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		BARRA .	7. DATE OF BIRTH 8. BIRT (Month, Day, Year) Cour			ACE (State or Foreign	
	236-28-5024	1 🗆 M 2 💢 F	89	YRS.				Jan.16,19		Mary.		
										TY OF DEAT		
CTO	RESIDENCE OF DECEDENT	nicy nosp	Trai		nager	SCOWII			WAS	HING	TON	
BE(10a. STATE 10b. COUNT				Y, TOWN OR LO					10	d. INSIDE CITY	
ō	Maryland Wash:	gerstov					1	YES 2 NO				
RAI		. 040				10f. ZIP CODI				T COUNTRY?		
JNE	12S.Walnut St. /		IT EVER IN U.S. AD	MED	12 200 0		1740	10.0010110.10		SA		
	Washington County Hospital Hagerstown RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10c. CITY, TOWN OR LOCATION Hagerstown 10e. STREET AND NUMBER 10f. ZIP CODE 12S. Walnut St. Apt. 816 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-IF YES, GIVE WAR OR DATES) 11 YES 2 DANO Specify:								e or No.	Black, W Specify:	American Indian, Thite, etc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16e. DE	CEDENT'S	USUAL OCCUPA	TION	N7	16b. KIND OF BU	ISINESS/INDU	STRY		
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	Do NOT u	se retired.)	ricot di Worker	9	Λ.:	C	M = = (
OMF.	17. FATHER'S NAME (First, Middle, Last)			10086	keeper	1				เพลกบา	acture	
Ö		Villiam	04	7.			Anni Anni	ME (First, Middle, Melder	zella		Hebb	
BE	19e. INFORMANT'S NAME (Type/Print)	VILLIAM	ST. 6	malling	ADDRESS (Street			bute Number, City or Tox		Corde1	пепп	
5	Arlie C.Lough			Apt.8				St.Hagers			40	
	20s. METHOD OF DISPOSITION 1 De Buriel 2 Cremation 3 Rem	novel from State	20b. PLACE A	ND DATE	OF DISPOSITION	Nema of		DATE 200 14	CATION C	he or Town	Oh-t-	
	4 Donation 5 Other (Specify)	1	Mt.Vi	ew C	emetery	' Ap	r.30	,1993 Sh	arpsbu	rg,MD	21782	
	1/190111	Har			OSBOF	AND ADORES	NERA	L HOME Williamspo			,	
	23. PART I. Enter the diseesea, pr	complications the	t ceused the de	eth. Do i	not enter the r	node of dyl	ng, such	as cardiac or reap	Iratory erre	at,	Approximete	
	iMMEDIATE CAUSE (Final disease Dr condition resulting in death)	List Dnly Dna cau	ise on aech line							76	interval Between Onest and Death	
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death Oneat and Death											
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE 10	OH AS A CONSEC	PUENCE O	is He	ait &	Dise	er0			1 	
띮	CAUSE (Disease Dr injury that initieted events	c. DUE TO	(OR AS A CONSEC			-						
ERTIFICATION	resulting in death) LAST	d										
O	PART ii. Other aignificant condition	na contributinesto	deeth but not n	eaulting	in the underly	00.0000.0	duan in I	Part I ac made		Parsin		
PHYSICIAN: MEDICAL	mu	eti - du	fact.	Ve.	mente	A Code o	jiveli ili i	PERFO	RMED?	AH	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE	
			0				_	1 _ YES	2 NO	OF	DEATH?	
ż								_		1 '	YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:				PLACE OF DI	EATH (Che	ck only one)				
YSI	1 YES 2 110		ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing H	me 5 🗆 Re	sidence 8	Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF (Month, D		28b. TIM INJ	URY	NJURY AT VORK?		28d. DESCRIBE HOW	INJURY OCCU	RED		
BY	2 Accident Investigation	M 1 VES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office 28f. LC						281. LOCATION (Street and Number or Rural Floute Number,				
S Could not be determined 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at								City or Town, State	eria Number ())	Hurtil Floute	number,	
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, des	ith occurr	ed at the time, de	te and place,	and due t	o the cause(a) and me	nner se stated	i.		
O.								lme, data and place, as			d menner ee stated.	
w	29b. SIGNATURE AND TITLE OF CERTIFIE	· 1/1				29c. LICE	NSE NUM	BER CY	29d. DATE	BIGNED (Mo	onth, Day, Year)	
TO B	te	austral	de			100	178	98	1	127/9	73	
	30. NAME AND ADDRESS OF PERSON WHE	COMPLETED CAUS	Hages	27) (Type,	Print)	10	217	140				

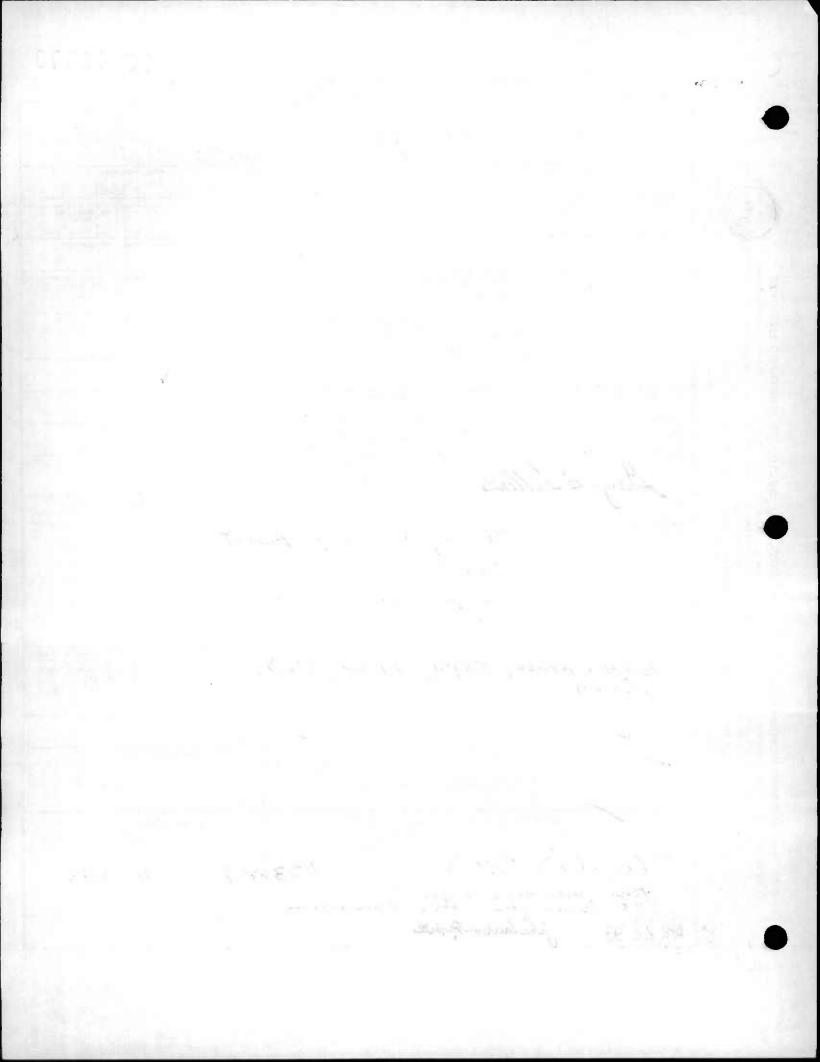
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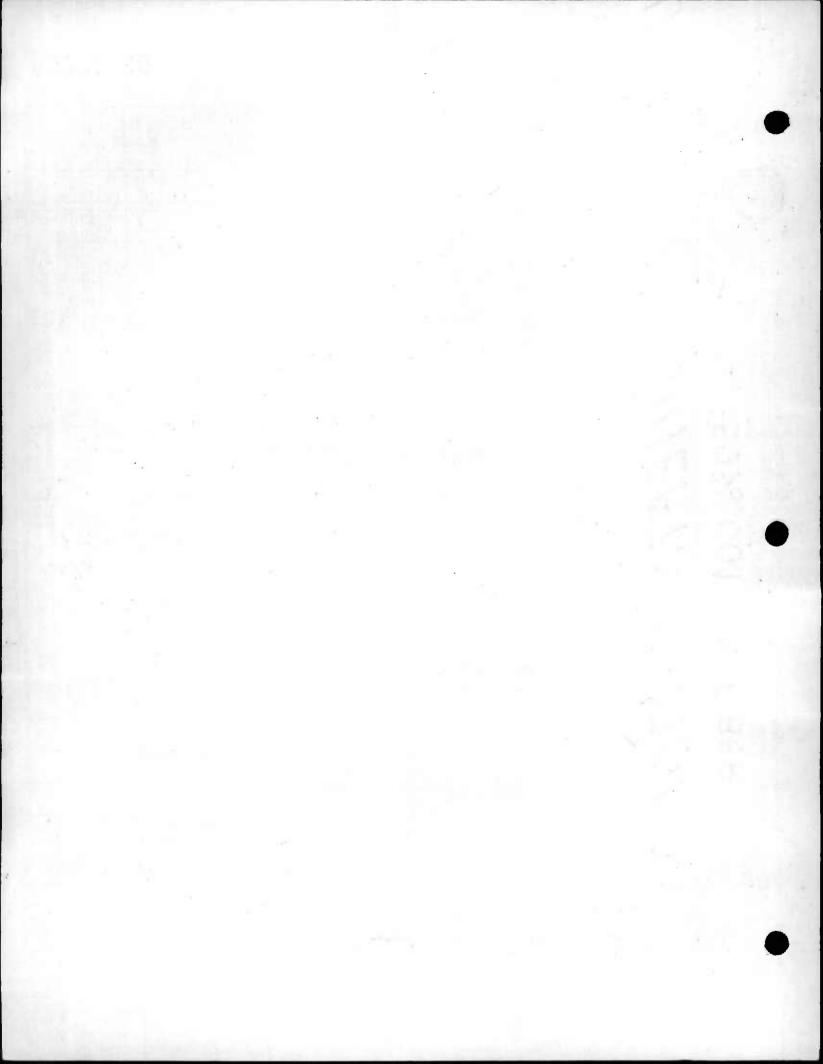
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

	REGISTRAR			CI	EHIIF	ICALI	E OF	DEA	TH		REG. NO.			
	1. DECEDENT'S NAME (First			•						2. DATE OF MONTH	DA	Y - 0 0 0	YEAR	3. TIME OF DEATH
	ELDRIDGE 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL S		RD LEWIS							APRIL	1993		2:45 A	
	213-22-4854	BEH!	1 7 M 2 F	6. AGE (In yrs. las	VRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D) 4-1-1	ay, Year)	- 1	Country	PLACE (State or Foreign Y) YI,AND
	9a. FACILITY NAME (# not in	stitution, give s	Α	00		9b. CITY	, TOWN	OR LOCATI	ON OF DE		941	ac COUR	TIAIN	
۲	AT HOME					CRUN							IN AN	
5	RESIDENCE OF DEC				_							QUIL	TA TITA	NED
DIRE DIRE	10a. STATE	10b. COUNT				Y, TOWN		TION						10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	QUE	EN ANNES	CRUI	MPTON	_	H. ZIP COD						1 X YES 2 NO	
FUNEHAL	BOX 163												HAT COUNTRY?	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	MED	13.		21628		IIC ORIGIN? (S	inacify Vac		USA	- American Indian
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	₩ YES 2 1	NO		If yes, s	ecify Cube	n, Mexics	n, Puerto Rice	n, etc.)	0.110_	Black, Specifi	- American Indian, White, etc.
	3 ₹ Widowed 4 □ Divo	rced		WWII				14					оресл	WHITE
E	15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	(G	CEDENT'S	work done	CCUPATI during m	ON ost of world	ng	16b. KI	ND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (6	1-12)	College (1-4 or 5 -	-)	Do NOT u		,				AT TITLO	DADO	10	
2	17. FATHER'S NAME (First, M	iddle Last)		LIKU	CK DI	KIVE	Υ	10 MOT	HED'C NA	ME (First, Mide		PART	.5	
ם ב	WILLIAM K.		S							. CLAR		sumame)		
õ	19s. INFORMANT'S NAME (7		0	19	b. MAILING	AOORES	S (Street			Route Number,		. State. Zio	Codel	
-	GLORIA MAY	NEWN	AM	P	.0.	BOX 1	L63	CRUM	PTON,	MD.	21628	3		
	20a METHOD OF DISPOSIT 1 N Burisi 2 □ Cremetic	ION	oval from State	20b. PLACE						OATE	20c. LO	CATION —	City or Tox	vn, State
	4 Donation 5 Other	(Specify)		CHEST	ER C				5-199		CHES	STERT	OWN,	MD.
	21. SIGNATURE OF FUNERA	L SERVICE LIS	CENSEL					NO ADDRE		FUNER	ΔТ. Н	OME		
J	23. PART I. Enter the d	15.4	tellows			41	L3 H	TGH :	ST. C	CHESTE	RTOW	J. MD	. 21	620
HILLMIION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequantially list condition if any, leading to immacause. Enter UNDERLYI CAUSE (Disease or Injuithat initiated events resulting in death) LAS	diona, MG	h /4	COR AS A CONSECUTION AS	ulu QUENCE O	ne				port				Interval Between
3			d						-					
WEDICAL	PART II. Other algriffica	OAT		daath but not r	Z Z	In tha ur	M	g cause	given in	.	PERFOR	MEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES: 2 NO
CIAN	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL					26. P	LACE OF D	EATH (Che	ick only one)				
2	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI		no 5 R	sidence	8 Other (S	pecify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Dey, Year)						W	JURY AT DRK? YES 2	□ NO	28d. OEŞCRIBE HOW INJURY OCCURED				
150	3 Sulcide 8	Could not be	28s. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm,	street, faci	lory, offic	ca .		28f. LOCATIO	ON (Street a own, State)	nd Number	or Runal Ro	oute Number,
MTLE			CIAN: To the best of											
3		$\overline{}$		termination and/or	Investigatio	n, in my c	opinion, d	seath occu	red at the	time, date sno	l pisce, sno	dua to the	cause(a)	and manner as stated.
4	296. SIGNATURE AND TITLE	C. C. C. C. C. C. C. C. C. C. C. C. C. C	5 W	us				29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED ((Month, Day, Year)
2	30. NAME AND ADVINESS OF	PERSON WH	O COMPLETEO CAUS	SE OF OEATH (ITEI			,	1	-3-3	8/			11.	3193
	31. DATE FILED (Month, Day,	Ways	I DEGISTA	R'S SIGNATURE	e, C	lus	for	fore	1					
*	APR 22 '93	6	Julia Davids	on-Handel	R									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CE	ERTIF	ICATE O	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Las		AT MITT		11111		2. DATE OF MONTH	D	AY	YEAR	3. TIME OF DEATN	
4. SOCIAL SECURITY NUMBER		ALTER 8. AGE (In yrs. las	LEI	IF UNDER 1 YEAR	IF UNDER 24 HRS.	April		h, 19		7:22	
219-44-3845	1 []XM 2 [] F	46	YRS.	MONTHS DAYS	HOURS MIN.	Aug.	Day, Year)		Mary	yland	
99. FACILITY NAME (If not institution, given SHADY GROVE AD RESIDENCE OF DECEDENT	The state of the last	SPITAL	•	145.5.1.1.1	HERSBURG			7.1.	INTY OF DE		
10a. STATE 10b. COUN	etry .		10c. CI1	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
	ONTGOMERY		12 11	SILVER	SPRING		CF			YES 2 NO	
	lley Cr.				of. ZIP CODE 209(Unit	ced St	tates	
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 P IF YES, GIVE WA 1965-1969	YES 2 1	MED	If yes,	ECENDENT OF NISP specify Cuban, Maxi ES 2 -NO Spec	can, Puerto Rici	Specify Yea an, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, atc. Black	
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) Cellege (1-4 or 5+)	(G Illia	ive kind of Do NOT u	work done during a se retired.)	nost of working		S. Go				
17. FATHER'S NAME (First, Middle, Last)				obtai t	18. MOTHER'S N				mene		
	JOSEPH R						WEED		LEE		
19a. INFORMANT'S NAME (Type/Print) BESSIE BROWN		19			t and Number or Run		City or Tow	rn, State, Zi	ip Code)		
BESSIE BROWN 200. METHOD OF DISPOSITION		20b. PLACE			BOARD RD		20c. L0	CATION -	- City or Tow	n. Slete	
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	other pi	ece)	Church	Cemetery	7	F	rede	rick.	MD	
at signature of Funeral Service	slas x	Starle	ler	22. NAME P.O.	BOX 181	STA 9 / FR	UFFEI EDER	R FUN	NERAL MD. 2	HOME 21702	
23. PART I. Enter the diseases, e shock, or heert failur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)					PASIT NE					Interval Bette Onset and D	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
	EPANC (encer.	PAR	WHAT	ing ceuae given i		4a. WAS AN PERFOI	RMED?		WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?	
- /	lena	LAnce	ill							1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF I (Month, Day		26b. TII	JURY	NJURY AT WORK? YES 2 NO	28d. DESC	Bd. DESCRIBE NOW INJURY OCCURED				
Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural RocCity or Town, State)								oute Number,			
	YSICIAN: To the best of s									end manner se stat	
The Bringship of Title Control	cease	KD	-IR		29c, LICENSE N	UMBER 7225		29d. DA	TE SIGNED	(Month, Day, Year) 5-93	
30. NAME AND ADDRESS OF PERSON DR. MARTIN					11 Rd./	Wheat	on. N	ſd.			
31. DATE FILED (Month, Day, Year) APR 7	32. REGISTRAF				II Kd./	wneat	on, P	1d.			



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEA	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF OEATH
	W. MATTHEWS					1993	2:15 p M
4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign country)
212-16-5648		YAS.			MARCH 25	1914 M	ARYLAND
9a. FACILITY NAME (If not institution, give str		9		R LOCATION OF O	EATH	9c. COUNTY	OF DEATH
MARYLAND MANOR NUI	RSING HOME		GLEN B	URNIE		ANN	E ARUNDEL
10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	ANNA	POLIS				LIMITS?
10a. STREET AND NUMBER	ARORDEL	ANNA		ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?
1236 CROWS NEST C	יתווחי			21/02			
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21403	NIC ORIGIN? (Specify Ver	U.S	A . RACE — American Indian.
1 Never Married 2 Merried FORCES? 1 AYES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) FORCES? 1 AYES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, WI							
3 X Midowed 4 Divorced	W.W.TT		1 1 123	Z ZZWO Speci	у:		Specify: ACK
15. OECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEOENT'S US	SUAL OCCUPATION done during mos	N	16b. KIND OF BU		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)	st or working			
		MAINT	ANCE				
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
GEORGE MATTHE	WS			LOI	ISE JONES		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	OORESS (Street a		Route Number, City or Tow	n, State, Zip Code	p)
MARILYN BOOTH			ROWS NE		NNAPOLIS.		
20s. METHOD OF DISPOSITION	20b. F	LACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c, LO	CATION - City	
1 XBurial 2 Cremation 3 Remon	rel from State Cerne.	RYLAND VI	ETERAN	CEME. 4/	28/93 CR	OWNSVII	LE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	O ADDRESS OF FA	CILITY		III
M-	Dans		REESE	& SONS	MORTUARY,	P.A.	
Javy 1.	see		821 W	EST ST.	ANNAPOLIS.	MD. 21	401
23. PART i. Enter the diseases, or co shock, or beart failure. L	emplications that caused lat only one cause on as	tha daath. Do not ch line.	antar the mod	da of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximata interval Batween
IMMEDIATE CAUSE (Final	THE RESIDENCE OF THE PARTY OF T	etes Mel.	litus				Onset and Death
disease or condition resulting in death)							
		CONSEQUENCE OF):	1				
Sequentially list conditions, b.		iple Deci	ubiti				
if any, leading to immediate	OUE TO (OR AS A C						
CAUSE (Disease or injury		ntial Hy	pertens	ion			
that initiated events resulting in death) LAST	Contraction of the contraction o	CONSEQUENCE OF):		4.			
d.	Arte	rioscler	otic Ca	rdiovasc	cular Disea	ise	
PART II. Other aignificant conditions	contributing to death but	not resulting in	tha undarivino	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Carcinoma of		-			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					1 🗍 YES 2	₩ NO	OF DEATH?
Senile Demen					_		1 YES 2 NO
Mild Renal F 25. WAS CASE REFERRED TO MEDICAL	ailure						
EXAMINER?	HOSPITAL:	в	THER:	ACE OF DEATH (Ch			
1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpet	lent 3 U DOA 4	☐ Nursing Home		6 Other (Specify)		
1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI	RK?	26d. DEŞCRIBE HOW II	NJURY OCCURE	D
2 Accident Investigation				ES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
	AN: To the best of my knowled						
one) 2 MEDICAL EXAMINER:	On the basis of examination of	and/or investigation, i	in my opinion, de	sth occured at the	time, data and place, an	d due to the cau	se(s) and manner as stated.
29 CHATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, OATE/SIG	NgD (Month, Day, (Year)
Harry migh	(Attend	ing Phys:	ician)	D14160		N4	124/00
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT						~1175
Harjit Singh, M.				Baltimor	e, Md. 212	25	/
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT						
APR 29 1993	Julia Davidson	- Bindell					

1	-	STATE REGISTRAF	3

	1 - STATE REGISTRAR	SIAIE UF I	/ MAKYLAND CE	RTIF	ICATI	OF R	DEAT	AND I		EG. NO.				Col brig
	1. DECEDENT'S NAME (First, Middle	, Last)							2. DATE OF	DEATH			3. TIME OF DE	ATH
1	Buster B. Mill	er							April	2		1993	6:55	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			PLACE (State or	-
	233-28-7111	1 € M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 01-22		2.1	Country TJ O.C. t	Virgi:	nio
3	Sa. FACILITY NAME (If not institution				9b, CITY	, TOWN E	R LOCATION	ON OF DE				UNTY OF DE		ıııa
DIRECTOR	Perry Point VA				Per	ry F	oint				Cec			
EC		COUNTY		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CI	TV
E	Maryland	Cecil		No	rth	East						- 1	LIMITS?	
7	10e. STREET AND NUMBER			110	1 011		ZIP CODE	E			10a. CI		HAT COUNTRY	
BY FUNERAL	10 Bradley La	ne				2	1901						States	
S	11. MARITAL STATUS		TEVER IN U.S. ARI	MED	13.				HC ORIGIN? (S	pecify Yes			- American In	dian.
7	1 Never Married 2 🕅 Marrie	FORCES? 1	X VES 2 N	Ю		If yes, sp	2 X NO	n, Mexica	n, Puerto Rica	n, etc.)		Black, Specifi	White, atc.	
	3 Widowed 4 Divorced	World	War II		_ 1		2.2						White	
COMPLETED	15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	(G)	ve kind of	USUAL O	CCUPATIO	ON st of workin	10	16b. KIN	O OF BUS	INESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	College (1-4 or 5	- 100	Do NOT u	se retired.)			•	i					
MP	8		Tr	uck	Driv	er			Per	insu	ıla T	ruck	ing	G
8	17. FATHER'S NAME (First, Middle, Li	ast)							ME (First, Midd	le, Maiden	Surname)			
8	Rosser Miller								hires					
2	19a. INFORMANT'S NAME (Type/Prin								Route Number, (
	Peggy L. Mille	r						Nort	h East					
	20a, METHOD OF DISPOSITION 1 № Burlal 2 ☐ Cremation 3 ☐	Removal from State	20b. PLACE A cemetery, cres	matory or o	ther place)				DATE			City or Tow		
	4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERIAL SERV		North	Eas			ist (5/1	No	rth	East,	Maryl	and
	1//	17//							1 Home	2				
	11 COVOLA	1. Ou	real	7	1	27 S	outh	Mai	n Stre	et.	Nort	h Eas	st, MD	21901
	23. PART I. Enter the disease shock, or heart fe	s, or complications that	t caused the de	ith. Do i	not enter	tha mo	de of dyl	ng, sucl	h aa cardiac	or reapi	ratory as	reat,	ApproxI	mata
	IMMEDIATE CAUSE (Final	nare and only one can	or or seci iiie.											Between nd Death
- 1	disease or condition resulting in death)	Pneumo	nia											
	,	DUE TO	(OR AS A CONSEC	UENCE O	F):					-				
Z	Sequentially list conditions,	Respir	atory fa	ailu	ce									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(DR AS A CONSED	UENCE O	F):									
길	CAUSE (Disease or Injury	c. OHE TO	(OR AS A CONSEQ	HENCE O	D.								-	
Ē	that initiated events resulting in death) LAST		(on no n consca	OLIVOL O	. ,.								i	
S		d											 	
DICAL CERTIFICATION	PART ii. Other significant con	ditiona contributing to	deeth but not re	auiting	in the ur	derlying	ceuse g	ni nevig	Part I. 24	. WAS AN			WERE AUTOPSY	
음									1	YES 2			COMPLETION D	
ME													1 VES 2	XND
ä														
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDI- EXAMINER?						ACE OF D	EATH (Che	eck only one)					
YSI	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		• 5 □ Re	sidence	6 Other (Sc	ecify)				
표	27. MANNER OF DEATH 1 X Natural 5 Periding	28a. OATE OF (Month, D	INJURY sy, Year)	28b. TIM	IE OF JURY	28c. INJ WO	URY AT RK?		28d. DEŞCRI	BE HOW I	NJURY OC	CURED		
BY	2 Accident investig	ation			- "		ES 2 [NO						
	3 Suicide 6 Could r	building.	F INJURY - Al hor atc. (Specify)	ne, farm,	street, fact	ory, office	•		26f. LOCATIO	N (Street a	ind Numbe	or Rural Ro	oute Number,	
립	29a. CERTIFIER (Check only	PHYSICIAN: To the bast of	my knowledge, dea	rth occurr	ed at the I	lme, data	and place,	and due	to the cause(e) and men	ner ea ste	ited.		
COMPLETED	one) 2 MEDICAL EX	AMINER: On the basis of ex	camination end/or is	nvestigatio	on, in my o	pinion, d	eath occur	ed at the	time, data and	placa, and	d dua to t	he cause(a)	and manner es	stated.
BE C	29b. SIGNATURE AND TITLE OF CE	RTIFIER					29G LICE	NSE NUN	MER		29d. DA	FE SIGNED	Month, Day, Yes	ir)
	VK W	ecor	1				0	21	77	9) 4	4/2	8/9	3
٩	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type	Print)			,						
	V. K. NELLORE,	M.D. VAMC	Perry P	oint	, MD	21	902							
	APR 30 93	32. REGISTRA	R'S SIGNATURE											
	Mrk 20 93	Fulia Day	idson-Rand	600										- 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

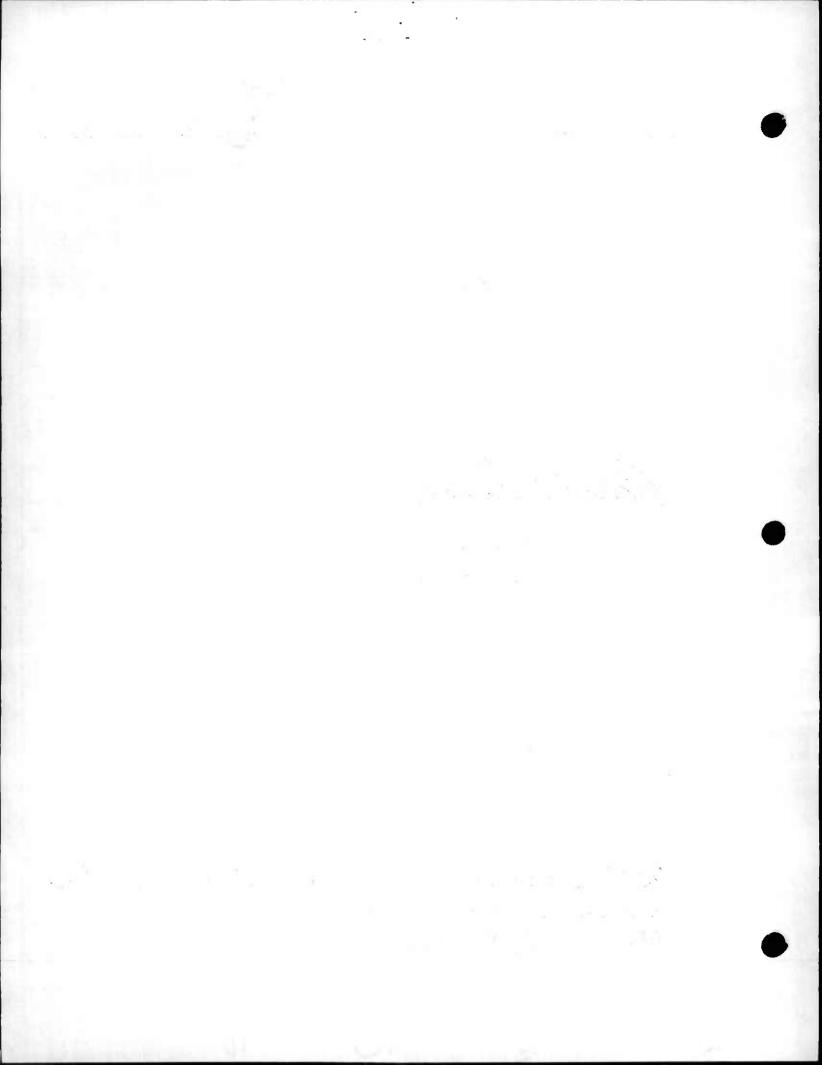
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical exeminer must be notified et once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

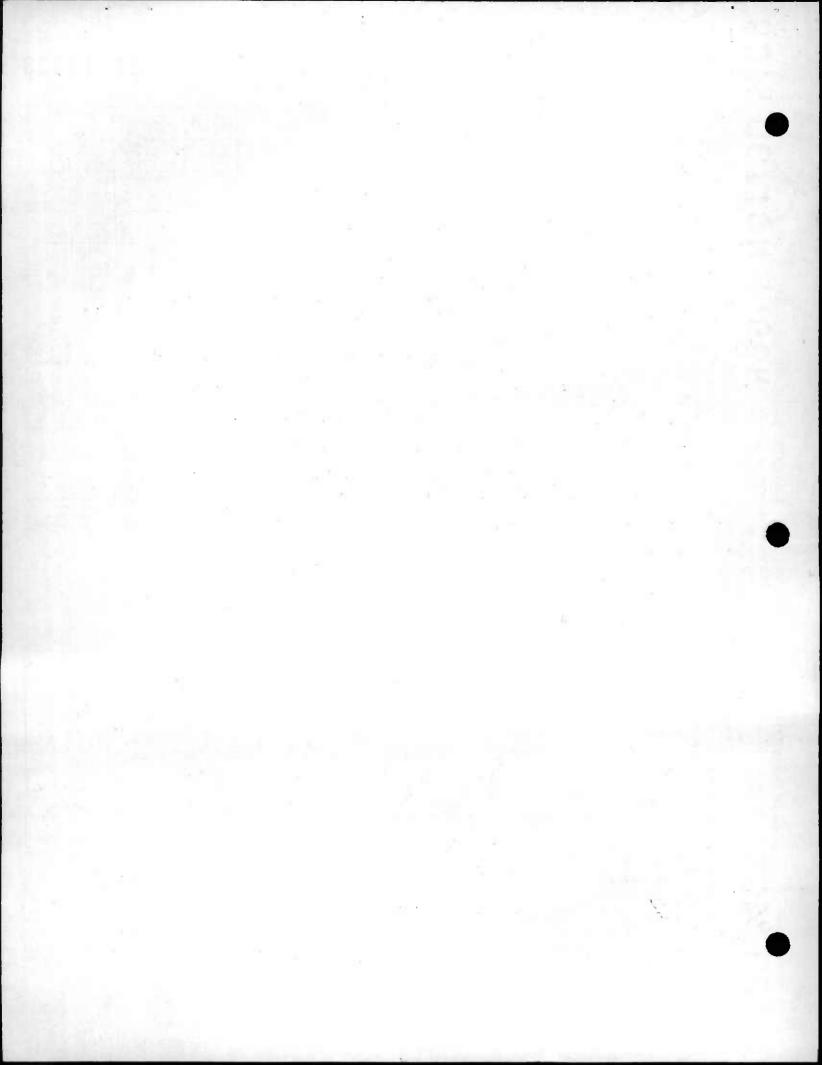
BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



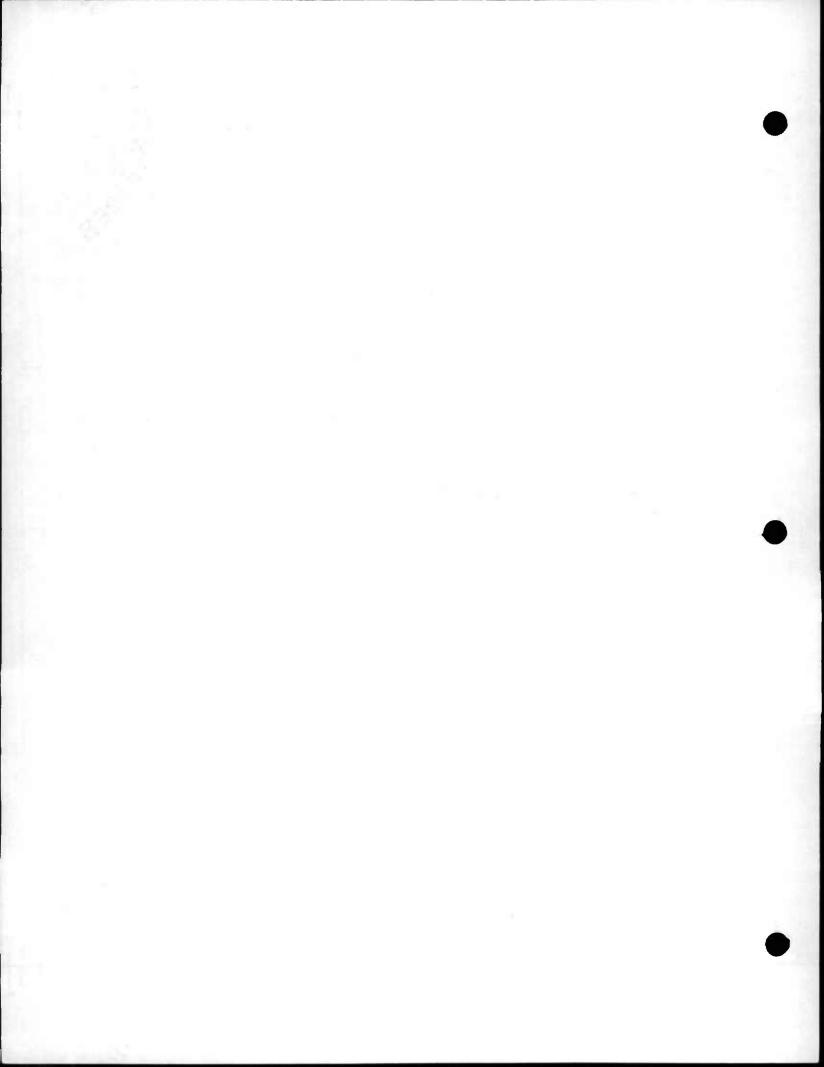
attending physician.	se as the burial-transit permit		
be retained by the hospital or	ge 5 should be detached for u.		e notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	i, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed within 24	ng physician and completely fill	giene prior to burial, cremation	other traumatic event, the
e law requires that the death or	has been signed by the attendi	Dept. of Health and Mental Hy	1 23 shows any injury, or
OR ATTENDING PHYSICIAN: Th	DIRECTOR: After this certificate	ours after death with the State	lem 28 is marked, or iten
THE HOSPITAL	TO THE FUNERAL (be filed within 72 h	IMPORTANT: It I

	1 - STATE REGISTRAR	OIAIL OI	CE	RTIF	ICATE O			RICHIAL II	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last TRUMAN	MARTIN						2. OATE OF D	DEATH DAY		YEAR 93	6:00 A M
14	4. SOCIAL SECURITY NUMBER 261-76-0327	5. SEX	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF B (Month, Day 08/17	y. Year)		6. BIRTHPL Country)	Oak, FL.
OR	9e. FACILITY NAME (If not institution, give 2218 Alice Aven	e street and number)			9b. CITY, TOW		ION OF DE			9c. COUN	ITY OF DEA	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE Maryland Prin	nty ice George	e's		TY, TOWN OR LO							Od. INSIDE CITY LIMITS? X YES 2 NO
JERAL	10e. STREET AND NUMBER 2218 Alice Aven	iue #3				101. ZIP COD	45			Uni		tates
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. ARN 1 YES 2 NO WAR OR DATES		If yes,		en, Mexice	NIC ORIGIN? (Sp en, Puerto Rican fy:		or No-	14. RACE — Bleck, V Specify: Bla	
COMPLETED	15. DECEDENT'S ET (Specify only highest gre Elementary/Secondery (0-12) 11th.	DUCATION ade completed) College (1-4 or 5	(G/v l/fe. :	we kind of Do NOT u	s usual occup i work done during use retired.) Mechani	most of worki	ing			ness/indi		
BE CO	17. FATHER'S NAME (First, Middle, Lest) Wyart Martin, S	SR.						AME (First, Middle Lee Nie				
10	190. INFORMANT'S NAME (Type/Print) JoAnne Martin				G ADDRESS (Sine Alice A						0745	
	20e. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	other pla	ece)	County,		-				k, F1	n, Stete Loirda
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE CON	so the		22. NAM	exande	er S	. Pope	Fune	ral 1	Home	MD 20747
CERTIFICATION	shock, or heart feilure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. DUE TO	PO (OR AS A CONSEQ TO (OR AS A CONSEQ O (OR AS A CONSEQ ALL MAN TO (OR AS A CONSEQ TO (OR AS A CONSEQ	OUENCE C	g Ve	IX PRIY	1ez	1 W nom	ou na/i	nd Reci	tum	Interval Batween Onset and Daeth
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditi		D death but not re	esulting				1	PERFORI	MED?	0	WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NA
SICIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	1.0	United the	6 Other (Sp	pecify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	on	Day, Year)	N	IME OF 28c.	INJURY AT WORK?	No	28d. DESCRIE	N A	JURY OCC	CURED	
	3 Suicide 6 Could not b	na princius	OF INJURY — At horing, etc. (Specify)	me, farm,	street, factory,	ffice		28f. LOCATIO City or To	N (Street el own, State)	nd Number	or Aural Ace	HOME
COMPLETED	onel	IYSICIAN: To the best of										and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF IDERTIF	Mai	tory1	nc)	29c. LIO	CENSE NU	1392		29d. DATI	E SIGNED (Month, pay, Year)
)		orgia	Auce.	NU	U /	lou:	HRd	14. H	650	ital	9	770
1	31. DATE FILED APPR 2 10 19	32. REGIPTE	han's SUNATURE	- Pan	less				V			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
ID THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	I
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Puneral be filled within 72 hours after death with the State Dept. of Health and Mental Mydiene prior to burial, cremation, or removal.	2
APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH		3. TIME	OF DEATH	
	LORETTA GERTI	RUDE McCl	ISKER			April 12	199	3 11	:40 P M	
	4. SOCIAL SECURITY NUMBER		SE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 100			
1	577-12-4633	1 M 2 X F	72 YRS.	MONTHS DAYS		(Month, Day, Year)		8. BIRTHPLACE (S Country)		
			/ Z THS.				1920	Maryland	d	
_	9e. FACILITY NAME (If not institution, give	*		9b. CITY, TOW	OR LOCATION OF O	EATN	9c. COU	NTY OF DEATN		
DIRECTOR	3510 Jefferson S	Street		Hyatt	sville		Pri	nce Geor	rge's	
5	RESIDENCE OF DECEDENT									
12	10a. STATE 10b. COUNT	•		Y, TOWN OR LOC				10d. INS	SIDE CITY MITS?	
		ce George's	Нуа	attsvil	Le				ES 2 NO	
¥	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF WHAT CO	UNTRY?	
FUNERAL	3510 Jefferson S	treet			20782		U.S	.A.		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO	13. WIS D	ECENDENT OF HISPAN	NIC ORIGIN? (Specify Vi	a or No	14 BACE Amou	dana tadia-	
	1 Never Married 2 Married	FORCES? 1 YI	ES 2 XNO	If yes,	specify Cuben, Mexica	n, Puerto Rican, etc.)	0.110_	14. RACE — Amer Black, White,	etc.	
ВУ	3 Wildowed 4 Divorced	IF 1ES, GIVE WAR OF	TOAIES	1 1 4	ES ZXNO Specif	γ.		Specify: White		
0	15. DECEOENT'S EOL	JCATION	16a, DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	ICINESS (INC			
	(Specify only highest grade		(Give kind of life. Do NOT u	work done during	nost of working	IOU. KIND OF BE	JOINE SOLIND	OSIRI		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	Maker		Own	Home			
COMPLETED			Trome	Hanci						
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meide				
H	Charles Krumm				Elizab	etn Nor	ris			
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To				
	James P. McCuske	r	3510	Jeffer	son Stree	t, Hyattsv	ille,	MD 20	782	
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE			OATE 20c. L	OCATION -	City or Town, State		
	1 ☐ Buriel 2 🛱 Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State	metery, crematory or o	tan Cre	matory 4	15/93 A1	exand	ria. Vir	rginia	
	21. SIGNATURE OF FUNERAL SERVICE LA		песторозз	22. NAME	AND ADDRESS OF FA	CILITY			8	
	1706	1	C a	Fran	cis Gasch	CILITY 1's Sons F	unera	1 Home,	P.A.	
	Yack N	Frien	-6	4739	Baltimor	e Ave., Hy	attsv	ille, MD	20781	
	23. PART I. Enter the diseases, or	complicatione that cause	sed the deeth. Do						pproximate	
	snock, or heert fellure.	List only one cause or	eech line.		, ,	E 41E-E-17	100	Int	tervai Between	
	iMMEDIATE CAUSE (Fine)	Our ·	0.	04 -				j Or	nset and Death	
	resulting in death)	. Uvanau	S A CONSEQUENCE O	Notice 11	Ĺ				444.	
		DUE TO (OR A	S A CONSEQUENCE O	F): U				-	,	
8	Sequentially list conditions,	b								
CERTIFICATION	if any, leading to immediate	OUE TO (OH A	S A CONSEQUENCE O	F):						
0	CAUSE (Disease or injury									
	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
띪	resolding in death) EAST	d.								
0										
	PART ii Other significant condition	to contributing to death	hut not resulting	to the contest of		s I	2001			
ÄL	PART ii. Other significant condition	ns contributing to desti	but not resulting	in the underly	ng ceuse given in	Part i. 24a. WAS AI	AUTOPSY RMED?		JTOPSY FINDINGS LE PRIOR TO	
DICAL	PART ii. Other significant condition	ns contributing to desti	but not regulting	in the underly	ng ceuse given in	Part i. 24a. WAS AI PERFO	RMED?	AWAILABI COMPLE	LE PRIOR TO TION OF CAUSE	
MEDICAL	PART II. Other significant condition	ns contributing to desti	but not resulting	in the underly	ng ceuse given in	PERFO	RMED?	AVAILABI COMPLE OF DEAT	LE PRIOR TO TION OF CAUSE 'H?	
Σ	PART II. Other significant condition	ns contributing to desti	n but not reculting	in the underly	ng ceuse given in	PERFO	RMED?	AVAILABI COMPLE OF DEAT	LE PRIOR TO TION OF CAUSE	
Σ	PART II. Other significant condition	ns contributing to desti	n but not resulting			PERFO	RMED?	AVAILABI COMPLE OF DEAT	LE PRIOR TO TION OF CAUSE 'H?	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	PERFO 1 YES	RMED?	AVAILABI COMPLE OF DEAT	LE PRIOR TO TION OF CAUSE 'H?	
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 □ DOA	26. OTHER: 4 □ Nursing No	PLACE OF DEATH (Ch	PERFO 1 YES ack only one) 6 Other (Specify)	RMED?	AWAILABI COMPLE OF DEAT 1 YE	LE PRIOR TO TION OF CAUSE 'H?	
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BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 ER/O 28a. OATE OF INJUR (Month, Day, Yea	utpetient 3 □ DOA IY 28b. TIM IN.	26. OTHER: 4 Nursing Ni EOF 28c. URY 1	PLACE OF DEATH (Chrome 5 Residence volume 4T vonk?	PERFO 1 YES Deck only one) 6 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street	RMED? 2 NO INJURY OCC	AMALABI COMPLE OF DEAT 1 YE	LE PRIOR TO TOTOM OF CAUSE H? \$ 2 \(\text{\text{\text{NO}}} \) NO	
BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/O 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR	utpetient 3 □ DOA IY 28b. TIM IN.	26. OTHER: 4 Nursing Ni EOF 28c. URY 1	PLACE OF DEATH (Chrome 5 Residence volume 4T vonk?	PERFO 1 YES BCK only one) 6 Other (Specify) 28d. DESCRIBE NOW	RMED? 2 NO INJURY OCC	AMALABI COMPLE OF DEAT 1 YE	LE PRIOR TO TOO OF CAUSE H? \$ 2 \sum NO	
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BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WEDT. Kai—Yiu Yeur	HOSPITAL: 1 Inpetient 2 ER/O 28a. OATE OF INJUR (Month, Day, Yea 28a. PLACE OF INJUR building, atc. (S ICIAN: To the best of my kn ER: On the beele of examina	utpatient 3 DOA IV 28b. TIM IN. IRY — At home, ferm, pecify) owledge, death occurrention end/or investigation DEATH (ITEM 27) (Type, 25 Greenwa	26. OTHER: 4 Nursing No. IEOF 28c. II URY M 1 street, factory, of ed at the time, de on, in my opinion.	PLACE OF DEATH (Chome 5) Residence NJURY AT YES 2 NO Ice te end place, end dua death occured at the	PERFO 1 YES 1 YES 5 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, Steet to the ceuse(e) and ma time, date and place, e	INJURY OCC and Number oner ee state d dus to the	AMAILABICOMPLE OF DEAT 1 YE SUREO or Rural Route Num ed. e cause(e) and mer E SIGNEO (Month, E	LE PRIOR TO THOM OF CAUSE H? \$ 2 \sum NO tiber; nner ee stated.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

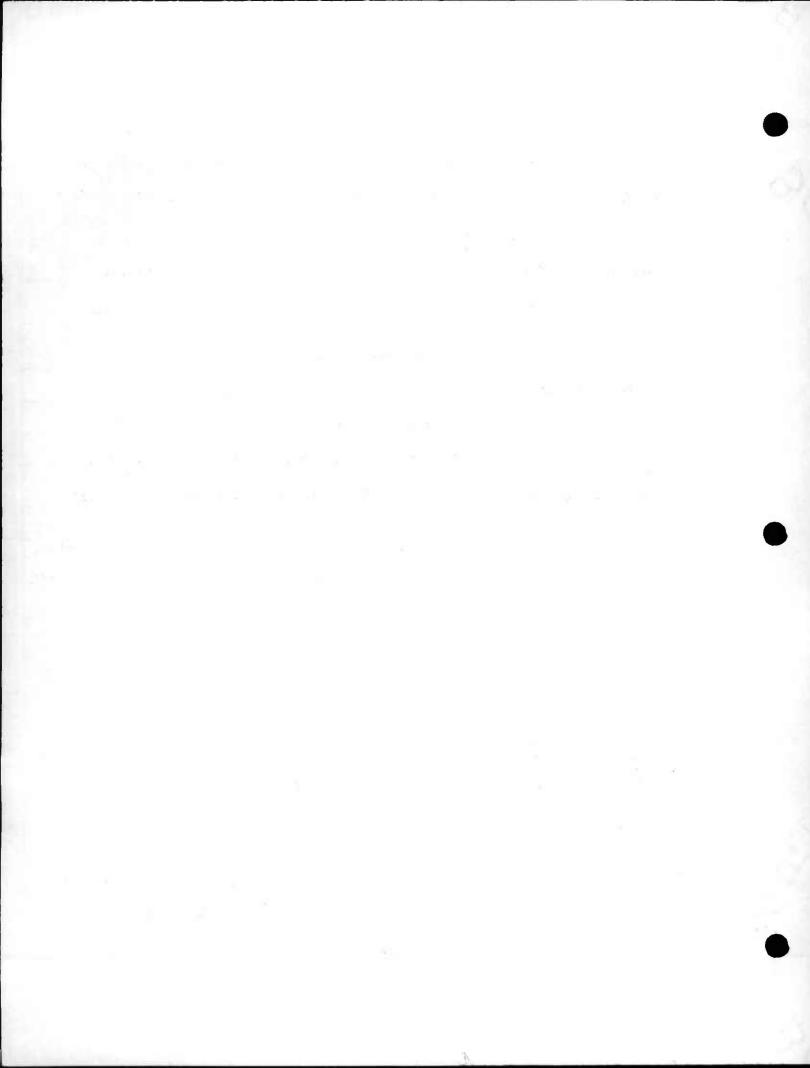
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

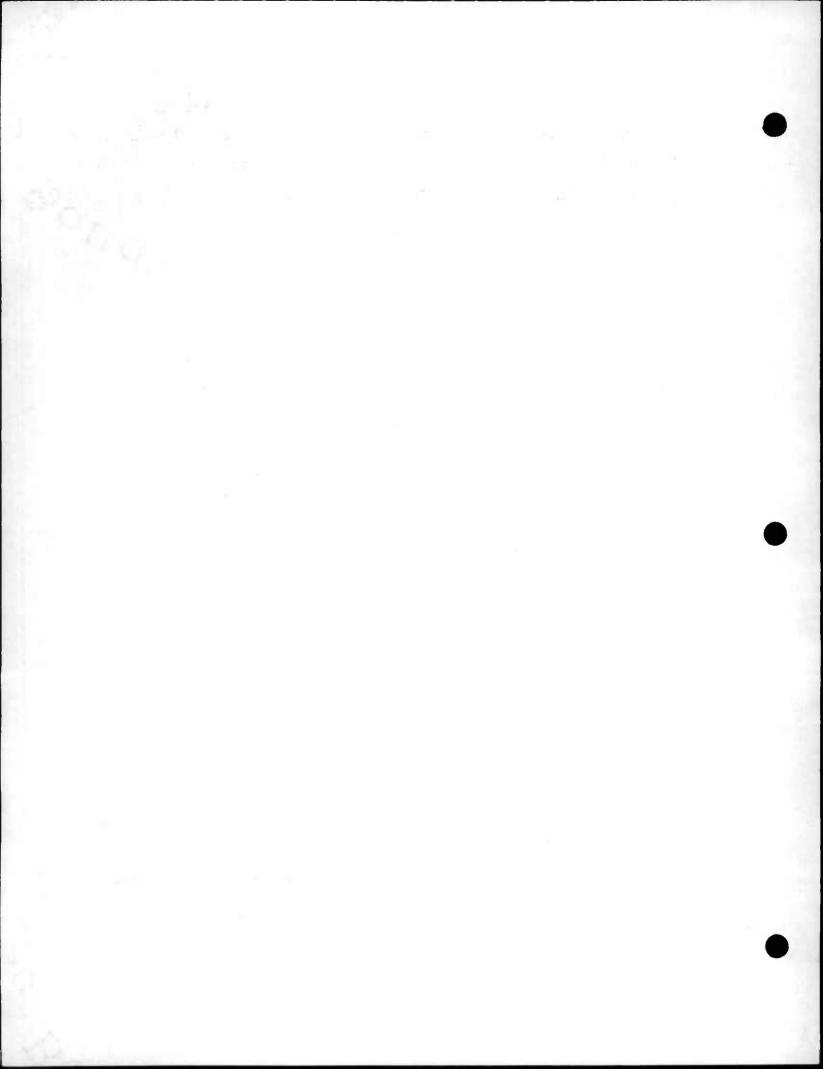
	1 - STATE REGISTRAR	OIAIL OI I	IIANI LAND	CERTIF					MEN I/	AL HYGIEN					
- 1	1. DECEDENT'S NAME (First, Middle, Last)			OLITITIE .	IOAIL	<u> </u>	DLA	111	2. DAT	REG. NO			3 T	ME OF DEATH	
- 11	GREENFAIR			MOSES	JR				MON		20	53		20AM	M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1		IF UNDER	24 HRS.		E OF BIRTH	- 0		<u> </u>	E (State or Foreig	10
- 0	250-30-4090	1 M 2 - F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	nth, Day, Year)		Coun	try)	ERSEY	**
	9a. FACILITY HAME (If not institution, give :	street and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE		20 23		UHTY OF I		ROEI	_
DIRECTOR	PRINCE GEORGE'S		L CENTE	ER			ERLY		EAIN					ORGE'S	
E C	10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OF	LOCAT	ION						T 404	INSIDE CITY	_
뜽	MARYLAND PRI	NCE GEORG	TPC		STRIC			C					-	LIMITS?	
7	10e. STREET AND NUMBER	NCD GDORG	200	DI	SIRIC	_	ZIP COD				100 01	TITEN OF		COUNTRY?	
ER/	6611 ELMHURST	ייים בייי				1.30		- 0747						COUNTRY	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T_EVER IN U.S.	ARMED	13. W	AS DEC				N? (Specify Yes		U.S.		merican Indian,	
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V 1945 to	X YES 2 [НО	14	yes, spe	city Cube	n, Mexica	in, Puerto	Rican, stc.)	or No-	Spec	ek, Whi elfy:	te, atc.	
G	15. DECEDENT'S EDU	CATION	16e,	DECEDENT'S	USUAL OCC	CUPATIO	ON .		16	b. KIND OF BU	EINESC/IN		BLA	CK	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done du			g	"	o. KIND OF BO	MINESS/IN	DUSTRY			
집	12	conege (1-4 or 5		ODUCT	TON W	ORKI	ER		9	CIENCE	T.A.B				
O	17. FATHER'S HAME (First, Middle, Last)							HER'S HA		Middle, Maiden	_		_		
	GREENFAIR M	OSES SR								AYLOR	ourname)				
BE	19a. INFORMANT'S NAME (Type/Print)	ODED DIC	Т	19b. MAILING	ADDRESS	Street e	ad Number			ALLIOR	- Ct-t- 7	- O			_
2	MARIE MOSES		1							HGTS.			7		
	20a. METHOD OF DISPOSITION			EANDDATE				DIS	DA			20 / 4 City or To			
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	cemetery,	crematory or o	ther place)			en mari	1						
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- I QUA	NTICO			ID ADDRE					TICO			
	N 20 11 1			,	ì				L	EWIS F					
_	Julys	ul_			31	1 N	.PATI	RICK	ST.	,ALEXA	NDRI	A,VA	.22	314	
	23. PART I. Entar the diseases, or shock, or heart fellure.	complications that List only one cau	t csused tha	death. Do i	not antar t	ha mo	da of dyl	ng, sucl	h aa car	diac or reapi	retory ar	reat,		Approximate	
- 1	IMMEDIATE CAUSE (Final												į.	Interval Betw Onset and Da	
	disease or condition resulting in death)	a. DUE TO	CORAS A CONS	SEQUENCE OF	Deey Fix	Da	ill	u					1	24/	1
z			uta	NA A	11	ra	NAI	Mic	m	2			İ	(0 m	20
CERTIFICATION	Sequantially list conditions, if any, leading to immediate		OR AS A CONS						-				-		- 2
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	c											ĺ		
E	that initiated events	DUE TO	(OR AS A CONS	SEQUENCE OF	F):	-)					+		
ER	resulting in death) LAST	d													
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Σ									_	₹/			1 🔲	YES 2 HO	
A	25. WAS CASE REFERRED TO MEDICAL														
PHYSICIAN:	EXAMIHER2	HOSPITAL			OTHER:	26. PL	ACE OF D	EATH (Che	eck only o	ne)					
ΙΥS	1 YES 2 HO	-	ER/Outpatient	7	4 🗆 Nursir	g Home	5 🗆 Re	aldenca	6 🗆 Oth	er (Specify)					
	27. MAHHER OF DEATH 1 Natural 5 Pending	/ BAL DATE OF (Month, D		26b. TIM	URY	Bc. IHJU WOI	RK?		28d. DE	SCRIBE HOW II	NJURY OC	CURED			
B√	2 Accident Investigation				М	1 🗌 Y		но							
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE Of building,	etc. (Specify)	home, farm, s	street, factor	y, office	/		28f. LOC	ATION (Street a	nd Numbe	r or Rural I	Route N	lumber,	
4															
COMPLETED	29a. CERTIFIER (Check only one)	CIAH: To the best of	my knowledge,	death occurre	d at the tim	e, date	end place,	end due	to the ce	use(a) and men	ner ea ste	ted.			
Į į	MEDICAL EXAMINE	R: On the beals of a	amination and/o	or investigatio	n, in my opi	nlon, de	ath occur	ed at the	time, deta	and place, en	d due to th	he ceuse(s	and (manner aa stated	ı.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	10001					29c. LICE	NSE HUM	IBER		29d. DAT	E SIGNED	(Monti	Day Year)	_
	maram 0. U	ulle					100	134	173		• (1	21	193	
2	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (I)	TEM 27) (Type,	Print)		.0	4		1 1	_	,		1	
	ON PACTIN D. WE	32. RECUSTIFA	ZZZ (3 ree	ma 1	CT	9	1	Tile	ull	# 1	MD	2	ono	
	31. DATE FILED (MARIE) CAY, 1987) APR 2 2 19	93 40	lia Davido	ion-Pan	dell			_							





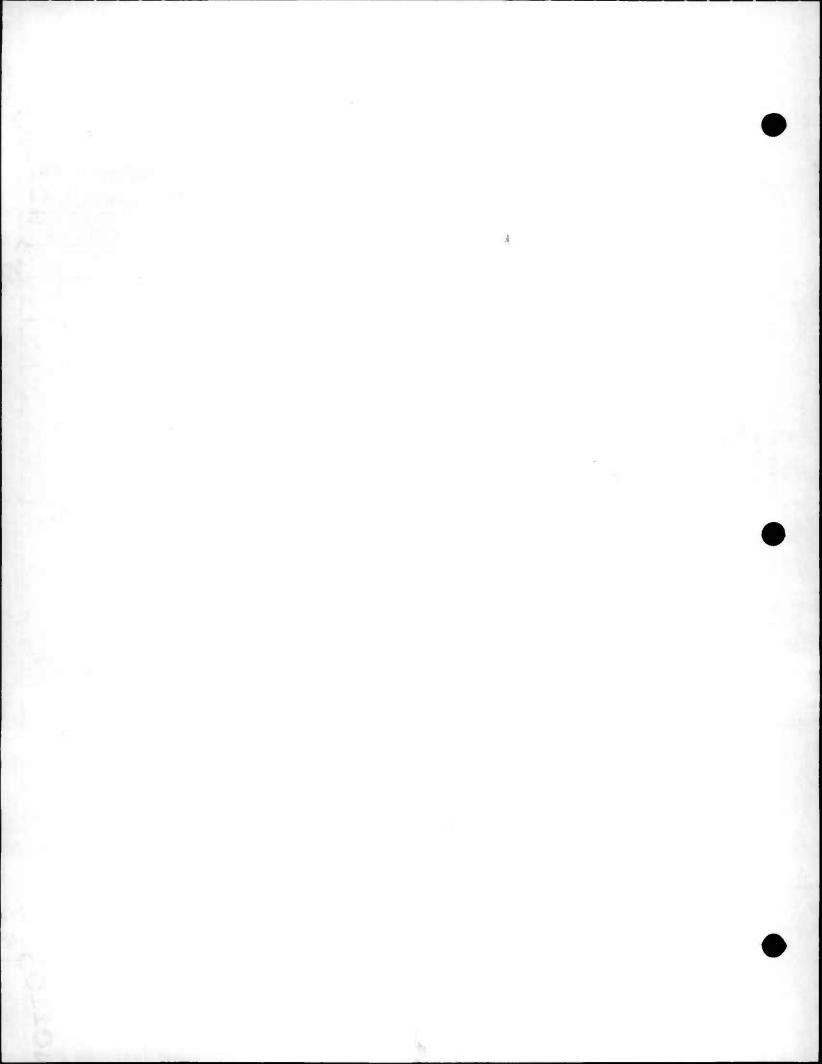
2	2
	2
-	5.
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	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		7.0	3. TIME OF DEATH
1	HNGELLO	R	MAY	FRS		MONTH	DAY 19	Q Z	(:40A "
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	IOTU	A DIETTI	PLACE (State or Foreign
	249 18 6099D	1 M 2 XF	82 yrs.	MONTHS DAYS	HOURS MIN.	9/18/		Count	NGTON CO,S.C
	9a. FACILITY NAME (If not institution, give s		02 1110.						
l or	CONTILE ON MAC	4 15 11	COITI	96. CITY, TOWN	OR LOCATION OF DEA	NTH .	9c. C	OUNTY OF D	
DIRECTOR	DOUINEKN MINK	YLAND MC	SPITAL	CL	INTON	r.	PK	INCE	6 EORGES
្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v							
E		GEORGE		Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
		GEORGE		LINTON					1 X YES 2 NO
I₹	10e. STREET AND NUMBER			10	of, ZIP CODE		10g. C	CITIZEN OF W	HAT COUNTRY?
FUNERAL	92 1 1 STUART	LANE			20745		U.	NITED	STATES
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE	CENOENT OF HISPANI	C ORIGIN? (Sp	ecity Yea or No-	- 14. RACE	— American Indian, , White, atc.
	1 Never Married 2 K Married	FORCES? 1 YES		If yes, s	pecify Cuban, Maxican, S 2 X NO Specify:	, Puarto Rican,	etc.)	Black Spech	
BY	3 Widowed 4 Divorced				o zagi no opocny.				SLACK
品	15. OECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND	OF BUSINESS/	INDUSTRY	
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during m se retired.)	ost of working				
집	06	0011090 (1-011017)	DOME	STIC			CLEANI	NG	
S .	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM				
_	DAVID TAYLOR				OPHELI))	
H	19a. INFORMANT'S NAME (Type/Print)						_		
2					and Number or Rural Ro				
"	ALICE E HALL		4305	19th AV	/E TEMPLE	HILLS	MD 207	48	
L	20a. METHOD OF DISPOSITION 1 St Burlai 2 Cremation 3 Ram		b. PLACE AND DATE		eme of	OATE	20c. LOCATION	— City or To	wn, Stata
	4 Donation 5 Other (Specify)	Ce	HARMONY		PARK		LANDOV	ER MD	
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE		22. NAME A	NO ACCRESS OF FACE	LITY			
	110.11	1 0			KANDER S F				
	aux s.	10pe	_		PA AVE S			0020	
	23. PART I. Enter the diseases, pr	complications that couse List only one couse on a	d the daath. Do r	not enter tha me	ode of dying, auch	aa cardlec c	or reaplratory	arreat,	Approximate
1 1	IMMEDIATE CAUSE (Finel	-		7 1	3				Interval Between Quset and Death
	disease or condition resulting in death)	20250	1 (1)	NODE	月月三年)				IWK
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):					
2									j
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):					
3	cause. Enter UNDERLYING								
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):					
E	resulting in deeth) LAST								
뜅		a							
7	PART II. Other significent condition	s contributing to deeth	but not resulting	in the underlyin	g ceuse given in P	art I. 24a.	WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
EDICAL	0, 50	I.					PERFORMED?	- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
요	Marie Kening	2101W	20 01-	Man	10 Rens	77	YES 2 🕅 NO		OF DEATH?
Σ	Hane les	CATI	- I	19-11	0				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	101	/	JIVIII	ice				
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chec	k only one)			
YS	1 Tes 2 No	1 Inpatient 2 ER/Out	patient 3 DOA		ne 5 🗆 Rasidence 6	Other (Spec	c(fy)		
표	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT :	26d. DESCRIBE	HOW INJURY C	CCURED	
Æ	1 Action 5 Pending Investigation				YES 2 NO				
ED E	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, s	street, factory, offic	:	281. LOCATION	(Street and Numb	ber or Rural R	oute Number,
里	4 Homicide detarmined	something, area tope	iony)			City or Tow	n. State)		
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of and	uladas davet sis					-	
M M	(Check only one) 2 MEDICAL EXAMPLE	CIAN: To the best of my know	viedge, death occurr	ed at the time, date	and place, and due to	the cause(a)	and manner as a	rtsted.	
8		R: On the besis of examinents	investigatio	II my opinion,	seath occured at the ti	me, data and p	placa, and due to	the cause(a)	and manner as stated.
ш	290. SIGNATURE AND TITLE OF CERTIFIED	Milvert	Herel	1	29c. LICENSE NUMB	ER	29d. D.	ATE SIGNED	(Month, Day, Year)
9		The same	10000	0	12249	45	•	4/19	1/93
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DI	EATH (ITEM 27) (Type,	Print)	01 :		^		
	1801 Old An	PNCH B	TE #	409	ChNJO	N	MIZ	207	31
	31. DATE FILA PROTECTION 1993	32. REGISTRARIS SIG	ATURE 70	0					
	HLUS T 1883	32. REGISTRARYS SIGN	won-yanaal						
الـــــا		4	many and a state of						



X 68760, BALTIMORE, MARYLAND 21215-0020	executed within 24 hours after death. Page 6 m	in and completely filled in by the funeral director, to burial, cremation, or removal.	smatic event the medical examiner mus
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permonent of the burial transfer permonent of the site of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer burial transfer bear of the burial transfer bear of the burial transfer burial transfer bear of the burial transfer bear of the burial transfer bear of the burial transfer burial transfer bear of the burial transfer bear of the burial transfer burial transfer bear of the burial transfer burial tran	IMPORTANT: If them 28 is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at each

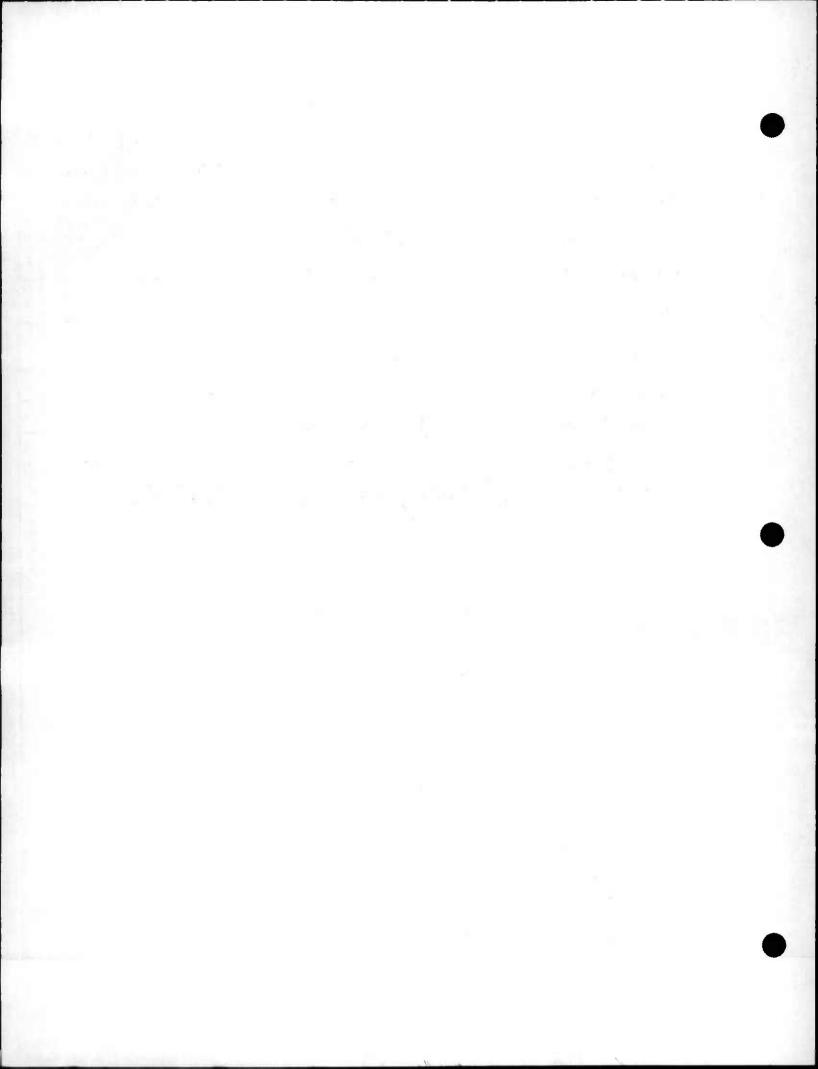
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TOF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
- 1	Reginald C	A	MILLER		April 19	1993	
	4. SOCIAL SECURITY NUMBER		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign
	577-28-8716 99. FACILITY NAME (If not institution, give :	1 M 2 F	69 YRS. MONTH	TY, TOWN OR LOCATION OF	(Month, Day, Year) 5/1/24	Cc	orth Carolina
DIRECTOR	Doctors Community			ıham		Prince	
Ĕ I	10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY
ā∣	D.C.	DE BON/ADS	Washing	iton nc			LIMITS?
4	10a. STREET AND NUMBER	The state of the s	THE OWN THE	10f. ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
FUNERAL	4357 G Street S.I	-		20019		11.6	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED 1	. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	Or No 14, R	ACE — American Indian,
à l	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)		pecity: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use retired	e during most of working			
릴	12		Fork Lif	t Operator	Priva	ł o	
ē	17. FATHER'S NAME (First, Middle, Last)		I.VI K L.II		AME (First, Middle, Maiden		
	Roscoe C. Mille	on		-55	_,,,		
BE	19a, INFORMANT'S NAME (Type/Print)	<u>=1</u>	19b. MAILING ADDRE	S\$ (Street and Number or Rure	Et E. Powel	n State 7to Code	
2	Josefina B. Mi	ller		reet S.E. W			
	20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF DISPO	OSITION (Name of		CATION — City o	
	4 Donation 5 Other (Specify)		incoln Memo	rial	4/24 Sui	tland M	d
	21. SIGNATURE OF FUMERAL BESTVICE LIC	CENSEE	1 . 2	2. NAME AND ADDRESS OF F	ACILITY 3200 R.	I Ave M	t Rainier Md
- 1	· 1 //2		// //			_	o namici na
	11 11	All	-1/2	.M. Dudlev F	uneral Hom		
-	23. PART I. Enter the diseases, or	complications that caused	9	.M. Dudley F			I Americant
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	the death Do not ente	er the mode of dying, su	ch as cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cause on e	the death Do not ente	er the mode of dying, su	ch as cardiac or resp	iratory arrest,	Interval Between
No	IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	the death Do not ente		ch as cardiac or resp	iratory arrest,	Interval Between
NOIL	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS A	the death Do not ente	er the mode of dying, su	ch as cardiac or resp	iratory arrest,	Interval Between
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS A	d the death too not entered line.	er the mode of dying, su	ch as cardiac or resp	iratory arrest,	Interval Between
HEICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A C.	d the death too not entered line.	er the mode of dying, su	ch as cardiac or resp	iratory arrest,	Interval Between
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BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO	d the death Oo not entrach line. CONSEQUENCE OF): CONSEQUENCE OF	28. PLACE OF DEATH (CER: urning Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO ctory, office	The Part I. 24a. WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED? AUTOPSY IMED? IN NO IMED AND AUTOPSY IMPORTANT OCCURED.	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Mafural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (OR AS A DUE TO	d the death Oo not entrach line. CONSEQUENCE OF): CONSEQUENCE OF	28. PLACE OF DEATH (CER: urning Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO ctory, office	The Part I. 24a. WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED? AUTOPSY IMED? IN NO IMED AND AUTOPSY IMPORTANT OCCURED.	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO	d the death Oo not entrach line. CONSEQUENCE OF): CONSEQUENCE OF	28. PLACE OF DEATH (CER: urning Home 5 Residence 28. INJURY AT WORK? 1 YES 2 NO ctory, office	th as cardiac or respirate to the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and the	AUTOPSY MED? In NO NJURY OCCURED And Number or Run And due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A DUE TO	d the death Do not entrach Inc. CONSEQUENCE OF): CONSEQUENCE OF)	28. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	th as cardiac or respirate to the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and the	AUTOPSY MED? In NO NJURY OCCURED And Number or Run And due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Nitural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	B. DUE TO (OR AS A DUE	d the death Oo not entrach Inc. CONSEQUENCE OF): CONSEQUENCE OF)	28. PLACE OF DEATH (CER: unsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO cotory, office	th as cardiac or respirate to the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and the	AUTOPSY MED? In NO NJURY OCCURED And Number or Run And due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHAT SIGNATURE AND TITLE OF CERTIFIES	DUE TO (OR AS A DUE TO	at the death oo not entered in the death of	28. PLACE OF DEATH (CER: ursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	th as cardiac or respirate to the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and the	AUTOPSY MED? In NO NJURY OCCURED And Number or Run And due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Mirtural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	DUE TO (OR AS A DUE TO	at the death Oo not entrach line. CONSEQUENCE OF): CONSEQUENCE O	28. PLACE OF DEATH (CER: unsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO cotory, office	th as cardiac or respirate to the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and mere time, date and place, and the cause(s) and the	AUTOPSY MED? In NO NJURY OCCURED And Number or Run And due to the cause	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020	f hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the buriat-transit permin, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF M		ERTIF						HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH			YEAR	3. TIME OF DEATH
1	ELOISE	MCCOLLOL							4	17		93	11:20 AM
1			6. AGE (In yrs. le		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, Di			8. BIRTI	HPLACE (State or Foreign
	13/3-60-63/3	1 M 2 F	68	YRS.			323	-	10/25			Was	
æ	9a. FACILITY NAME (If not institution, give stre				9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF C	DEATH
12	PRINCE GEORGE'S HO	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY MD PRINCE GEORGE											
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											10d. INSIDE CITY	
	Md Prince George Landover 1 YES 2 NO												
MA	106. STREET AND NUMBER 107. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											WHAT COUNTRY?	
Ä	10. John Quil Ave 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian,												
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YES 2 X		13.	WAS DECE	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yea	ne or No- 14. RACE — American Indian, Black, White, atc.		
BY	3 X Widowed 4 Divorced	IF YES, GIVE WA		100		1 TES				II, etury		Spec	ity:
	15. DECEDENT'S EDUCA	TION	16a, Df	ECEDENT'S	USUAL O	CCUPATIO	N		T 16b, KIN	ID OF BUS	-NEGG/IN	PHIETRY	Black
ET	(Specify only highest grade co	College (1-4 or 5+)	(6	Give kind of a e. Do NOT us	work done	during mos	at of workin	g	100.5	TO OF BOO	MEGO	DOSINI	
APL	12			Disab	led				N/	/Δ			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			<u> </u>			18. MOTH	IER'S NAR	NE (First, Midd		Surname)	_	
BE (William Moody						J.	anje	Smith				
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street en	nd Number	or Rural A	oute Number, (City or Town	, State, Zij	Code)	
- 1	Thaddeus Jackson			116 B	enn i	ng R	oad	N.E.	#101	Wash	D.C	. 2	0019
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removi	al from State	20b PLACE cametery, cre	ematory or o	ther place)				DATE			City or To	
	4 Donation S Other (Specify)	unne .			Glen	wood			4/19	Was	hing	ton	D.C.
	21. Standione of Function Service	7 /	1	11	22.	NAME AN	D ADDRES	S OF FAC		I. Du	dlev	Fun	Home
	P. 111	· 6	udl	ley	320	00_R	.I.	Ave I	Mt Rai	nier	Md	207	12
	23. PART i. Enter the diseases, or con shock, or heart fellure. Lie	mpiications thet	caused the de	oalf. Do r	not anter	the mod	de of dyi	ng, auch	ea cerdiac	or reapir	atory an	rest,	Approximate
	IMMEDIATE CAUSE (Final	1	0	1 -		-2	1	4		· ·			intarval Batween Onset and Death
	resulting in death) a. Anythine Hant Fauluse												
	DUE)TO (QR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions, If any leading to immediate b. Siddless Conscious Office of the property of th												
CERTIFICATION	cause. Enter UNDERLYING												
F	CAUSE (Diseese or injury that initieted events	DUE TO (C	OR AS A CONSE	OUENCE OF	F):	The	5-	17	Car	-1		_	
ᇤ	resulting in death) LAST												
	PART ii Other significent conditions	contribution to a	eath hut act										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO												
	1	11000	-		3			-	_ 10	YES 2	□ NO		OMPLETION OF CAUSE DF DEATH?
Σ	- (emon	inju	new	16	200	ZICE	111	0	<u>v</u>				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	un p	copy of a	a		20 04 4	OF OF O	ATAL COL					
SIC	EXAMINER?	HOSPITAL:	EB/Outpetient 1	2 004	OTHER	₹:			ck only one)	12			
Ĭ	27. MANNER OF DEATH	28a. DATE OF IN	NJURY	28b. TIM		28c. INJU		sidence 8	28d. DESCRIE		LILIBY OC	CUBED	
	1 Natural S Pending	(Month, Day,	, Year)		M	WOR		NO	zoa. Degom	DE NOW III	JOH! OC	CONED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	INJURY — At ho	ome, ferm, s	itreet, facti				281. LOCATIO	N (Street ar	nd Number	or Rural F	Route Number,	
COMPLETED	4 Homicide determined	building, at	c. (Specify)						City or To	wn, State)			
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of m	ny knowledge, de	eath occurre	ed at the ti	me data a	and piece	and due 1	o the causele	and man		and .	
MO) end manner as stated.
ŭ U	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						Month, Day, Year)
∞ ∥	Moregani	un.	M			1,	1)-	20	821		29d. DAT	SIGNED	15192
۵	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE	OF DEATH GTE	M 27) (Type,	Print)			1	107		1	//	110
	Glenn Juleita) 943	D /2.	111 /	tre.	.#	18.	17	PLR	M	100	1/2	EXX MI
	31. DATE FILED (Month, Day, Year) APR 2 1 19	32. REGISTRAN	S SIGNATURE	, Yn	J . pa	1		9	1	M	2	100	, , ,
	APR 2 14	193 4	in David	201/-1/c	MANDE						-2	1/2	~



1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Lest)			3. TIME OF DEATH									
Christing	F	m:	11/10	ton	2. DATE OF DEATH	w 2	EAR 1:00 PM					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday) IF t	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign					
	1 🗆 M 2 📆 🛣	VDQ MON		HOURS MIN.	(Month, Day, Year)	1	Country)					
577-01-5885	41	85			4-21-07		Virginia					
98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH												
RESIDENCE OF DECEDENT / Prince												
10a STATE 10b COUNTY												
16d. INSIGE CITY LIMITS?												
Md. Prince George's Clinton 1 □ YES 2√1×N												
10g. CITIZEN OF WHAT COUNTRY?												
5902 Arbroath Drive 20735 USA												
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DECI	ENGENT OF HISPAI	NIC ORIGIN? (Specify Yes in, Puarto Rican, atc.)	or No- 14	. RACE — American Indian, Black, White, atc.					
3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR D			2 X NO Specif			Specify:					
							White					
15. DECEDENT'S EDUC (Specify only highest grade of	ATION ompleted)	(Give kind of work of	done during mos	N st of working	16b. KIND OF BUS	INESS/INOUS	TRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	red.)									
11		Libra	rian		Li	brary	ý.					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)						
Curtis E. Curt	in			Mary	Edwards							
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street at	nd Number or Rural	Route Number, City or Town	n, State, Zip Co	ode)					
Virginia Wilke	S .			s 10a.								
20a. METHOD OF DISPOSITION	1 000	. PLACE AND DATE OF DIS				CATION OIL	y or Town, State					
1 Burial 2 X Cremation 3 Remon		etery, crematory or other p	(ace)									
21. SIGNATURE OF FUNERAL SERVICE LICE	ns#	Lee Cre	emator	y 4-19	-93 C1	inton	, Md .					
- / h/////	1		C.C.O.O.	O ADDRESS OF FA	CLITY Lee Fu	neral	Home, Inc.					
1. Wille	ar 4	×.	0033 Clin+	on Md.	exander I	erry	Road					
23. PART I Enter the diseases, or co	mplications that couse	tha deeth. Do not e	nter the mod	le of dving, auc	AU/JJ h as cardiac or mani	ratory arrest	t, Approximata					
anock, or neert religie. L.	ist only one ceuse on e	nch line.			de caratac et reap.	attory arross	intervel Between					
IMMEDIATE CAUSE (Final disease or condition	^	C'	0	- 1	. 1 1		Onset and Death					
resulting in death)	longe	20.00	nur	13 L	VILLE							
	DUE TO (OR AS A	CONSEQUENCE OF):		_	4							
Sequentially list conditions, 6.	DUE TO (OR AS A	CONSEQUENCE OF):	RC.	CIV	1 d. 21	281						
if any, leading to immediate	DOE TO (OH AS A	CONSEQUENCEJOF):			0							
CAUSE (Disease or injury C.		1:2:7										
that initiated events	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):										
d.												
PART II Other significant conditions	contributing to death b											
PART II. Other algnificant conditions	contributing to death b	ut not resulting in th	a underlying	cause given in	Part I. 24a. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
					1 _ YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?					
					i i	•	1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)							
	HOSPITAL:		HER:	. D 5	10 and 10 and 11.	-						
27. MANNER OF DEATH	28a. OATE OF INJURY	26b. TIME OF	28c, INJU		6 Other (Specify) 28d. OESCRIBE HOW IN	LILIEN COOLID						
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOF		200. DESCRIBE NOW IF	IJUNT OCCUR	έν					
2 Accident Investigation												
3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec		28t. LOCATION (Street a City or Town, State)	nd Number or I	Aurel Route Number,							
GENERAL GENERA												
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	edge, death occurred at	the time, data	and place, and due	to the cause(a) and man	ner as stated.						
one) 2 MEDICAL EXAMINER	On the beals of examination	and/or investigation, in	my opinion, de	eth occured at the	time, data and place, and	dua to the ci	suse(a) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFTER	4 4											
3 10 - 10	111.			P3 (29d. DATE SI	IGNED (Month, Day, Year)					
				20	1091	- 4	113/93					
30. NAME AND AGGRESS OF PERSON WHO B. REOJAEE	4467	old Bri	holh	AVL	Tumph	भः॥	S MO					
APR 2 0 1993	32. REGISTRAR'S SIGN	on-Randell			*							

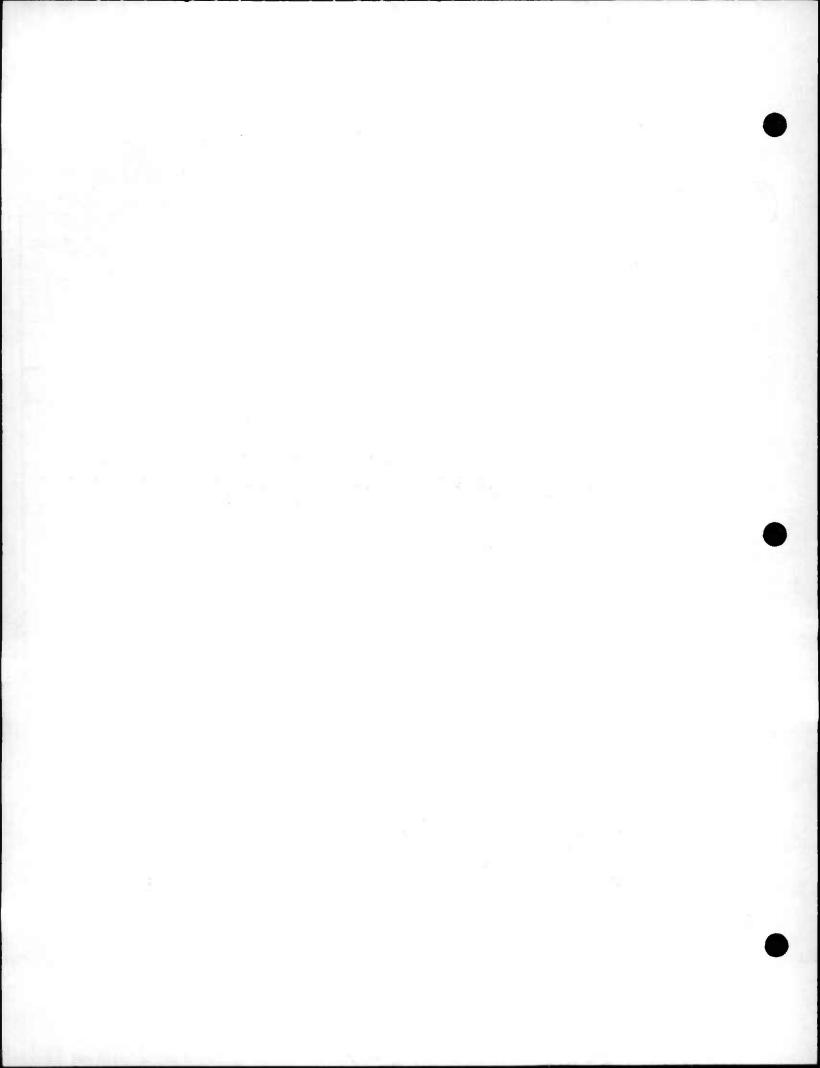
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

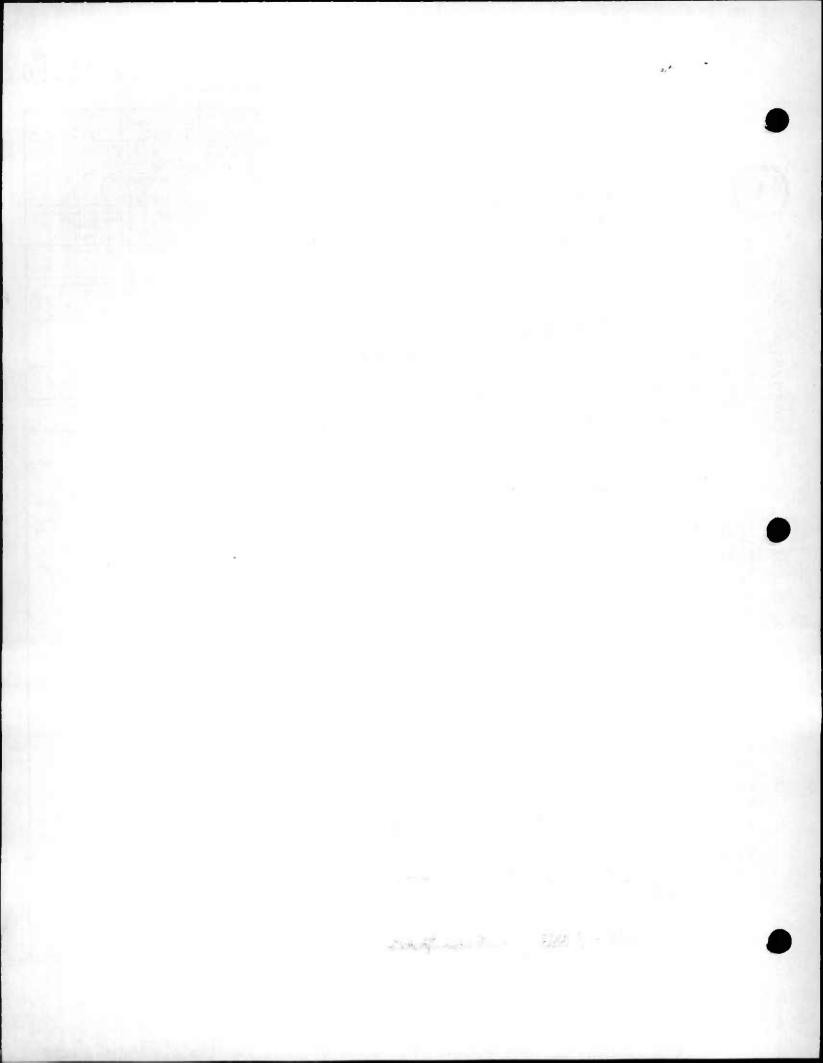


•	FOR STATE REGISTRA
1	1. DECEDENT'S
I	4. SOCIAL SECU
	220-10

3.0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH					
	Grover Linco		RPHY			April 3		5:30 P M					
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BI	IRTHPLACE (State or Foreign					
	220-10-2853	1 M 2 F	88 YRS.		Feb. 16, 1905 Marylan								
or.	9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY OF DEATH						
DIRECTOR	Garrett County I	<u>lemorial Ho</u>	ospital	Oakland	ii		Garre	tt					
<u>ü</u>	10e STATE 10e COUNTY												
8	MD	Garrett	-	N	It. Lake	Dark		10d. INSIDE CITY LIMITS? 1 1/2 YES 2 NO					
A	10e. STREET AND NUMBER				. ZIP CODE	Idik	10g. CITIZEN C	OF WHAT COUNTRY?					
띮	607 P St.				2	1550		SA					
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT E		13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Specify	IC ORIGIN? (Specify Yea or No. 14. BACE -						
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TES	2 NO Spec	cen, Puerlo Ricen, etc.)		llack, While, etc. pec/ly:					
	15. DECEDENT'S EDU	I CATION	44- 0505051110		W.U			White					
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of life, Do NOT us	WORL OCCUPATION Work done during more retired.)	on ast of working	16b. KINO OF B	USINESS/INDUSTR	Υ					
7	7th	College (1-4 or 5+)	Lab	orer		C 0	untu Boo	do					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lab	OLCI	18. MOTHER'S N	IAME (First, Middle, Maid	unty Roa	ius					
BE C	Franklin B	lair M	urphy		Ida	Maybell		na					
TO B	19e. INFORMANT'S NAME (Type/Print)			ADORESS (Street e		I Route Number, City or R							
۲	E. Jane Deckman					land, Mary							
	20e. METHOD OF DISPOSITION	sound from State	20b. PLACE AND DATE	OF DISPOSITION (Na			OCATION — City of						
	4 Donation 5 Other (Specify) State Cemetery content place) 5/3 Oakland, Maryl												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C. C. C. C. C. C. C. C. C. C. C. C. C. C												
	32 S. Second St., oakland, MD												
	23. PART I. Enter the diseases, or	complications that cr	nused the death. Do r	not enter the mo	da of dvino su	ch as cardiac or rea	aktanu,	MD 21550					
1	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause	on each line.		ou or cyrrig, so	on se cardiac or res	pilatory arrest,	Intarval Batween					
	disease or condition	Acute Ren					Onset and Death Weeks						
	resulting in death) Acute Renal Failure Due to (or as a consequence of):												
Z	Profound ischemia of lower extremities												
CERTIFICATION	If any, laading to immadiata OUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Enter UNDERLYING CAUSE (Disease or Injury												
Ë	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
5 1		d											
اير	PART II. Other significant condition	s contributing to da	ath but not resulting	n the underlying	causa givan le	Part I. 24s. WAS A	N AUTOPSY 2	24b. WERE AUTOPSY FINDINGS					
EDICAL	History of di	ahetes				PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ME							2 EN NO	DF DEATH?					
								1 YES 2 NO					
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATH (C	heck only one)							
/SI	1 TES 2 NO	HOSPITAL: 1 [Xinpatiant 2 ☐ ER	I/Outpatient 3 DOA	OTHER: 4 Nursing Home	5 🗆 Raeldenca	8 Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y		E OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED						
B	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO								
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	JURY — At home, farm, a (Specify)	treat, fectory, office		281. LOCATION (Stree City or Town, State	end Number or Run	al Route Number,					
E I							,,						
집	290. CERTIFIER CHOCK only	CIAN: To the best of my	knowledge, death occurre	ed at the time, data	end place, and du	a to the cause(a) end m	nner as stated.						
COMPLETED	MEDICAL EXAMINE	R: On the beele of exami	instion end/or investigation	n, in my opinion, de	eath occured at the	e ilme, date end place, a	ind due to the caus	e(s) and menner ea stated.					
ш	296. SIGNATURE AND WILE OF CERTIFIE	PDA	1		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)					
0	IMAR	1 KW	Mexi)—	D3003	5		30-93					
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)			04	00 75					
	Donald R. Richter	6. M.D.	Rt #7 Box1	495 Oak1	and, MD	21550							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE										
2	MAY - 3 19	35 grile Da	vidson-Andres	2									

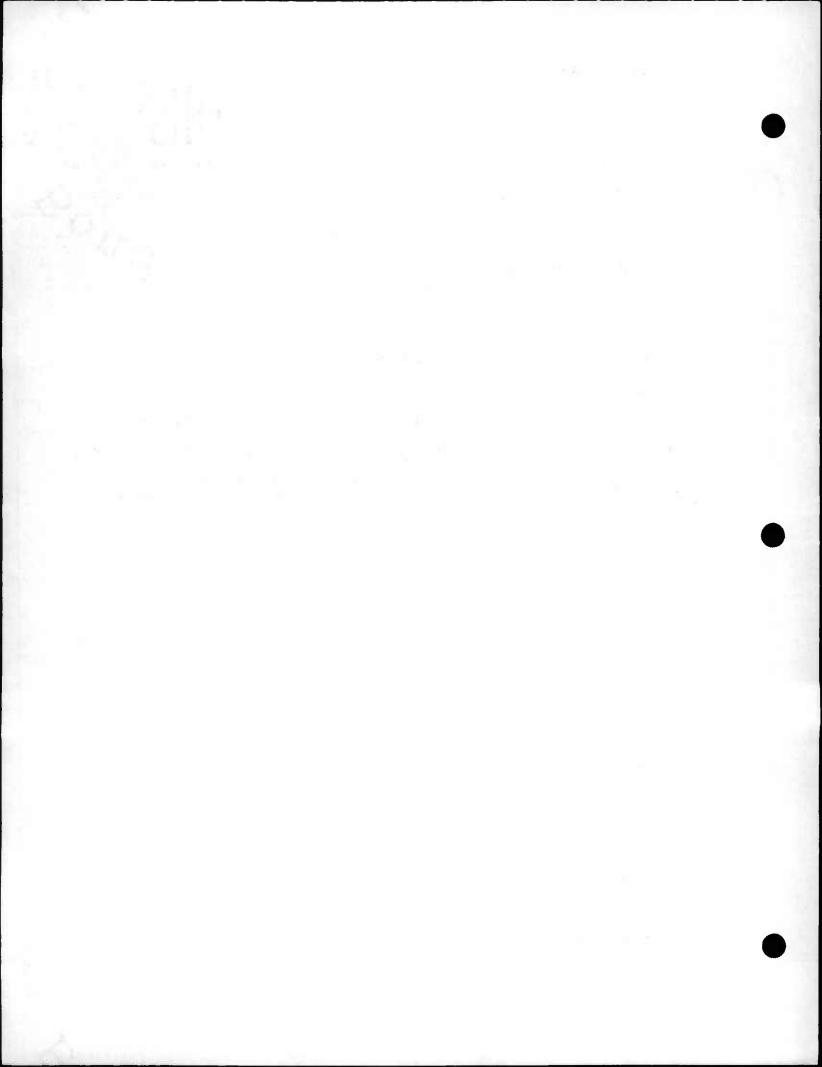


	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ı
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	3	N.	S	
	뽀	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	뜅	
	10	e fi	윷	
	-	Δ	=	

	Nina Louise Ma	rtin						03	13891		
	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN	E))	13091		
	1. DECEDENT'S NAME (First, Middle, Lest)	L. Late of Death Month Day YEAR 3.									
	218 30 9131	□ M 2 1x F 78	8. AGE (In yrs. last birthday) F under 1 YEAR F under 24 HHS. 12 1/2 F 78 YRS. MONTHS DAYS HOURS MIN.				1915	8. BIRTHE	PLACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give street Washington County			9ь. сіту, тоwn с Hagers t	EATH		NTY OF OE				
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE Maryland Wa	shington		TOWN OR LOCAT		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 13734 Maugansville			101	ZIP CODE				AT COUNTRY?		
BY FUN		2. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		14. RACE	American Indian, white		
BE COMPLETED		TION mpleted) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use homemal	ork done during mos retired.)	N at of working	16b. KIND OF BUS	BINESS/INC	DUSTRY	WILCE		
	8 years 17. FATHER'S NAME (First, Middle, Last) James Albert Pryor		home ME (First, Middle, Meiden Etta Winte								
TO B	19a. INFORMANT'S NAME (Type/Print) Philip P. Martin 19b. MAILING ADORESS (Street and Number or Burel Route Number, City or Town, State, Zip Code) 318 Kolbe Road Westminister, Maryland 2115										
	20a. METHOD OF DISPOSITION 1 (X Burial 2 Cremation 3 Ramoval 4 Donetion 5 Other (Specify)	Ten State	PLACE AND DATE OF	disposition (Ne	hurch Ceme	tery 5/1 Leit	ersbu	city or Tow	n, Stata ryland		
	Gerald N. Minnich 305 N. Poto Funeral Home Hagerstown										
Ĭ	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heart failure. List only one cause on each lina. Approximate interval Batween										
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ocute myelogenous leutennea ?									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. UCUL MY LLS Q LS ONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions o	ontributing to death bu	t not resulting in	the underlying	cause given in	Part i, 24e. WAS AN PERFOR	MED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN:		OSBITAL:		OTHER:	ACE OF DEATH (Che	W 1 - 2 1 1 2 2					
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	☐ Impatient 2 ☐ ER/Outpa 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU RY WOI M 1 V	IRY AT	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	y)			281. LOCATION (Street a City or Town, State)			Number,		
COMPLETED	2 MEOICAL EXAMINER: C	N: To the best of my knowle							and manner as stated.		
TO BE	SIGNATURE AND TITLE OF CERTIFIER	-Uly	ms		29c. LICENSE NUM	523	29d. DAT	E SIGNEO (A	Month, Day, Year)		

2

APR 30 1993



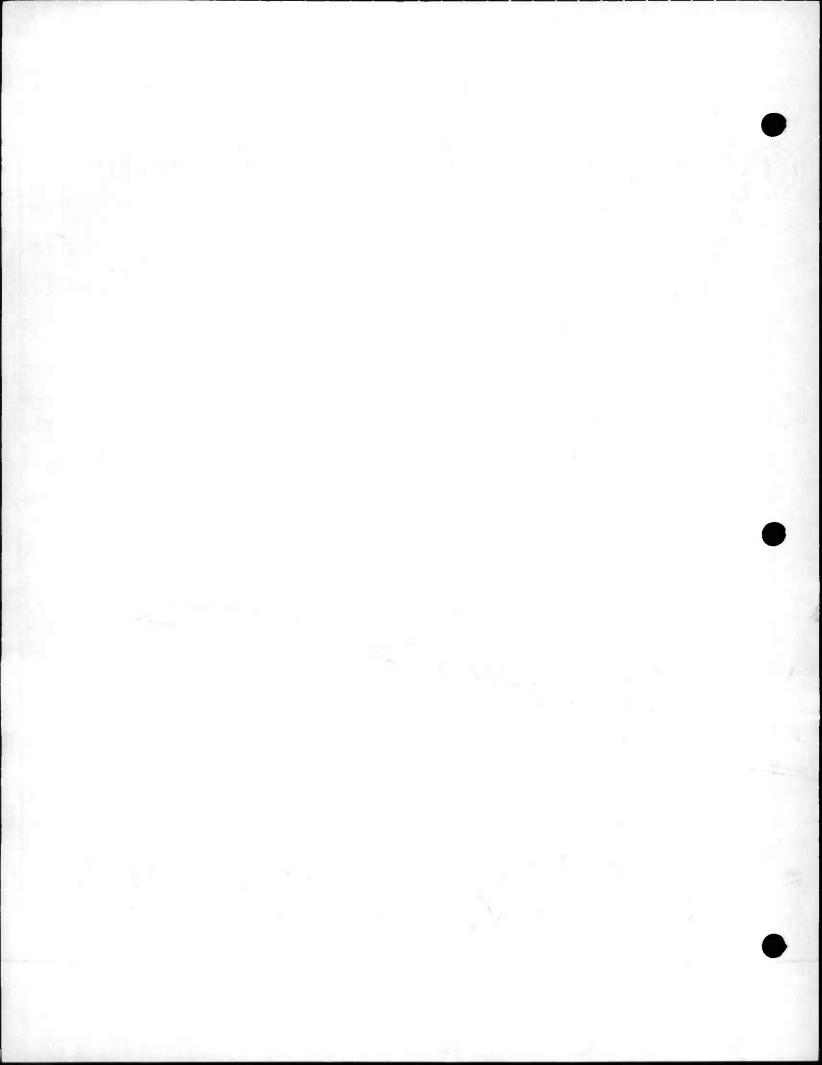
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal, Illem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	* REGISTRAR CERTIFICATE OF DEATH REG. NO.										
18	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
- 8	Maria MARTINEZ 2. DATE OF DEATH MONTY 2. OAY 93 EAR 3:30 A										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State of Formion										
N/	MONTHS DAVE MONTHS AND (Month, Day, Year) Country)										
	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH										
E I	Avalon Manor Home Inc. Hagerstown Washington										
5	RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 □ YES 2 ♥ NO										
	Maryland Washington Hagers to be at 10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	12167 Walnut Point West 21740 Cuba										
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian,										
ВУ Б	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. 3 Widowed 4 Divorced TYES, GIVE WAR OR DATES TYES, GIVE WAR OR DATES Divorced TYES 2 NO Specify: (1) Divorced Specify: (2) Divorced Div										
	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
ᇤ	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of working life. Do NOT use retired.]										
COMPL	Housewite										
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)										
H	Kichedo Chaviso Delores Kumbaut										
0	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Dulce Kitchey 12167 Walnut Point Nest, Hagerstown Md. 21740										
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camplery, crematory or other place) 24/24/83 New Greenach A.										
	4 Donation 5 Other (Specify) Bithe Cemetery 4/24/98 New Grenada Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	* freque Councles Kelso-Cornelius Funeral Home McConnelkow										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest										
	shock, or near failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition Onset and Death										
1	resulting in death)										
z	- Reval makened us										
흔	Sequentially list conditions, if any, leading to immediate DUE TO JOR AS A CORSEQUENCE OF:										
8	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. Clisease or frigury CAUSE (Oisease or frigury CAUSE (Oisease or frigury)										
Ē	that initiated events DUE TO FOR AS A CONSEQUENCE OF										
CERTIFICATION	resulting in death) LAST										
	PART II. Other agniticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WENE AUTOPSY FINDINGS										
CAL	PERFORMED? AMILABLE PRIOR TO PERFORMED?										
ă											
ž	- Mealignant meuno legic syndicial 1 YES 2 HO OF DEATHY										
Ä	1 Esserger agrillander										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 25. POSCE OF DEATH (Check only one) EXAMINER? OTHER:										
Ϋ́	#OSPITAL: 1 Uses 2 Ho 1 impelient 2 ENOutpetient 3 DOA OSPITAL: 27. MANNES OF DEATH 28. DATE OF INJUST 29.										
표	1 Flatural 5 Pending (Month, Day, Hear) INJURY WORKS AND DESCRIPTION MAJURY OCCURED										
B	2 Accident Investigation II 1 YES 2 NO										
COMPLETED	3 Suicide 6 Could not be determined determined determined (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fount, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or fount, State)										
	29a, CERTIFIER										
₩	Check of the cause (a) and manner as stated. (Check of the cause (a) and manner as stated. (Check of the cause (a) and manner as stated. (Check of the cause (a) and manner as stated. (Check of the cause (a) and manner as stated.										
8											
BE	296. SIGNATURE AND TITLE OF CHRYFIER 296. LICENSE NUMBER 29d. DATH STREET (Mg/th, Day, Year)										
5	3 HAVE AND ADDRESS OF APRIL 193										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH(ITEM 27) (Typo, Print)										
	31. DATE FILED (NORTH PURY, 16ar) 32. REGISTRAR'S SIGNATURE										
	31. DATE FILED MOOTH Day, New Jan 1993 32. REGISTRAR'S SIGNATURE										



by the hosp	d be detache	at once.
be retained	age 5 shouk	be notified
Page 6 may	al director, p	iner must
rs after death	by the fune	dical exam
within 24 hou	pietely filled in	ant, the me
be executed v	tian and comp	aumatic ev
th certificate	ending physic I Hvoiene odd	or other tr
that the dea	th and Menta	any injury,
law requires	has been sign	23 shows
YSICIAN: The	s certificate t	d, or item
TENDING PH	DR: After this	8 is marke
PITAL OR AT	ERAL DIRECT	T: If Item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Denir of Health and Mental Hoviene orior to burial. Cermation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIEN REG. NO		3 3893			
	1. DECEDENT'S NAME (First, Middle, Las	Maude Eyle	r MILLER			2. DATE (F DEATH	AV V	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	61.		IF UNDER 24 HRS.	H	2	69	3 8,10 "			
	213-21-9116	1 □ M 2 🖾 F 9	8 YRS.	IF UNDER 1 YEAR	Aug.	Day, Year)	1894	BIRTHPLACE (State or Foreign Country) Maryland				
DIRECTOR	9a. FACILITY NAME (If not institution, give	Keedy H	ome	BOOL	or location of d	EATH		Sc. COUNTY OF DEATH WAShington				
E		. STATE 10b. COUNTY							10d. INSIDE CITY LIMITS?			
					m			1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 665 Pin Oak Roa	d		10	21740			USA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		RMED 13. WAS DECENDENT OF HISPANIC								
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	Z KINO ATES	NO If yes, specify Cuben, Maxican, Puerto Rican, e 1 ☐ YES 2 ☑ NO Specify:					RACE — American Indian, Black, White, etc. Specify:				
	15. DECEDENT'S EI (Specify only highest gra	DUCATION	16a. DECEDENT'S U	ECEDENT'S USUAL OCCUPATION 18b. KIND					White TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		live kind of work done during most of working . Do NOT use retired.)								
MP	7	0	retai	1 sales			cloth					
8	17. FATNER'S NAME (First, Middle, Last) Charles Ephriam	Ev.low			18. MOTHER'S NA			Surname)				
BE		Eylel				J. Po						
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Winchester Va.											
	20a. METNOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify)		Rest Have			4-28		erstow	m, Maryland			
	· Scatt	m	in a		CH FUNER				W1 217/0			
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Appro												
	ehock, or heert fallun IMMEDIATE CAUSE (Final	e. List only one cause on e	nch line.		a sing, as	on an cordi	oc Di reepi	rationly arrest	Approximate Interval Between Onset and Death			
	disease or condition as Sudden Cardiac Black											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	CAUSE (Disease or injury											
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
5	resulting in deeth) LAST											
	PART II. Other significent conditi	ona contributing to deeth b	ut not reaulting in	the underlyin	g ceuse given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
BY PHYSICIAN: MEDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME									OF DEATH?			
ż												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	neck only one,						
YS	1 - YES 2 - NO	1 Inpatient 2 ER/Outp	etlant 3 DOA 4	Truraing Hor	ne 5 🗆 Residence	6 🗆 Other	(Specify)					
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY W	ORK?	28d. DESC	RIBE HOW I	NJURY OCCUR	ED			
	2 Accident Investigation	28a PLACE OF IN HIDY	At home form of		YES 2 NO							
	3 Suicide 8 Could not b 4 Nomicide determined	building, etc. (Spec	ify)	set, factory, onk		City or	Town, State)	ind Number or i	Runil Route Number,			
Subscript at norms, farm, street, factory, office and Number or Rural Poute Number of Ru												
									suse(a) and manner as stated,			
	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI				GNED (Month, Day, Year)			
) BE		Van told o	no		01800				26 573			
٥	30. NAME AND ADDRESS OF PERSON V	NO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P	rint)								
		ATTA MO	33 h MIL	(37 /	TALERS-	rown	, M	217	40			
	31. DATE HEP ROOM 6 1993	ATTA MO 72 REGISTRAR'S SIGN.	Product									

01.8 EP 85 H 1-/11/711/3 5.10

Land Control of the C

1 -	STATE REGISTRAR

1 - STATE STATE CERTIFICATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
1. DECEDENT'S NAME (First	, Middle, Last)						-		2. DATE O				3. TIME OF DEATH
Leslie F.		Moss							Apri	1 26	1	993	11 30 MM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	, -	e. BIRTI	IPLACE (State or Poreign
578-30-2675	5	1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	28,19	13	Ole 1:	ahoma
9a. FACILITY NAME (If not in		reet and number)			9b. Cf	TY, TOWN O	R LOCATI	ON OF DE		DEATH			
Washington	Advent	ist Hosp	oital			Tako	oma I	Park					
RESIDENCE OF DEC	10b. COUNTY			I soo CIT	V TOWN	OBLOCAT	1041				Montgomery		
106. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?			
MARYLAND 100. STREET AND NUMBER	PRINCE	GEORGE		[AD]	ELPH		. ZIP CODI						1 YES 2 NO
2000 QUEBEC	STREET	1				101.		: 2078:	3		-151	USA	WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDED								F HISPAN	NC ORIGIN?	(Specify Yea		14. RACE	E — American Indian,
1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA				40		If yes, spe	elfy Cuba 2∑ NO	n, Maxica	n, Puerto Ric	cen, etc.)		Speci WHI	k, White, etc. fly:
15. DEC (Specify pn)	EDENT'S EDUC	ATION				OCCUPATIO			16b. F	CIND OF BUS	INESS/IN		- 15
Elementary/Secondary (0	-	College (1-4 or 5	life	Do NOT us	se retired	e during mo: !.)	st of workin	g					
12			T00	L ANI	DI	E MAI	KER			GOVE	RNME	NT	
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	IER'S NA	ME (First, Mic	ddle, Maiden	Sumame)		-
WILLIAM D.							ANI	NIE :	F. GR	EEN			
19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRE	SS (Street a	nd Number	or Rural F	Route Number	r, City or Town	n, State, Zi	p Code)	
FLORENCE P.		(WII	FE) 2	000 (QUEE	BEC ST	[REE]	[A]	DELPH	I, MA	RYLA	ND 2	20783
20a. METHOD OF DISPOSITI	n 3 🗆 Ramo	val from State	20b. PLACE / cemetery, cre				me of		DATE	20c. LO	CATION —	City or To	wn, Stata
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA			GATE	OF HI	EAVE	IN CEN			4/30	SIL	VER	SPRIN	NG, MARYLAND
I SIGNATURE OF FUNERA	L SERVICE LIC	P. 00	9		F		IS J.	COl	LLINS				INC.
23 PART I Enter the di	uccs y	mulications the	A could set the sta	at Da	15	10 00	VIVE	RSIT	Y BLV	D.,W.	SIL	SPR.	,MD.20901
23. PART I. Enter the di shock, or h	aart fallum.	let only one cau	se on aach lina	iath, up i	iot anti	ar tha mo	da of dyl	ng, suci	h aa cardia	or reapi	ratory ar	reat,	Approximata Intarval Between
IMMEDIATE CAUSE (Fir disease or condition reauting in death)	nai → a	Coron	1 Q h Y	He	ar	+ '	21.	sea	92				Onset and Death
		O L	OR AS A CONSE	DUENCE OF	P.		0-	. :					Years
Sequentially list conditi		DUE TO	OR AS A CONSE	DUENCE OF	n:	uo si	Ver	uses	1				7 (412
If any, leading to Immed cause. Enter UNDERLY!	NG												
CAUSE (Disease or Inju that initiated events	ny) °	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
reaulting in death) LAS	Т												
PART II Other significa	nt condition	ocatelbests :	double to the										
PART II. Other aignifica					,			ivan in	Part I. 2	PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
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<u>ADOUN</u>	Illa	Son tre	MI	eur	17	un			_				1 TYES 2 NO
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25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		ACE OF D	EATH (Che	eck only one)				
1 TYES 2 NO		7	ER/Outpatient 3	_	4 🗆 Ni	ursing Home		sidence	6 Other (
27. MANNER OF DEATH 1 Netural 5	Pending	26a. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJU	RK?		28d. DESC	RIBE HOW IN	JURY OC	CURED	
2 Accident	Investigation	200 PM ACE C	C III II III II	L	M		ES 2	NO					
	Could not be detarmined	building,	F INJURY — At ho etc. (Specify)	me, tarm, s	street, To	ctory, offica			28f. LOCAT City or	Town, State)	nd Numbe	r or Rumai R	loute Number,
29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occum	d at the	time, date	and place	and due	to the cause	(s) and men	Dec so st-	ted.	
) and manner as stated.
296 SUGNATURE AND TITLE				1				NSE NUM		0/1			(Month, Day, Year)
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APR 3	0 1993	32 REGISTRA	M'S GIGNATURE	molece		7	-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physician be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

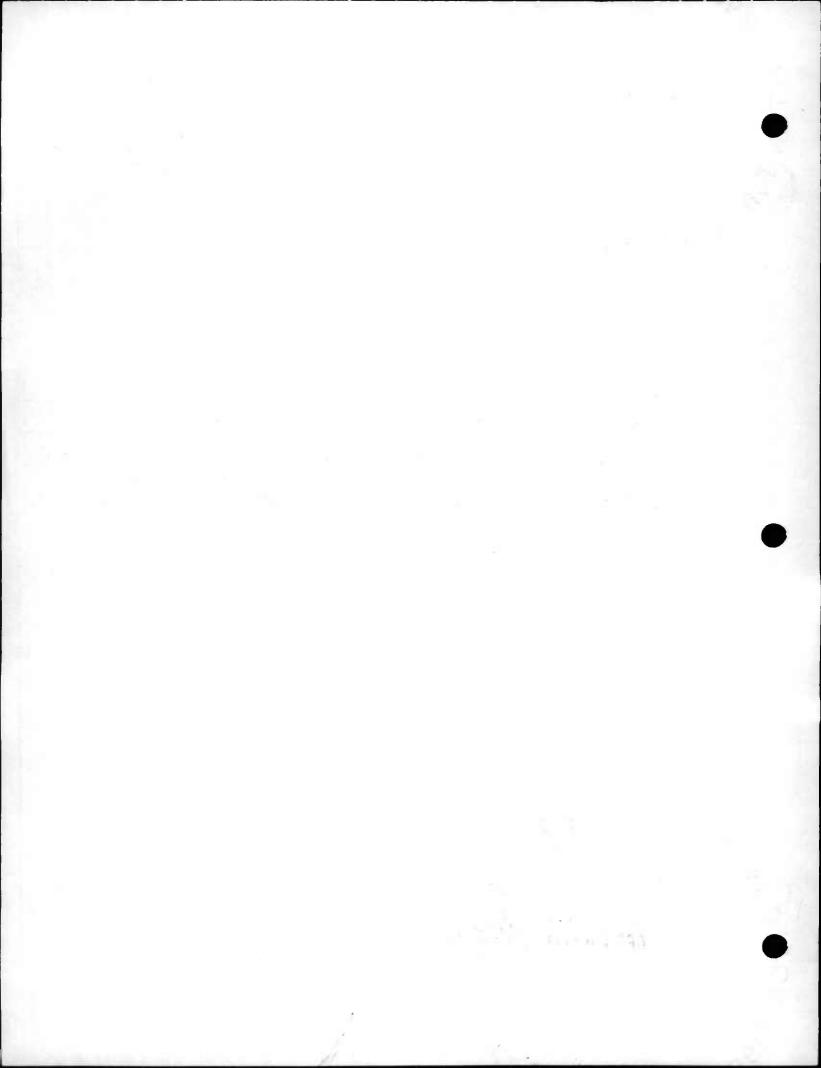
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



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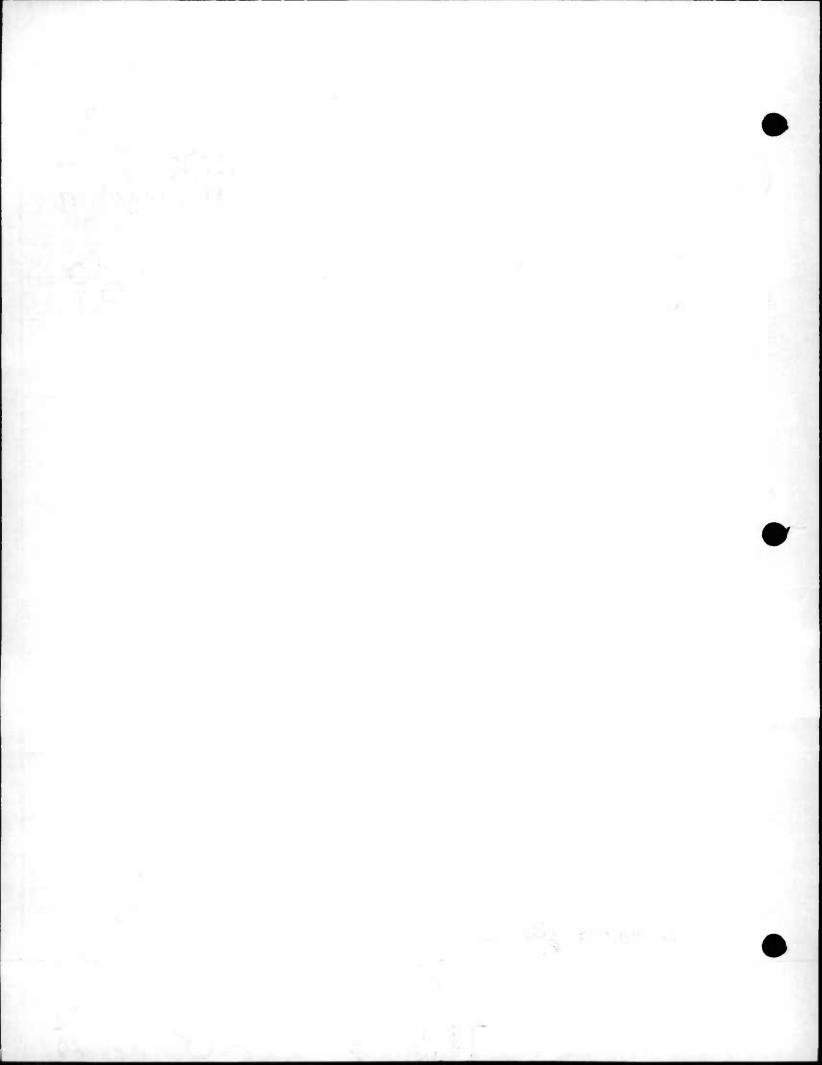
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) JOHN 2. DATE OF DEATH S. MORGAN 3. TIME OF DEATH onen organ 630 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last bidhtley) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 577-38-0662 1 M 2 D F WEST VIRGINIA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Silver DIRECTOR lontarmen RESIDENCE OF DECEDENT 10b. COUNTY page 5 should be detached for use as the burial-transit permit. Pages 10c, CITY, TOWN DR LOCATION 10d. INSIDE CITY MONTGOMERY SILVER SPRING 1 TES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Silver PL USA ascade 20902 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ ND 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☐ NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 IF YES GIVE WAR OR DATES 1 Never Married 2 Married on White ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) ELECTRONIC TECHNICIAN H. D. L. notified at once. 17. FATHER'S NAME (First, Middle, Last) JOHN MORGAN BE IONA SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MICHAEL MORGAN 12205 WIGHT STREET, #503, OCEAN CITY, MD 21842 Pe 20s. METHOD OF DISPOSITION

1 Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | 20b. PLACE AND DATE OF DISPOSITION (Name of must OATE 20c. LOCATION - City or Town, State TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mis TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must GATE OF HEAVEN CEMETERY SILVER SPRING, MD 22, NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, OO UNIVERSITY BLVD., W., SIL. SP., MD 20901 23. PART I. Enter the diseases, or compiletions that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximats Interval Between IMMEDIATE CAUSE (Finei Onset and Death hespratery disease or condition resulting in death) 3 muits Obestantin BY PHYSICIAN: MEDICAL CERTIFICATION Sequentisity list conditions, DUE TO (DR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 TAO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO 2 Accident Investigat 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be datermined 4 Homicide 29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and de 296. SIGNATURE AND TITLE OF CERTIFIER 9c. LICENSE NUMBER BE MD 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF Ira Pav Mod 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE

APR 29

1993



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

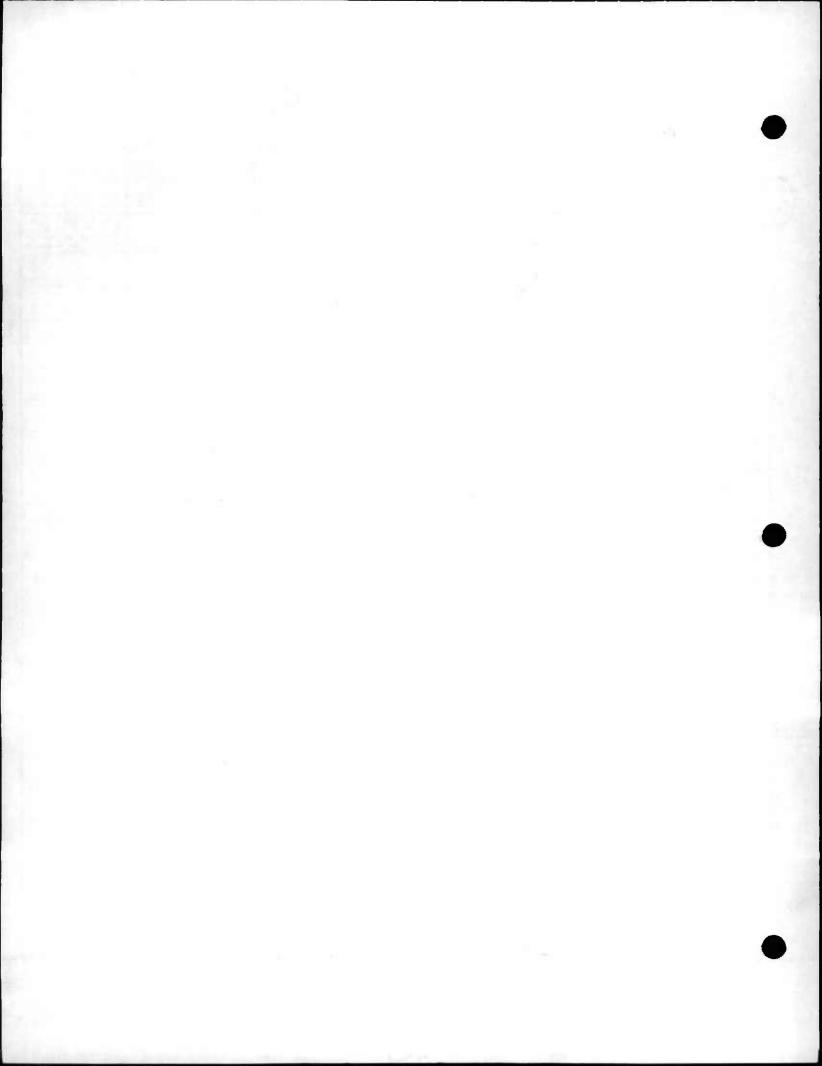
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4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIF	TH		8. BIRT	IPLACE (S	State or Foreign
355-26-455	_	1 🗆 M 2 😿 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	Feb	th, Day,	(toar)	1913	Russ		
Se. FACILITY NAME (# not	institution, give st	treet and number)			9b. CITY,	TOWN D	R LOCATION OF D					NTY OF		
10500 Rock		ike #G21			Rocky	vill	Le				Mont	gome	ry	
10a. STATE	10b. COUNTY				Y, TOWN OF		HON						Lik	SIDE CITY
Maryland		gomery		Roc	kvi1									S 2 X NO
10500 Rock		iko #C21	10f. ZIP CODE			U.S.					EN OF WHAT COUNTRY?			
11. MARITAL STATUS	ATTIE I										• £1 • 14. RACE — American Indian.			
1 Never Married 2 3 Widowed 4 Di		FORCES? 1 IF YES, GIVE W	YES 2	Мио	N.	yes, spe	2 X NO Speci	an, Puerto	in, Puerto Rican, etc.) Black				k, White,	etc.
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(Specify of Elementary/Secondary	nly highest grade	completed) College (1-4 or 5 -		(Give kind of life. Do NOT u	work done du	uring mo	st of working	"	u. Kino	OF BO.	MAESS/ NAF	JUSTINI		
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17. FATHER'S NAME (First,	Middle, Last)	•		accur.			18. MOTHER'S N				-	luus	-1 y	
Maurycy Tr	ybulski						Wanda S		1100					
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Nun	nber, City	or Tow	n, State, Zip	Code)		_
Jan Michej				same	as #1	0								
20a. METHOD OF DISPOSE 1 Durial 2 X Cremat		oval from State		E AND DATE		TION (Na	me of	DA	TE	20c. LO	CATION —	City or To	wn, State	
4 Donation 5 Oth		$\overline{}$			an Ci		atory		4/28 Alexandria, Virginia					
21. SIGNATURE OF FUNER	AL SERVICE LIE	ENSEE	7				D ADDRESS OF FA		m 0					
\	1.5.	Jant											DO	20007
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shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heer fallure.	List only one cau	ise on each li	nė.	not enter t	the mo	VISCONSI de of dying, suc	IN AV	e.,	N .	W. Wa	rest,	Ap	proximate
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



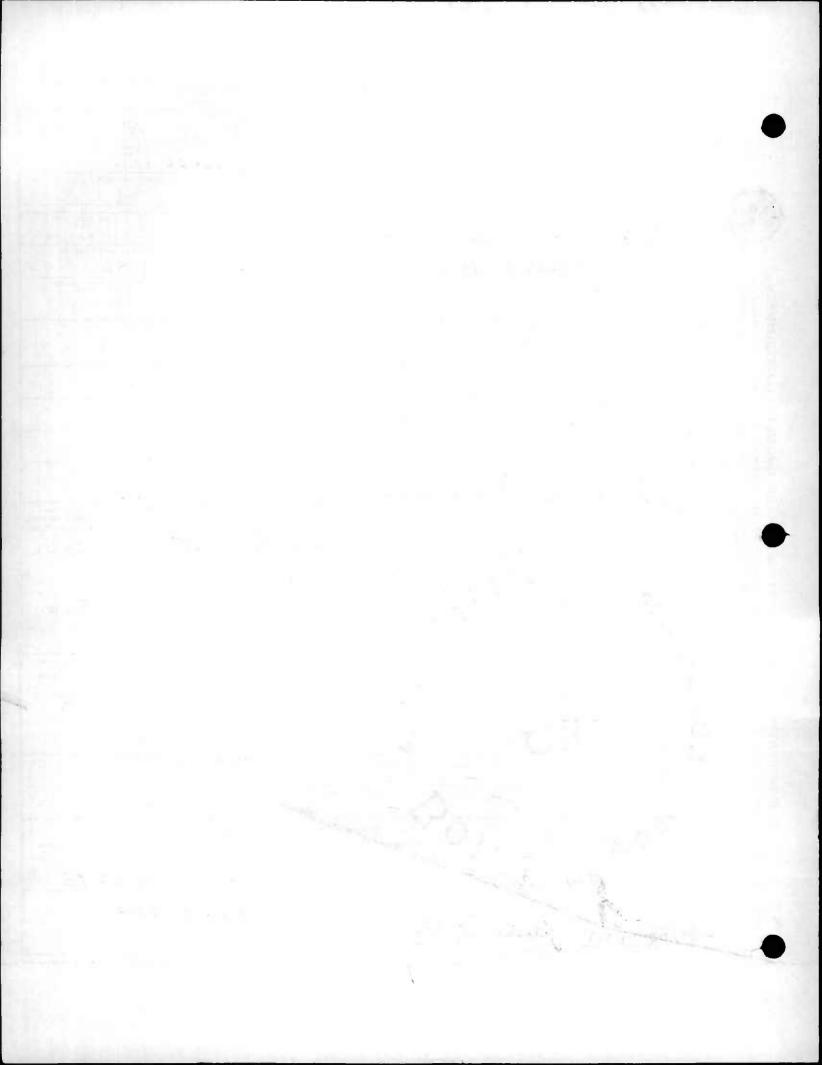
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TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH		
	Louis J. MACI	ULLA		MONTH 25	93 4 30 A M		
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
	578 62 3039 1× M 2 🗆 F	66 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 6-26-26	WASHINGTON, D.C.		
	9a. FACILITY NAME (If not institution, give street and number)	94	b. CITY, TOWN OR LOCATION OF		UNTY OF DEATH		
8	14817 KELLEY FARM DRIVE	1	DARNESTOWN		MONT.		
DIRECTO	RESIDENCE OF DECEDENT				TION 1		
#	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
ਰ	MONTGOMER'	1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER	10g. CI	TIZEN OF WHAT COUNTRY?				
	14817- KELLY FARM	1 DRIVE	208	74	USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1 FORCES? 1	YER IN U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexi-	ANIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married IF YES, GIVE WAR (1 TES 2 NO Spec		Specify: WHITE		
ED							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of world	UAL OCCUPATION k done during most of working etired.)	16b. KIND OF BUSINESS/IN	IDUSTRY		
	Elementary/Secondary (0-12) College (1-4 or 5 +)			MEDICINE			
COMPLET	5+	MEDICAL	DOCTOR	MEDICINE			
3	17. FATHER'S NAME (First, Middle, List)			IAME (First, Middle, Malden Sumama)			
BE	GREGORIO MACIULLA			OSEPHINE D1 LO			
2	19a. INFORMANT'S NAME (Type/Print)			I Route Number, City or Town, State, 2	(ip Code)		
- 1	MARGARET A. MACIULLA	SAME	AS # 10				
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF I cemetery, crematory or other	DISPOSITION (Name of place)	DATE 20c. LOCATION -	- City or Town, State		
	4 Donation 5 Other (Specify)	GATE OF H	EAVEN CEMETERY	4/29/93 SILVE	ER SPRING, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF I	ACILITY JOS GAWLERS	SONS INC.		
	Munica Sems	mand	7!#) WI AVE N	ILI LIACUTNOTON	D C 20016		
	23. PART I. Enter the diseases, or complications that ca	used the death. Do not		W WASHINGTON,	prest, Approximete		
	shock, or heart failure. List only one ceuse	on each line.	one the most of dying, so	on as colonec of respiratory a	interval Between		
	IMMEDIATE CAUSE (Final disease or condition	· 0		000-	Onset and Death		
J	resulting in desth) - a. LAK	010 - IUL	MONARY	HKKEST	5 HR5.		
	DUE TO (OR	AS A CONSEQUENCE OF):					
5	Sequentially list conditions, b. CON	GESTIVE	HEART	FAILURE			
a I	If any, leading to immediate cause. Enter UNDERLYING	11 F IN ER	6 Dia = 0.0				
CERTIFICATION	CAUSE (Disease or injury	AS A CONSEQUENCE OF	5 DISEASE		5 YRS.		
	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF J.					
į	d						
ا بَ	PART II. Other significant conditions contributing to des	ith but not reaulting in	the underlying cause given i	n Part I. 24s, WAS AN AUTOPS			
3				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
				1 X YES 2 □ NO	OF DEATH?		
Σ.					1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	n / 1 / 2			
2	EXAMINER? HOSPITAL:		THER:				
=	1 YES 2 NO 1 Inpetient 2 ER 27. MANNER OF DEATH 28s. DATE OF INJ		Nursing Home 5 Residence	T			
	1 Natural 5 Pending (Month, Day, M		Y WORK?	28d. DESCRIBE HOW INJURY OF	CCURED		
2	2 Accident investigation		M 1 YES 2 NO				
2	3 Suicide 6 Could not be 28s. PLACE OF IN. building, stc.	JURY — At home, farm, stre (Specify)	et, factory, office	28f. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,		
					,		
ַ וו	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the bast of my						
COMPLEIED	one) 2 MEDICAL EXAMINER: On the basis of exami	nation and/or investigation, i	in my opinion, death occured at th	e time, data and place, and due to	the cause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIED	-	29c. LICENSE NI	JMBER 29d. DA	ATE SIGNED (Month, Day, Year)		
	Wirth March 9	m.D.	Dal	968	4-2592		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Pri	int)	100	1-2013		
	107/7-51	as David	Pota	hud - 208	254		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	STONATION	10 10 mile	ma - out	37		
	APR 29 1993 July Day Mary July 32 July	Managar					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTII	FICATE O	F DEATH	REG. NO	_					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEATH							
	DAVID O MI	ICHAEL		04 2		73 23 20 M					
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday,			7. DATE OF BIRTH (Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)				
	219-07-9170 ¹¼м²□F	77 YRS.	MONTHS DAY	B HOURS MIN.	AUG. 27, 19	15	MARYLAND				
_	9a. FACILITY NAME (If not institution, give street and number)	11		N OR LOCATION OF D	EATH		TY OF DEATH				
PO	WASHING TON ADVEN	TIST HOSP	TAKO	4A PAR	2K	MON	TGOMERY				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		ITY, TOWN OR LO								
E							10d. INSIDE CITY LIMITS?				
	MARYLAND MONTGOMERY 10s. STREET AND NUMBER	1	CAKOMA P	AKK 101. ZIP CODE			1 YES 2 NO				
RA							EN OF WHAT COUNTRY?				
FUNERAL	8006 GLENSIDE DRIVE 11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	IN U.S. ARMED 13. WAS DECEMBENT OF HISPAN				JSA				
	1 Never Married 2 Married FORCES? 15	7 YES 2 □ NO R OR DATES	If yes,	specify Cuban, Mexica	in, Puerto Rican, etc.)	OF 140 1	4. RACE — American Indian, Black, White, etc.				
BY	3 Wildowed 4 Divorced WW I		''''	ES 2 XNO Specif	y:		Specify: WHITE				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	S USUAL OCCUP		16b. KIND OF BU	SINESS/INDU	11776 6 60				
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life On MOT	f work done during use retired.)	most or working							
M	2	CONSTR	UCTION								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
BE	ERNEST MICHAEL			MARGA	RET LE	WELLYN	1				
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Stre	et end Number or Rural	Route Number, City or Tow	n, State, Zip C	Code)				
-		FE) 8006	GLENSID	E DRIVE	TAKOMA PAR	K, MD.	20912				
	20g. METHOD OF DISPOSITION 1 Surfel 2 Cremation 3 Removal from State	20b. PLACE AND DATE	E OF DISPOSITION	(Name of	DATE 20c. LO	CATION — CI	ty or Town, State				
	4 Donation 5 Other (Specify)	FROSTBURG			4/28 FRO	STBURG	, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AND ADDRESS OF FA	CILITY LLINS FUNE:	DAT HO	ME INC				
	Limothy of Camo	Jull					SPR.,MD.20901				
	23. PART I. Enter the diseases, or complications that	caused the death. Dp	npt enter the	node of dying, suc	h as cardiac or respi	ratory arres	it, Approximate				
J	shock, or heart fallure. List only one cause IMMEDIATE CAUSE (Final	e on each line.				•	Interval Between Onset and Death				
- 1	IMMEDIATE CAUSE (Final disease or condition CONCESTIVE HEART FAILURE										
	disease or condition resulting in death) a. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSCOUENCE OF):										
z	CORONARY ARTERY, DISEASE										
CERTIFICATION	if any, leading to immediate	OR AS A CONSEQUENCE									
5	CAUSE (Disease or injury										
늗	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE	OF):								
Ë	d.										
	PART II. Other significent conditions contributing to d	leath but not resulting	in the underly	ing cause given in	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
DICAL	PNEWMONIA				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
\sim \parallel					1 YES 2	The	OF DEATH?				
			_		1		1 Tes 2 No				
WE I					_		1				
WE I	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF DEATH (Ch	eck only one)						
WE I	EXAMINER? HOSPITAL	ER/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (Ch							
WE I	EXAMINER? 1 □ YES 2 □ NO 1 □ PRES 2 □ NO 27. MANNER OF DEATH 26e. DATE OF H	ER/Outpatient 3 DOA	OTHER: 4 Nursing H	PLACE OF DEATH (Ch	6 Other (Specify)	NJURY OCCU	RED				
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO HOSPITAL:	NJURY 26b, TI	OTHER: 4 Nursing H ME OF NJURY 26c.	ome 5 🗆 Rasidence		NJURY OCCU	RED				
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NJURY 26b. TI IN INJURY — At home, farm,	OTHER: 4 Nursing H ME OF NJURY M 1 [ome 5 Rasidence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I						
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Accident EXAMINER? HOSPITAL: Dimpetient 2 Investigation	NJURY 26b. TI IN INJURY — At home, farm,	OTHER: 4 Nursing H ME OF NJURY M 1 [ome 5 Rasidence NJURY AT WORK? YES 2 NO	6 Other (Specify)						
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, et	NJURY , Year) 26b. Till IN INJURY — At home, farm, to. (Specify)	OTHER: 4 Nursing H ME OF JURY M 1 [ome 5 Rasidence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. Manner OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the bast of management of the design of the country of the design of the country of	NJURY 28b. Til IN INJURY — At home, farm, ic. (Specify)	OTHER: 4 Nursing H ME OF STATE M	ome 5 Rasidence NJURY AT WORK? YES 2 NO 'fice site end place, and due	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,				
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF It (Month, Dey. 1 Month, Dey. 28. PLACE OF building, et 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examiner.	NJURY 28b. Til IN INJURY — At home, farm, ic. (Specify)	OTHER: 4 Nursing H ME OF STATE M	ome 5 Rasidence NJURY AT WORK? YES 2 NO fice ste end place, and due t, death occured at the	28d. DESCRIBE HOW I 28d. DESCRIBE HOW I 28f. LOCATION (Street a City or Town, State) to the cause(e) end mer time, dete and place, an	and Number or oner as stated d due to the	Rural Route Number,), cause(s) and manner ea stated.				
BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. Manner OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the bast of management of the design of the country of the design of the country of	NJURY 28b. Til IN INJURY — At home, farm, ic. (Specify)	OTHER: 4 Nursing H ME OF STATE M	ome 5 Rasidence NJURY AT WORK? YES 2 NO filce ste end place, and due d, death occured at the	6 Other (Specify) 28d. DESCRIBE HOW if 28f. LOCATION (Street City or Town, State) to the cause(e) end mer time, dete and placa, an	and Number or oner as stated d due to the 29d. DATE S	Rural Route Number,				
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of example of example of example of example of example of example of the property of the basis of example o	NJURY 28b. Til (NJURY — At home, farm, c. (Specify) ry knowledge, death occur mination end/or investigat	OTHER: 4 Nursing H ME OF 1, Street, factory, or red at the time, delton, in my opinion	ome 5 Rasidence NJURY AT WORK? YES 2 NO fice ste end place, and due t, death occured at the	6 Other (Specify) 28d. DESCRIBE HOW if 28f. LOCATION (Street City or Town, State) to the cause(e) end mer time, dete and placa, an	and Number or oner as stated d due to the 29d. DATE S	Rural Route Number,), cause(s) and manner ea stated.				
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: On the basis of examiners of the basis of examiners of the basis of examiners of the basis of examiners of the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners on the basis of examiners of the basis of the basis of examiners of the basis of the bas	NJURY 286. Til (NJURY — At home, farm, te. (Specify) Ny knowledge, death occur mination end/or investigat	OTHER: 4 Nursing H ME OF JURY M 1 [, street, factory, or rred at the time, d ation, in my opinion	ome 5 Rasidence NJURY AT WORK? YES 2 NO fice site end place, and due death occurred at the 29c. LICENSE NUI	28d. DESCRIBE HOW II 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(e) end mer time, dete and place, an	and Number or selected diduction to the	Rural Route Number, cause(a) and manner ea stated. BIGNED (Month, Day, Year) - 26 - 5				
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Notural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of example of examp	NJURY 286. Til (NJURY — At home, farm, te. (Specify) Ny knowledge, death occur mination end/or investigat	OTHER: 4 Nursing H ME OF JURY M 1 [, street, factory, or rred at the time, d ation, in my opinion	ome 5 Rasidence NJURY AT WORK? YES 2 NO fice site end place, and due death occurred at the 29c. LICENSE NUI	28d. DESCRIBE HOW II 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(e) end mer time, dete and place, an	and Number or selected diduction to the	Rural Route Number, cause(a) and manner ea stated. BIGNED (Month, Day, Year) - 26 - 5				

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IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1993

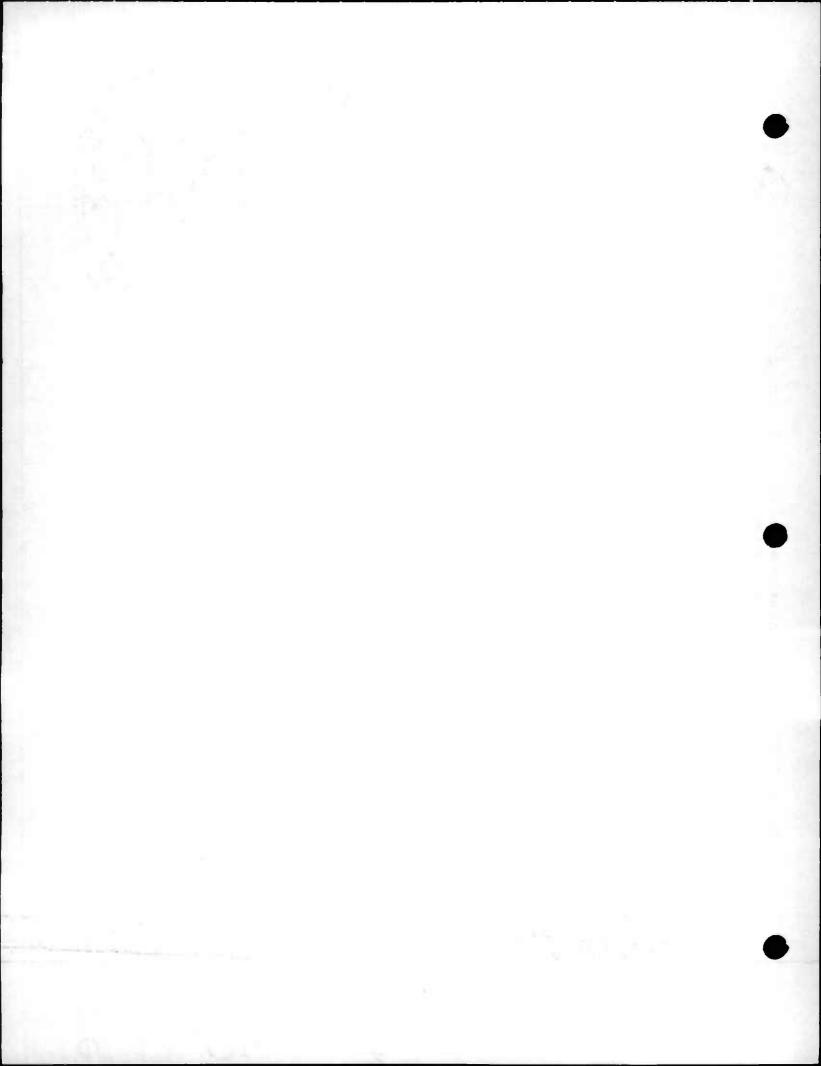
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BALTIMORE, MARYLAND 21215-0020

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OF VI	PHYSICIAN:	
DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	
_	HOSPITAL	
	光	-
	2	1

											3	13033	
	FOR 1 STATE	STATE OF N	MARYLAND	/ DEPAR	TMEN	T OF	HEALTH AND	MENTAL	HYGIEN	E			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIF	ICAT	E OF	DEATH	_	REG. NO.				
		т.						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH	
	OWEN 4. SOCIAL SECURITY NUMBER	5. SEX	09			yer		04	24	199		3:30 P.M	
	The second secon	5. SEX 1 🔀 M 2 🗍 F	6. AGE (In yrs. 69		MONTHS	DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, E			8. BIRTHE Country	PLACE (State or Foreign	
	173-24-2553							June	5, 19	23	Penr	ennsylvania	
~	9a. FACILITY NAME (If not institution, give st				9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF OE	ATH	
0	Route 301 & Cr	coom Road Up					Marlb	oro		Pr:	ince	Georges	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Cabin John									10d. INSIDE CITY			
DIRECTOR									- 1	LIMITS?			
	10e. STREET AND NUMBER	Joiner y					f. ZIP CODE			10+ CIT		1 YES 2 NO	
FUNERAL	6 Russell Roa	a d				-11							
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMEO	12	WAS DEC	20818 CENDENT OF HISPA	NIC OBICINA	Caralli, W.	Un:		States - American Indian,	
	1 🔀 Never Married 2 🗌 Married	FORCES? 1	X YES 2	NO	1 "	If yes, sp	ecify Cuban, Mexic	an, Puarto Rice	an, atc.)	or No-	Black,	White, etc.	
Β¥	3 Widowed 4 Divorced		V II			I 🔲 TES	NO Speci	ny:			Specify	White	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. I	DECEDENT'S	USUAL (CCUPATIO	ON	16b. KI	NO OF BUS	BINESS/INC	USTRY		
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5	.)				ost of working						
릴		5+		Physi	cist			Ţ	J.S.	Gove	rnmen	t	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	AME (First, Mide	dle, Maiden	Surname)			
BE (Leo J. Meyer	100 =					Wi	lma Br	iar				
5	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street I	and Number or Rural	Route Number,	City or Town	n, State, Zip	Code)		
-	Rosemary E.M. Har	ding		6218	Vorl	ich	Lane, Be	thesda	. Ma	rvlar	nd 20	0816	
- 1	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remo	uml dan m. Pana.	20b. PLAC	EANDDATE	OF DISPO	SITION (No		OATE			City or Tow		
	4 Donation 5 Other (Specify)	Vali from Stata	St.	Barba:	ther place	Cem	eterv 4/	28/93	Pre	sto.	Penn	sylvania	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22	. NAME AI	ND ADDRESS OF FA	ACILITY					
	Walint to	ne. b	M	00198	R	Be	t A. Pum	pnrey	Fune:	ral H	Iome/		
	23. PART I. Enter the diseases, or c	omplications the			17	557	Wisconsi	n Ave.	Ref	nesda	MD	20814-3501	
	snock, or naert fellure. I	lst only one ceu	se on each li	ne.	iot ente	r tha mc	we or dying, suc	cn as cardiae	c or reaps	ratory arr	ast,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	144.5	711	-		,						Onset and Death	
ŀ	resulting in death)	. MUV	(OR AS A CONS		Musi)							
- 1		302.10	(on As A cons	LOUENCE U	·)·							i	
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONS	EQUENCE O	n:								
¥	If any, lasding to immediate cause. Enter UNDERLYING		n = -301		,							i i	
표	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):							İ	
F	resulting in deeth) LAST												
뜅													
A.	PART II. Other significent conditions	contributing to	deeth but not	rasulting	In the u	nderlyln	g ceuse given in	Part I. 24	A. WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
음								1	YES 2			COMPLETION OF CAUSE OF DEATH?	
M												1 YES 2 NO	
ä								_					
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	neck only one)					
Sic	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 I Nu		e 5 🗆 Realdence	6x5x0ther (S	(pecify)	Uiah	1.10.11		
£	27. MANNER OF OEATH	28a. OATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	URY AT	28d. DESCR		High	URED		
BY	1 Natural 5 Pending 2 Naccident Investigation	04/24	/1993	13711	3 7 1	1 🗆 1		Dri	ver.	in A	uto	Truck	
	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At I			tory, offic	•	28f. LOCATIO	ON (Street a	nd Number	or Rural Ro	ute Number,	
Ш	4 Homicide determined		was (openly)	Hic	thwa	177			own, State)	O 1 c	0		
7 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge i			4	and place, and due		e) and man			oom Road	
COMPLET	(Check only one) 2 MEDICAL EXAMINER											and manner as stated	
	296. SIGNATURE AND TITLE OF CERTIFIER												
H	MOUNT MAN	10.111					29c. LICENSE NUI	MBER				Month, Day, Year)	
0	many ce line	COMPLETED CALL					OCN	1 E		0	4/25	5/1993	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

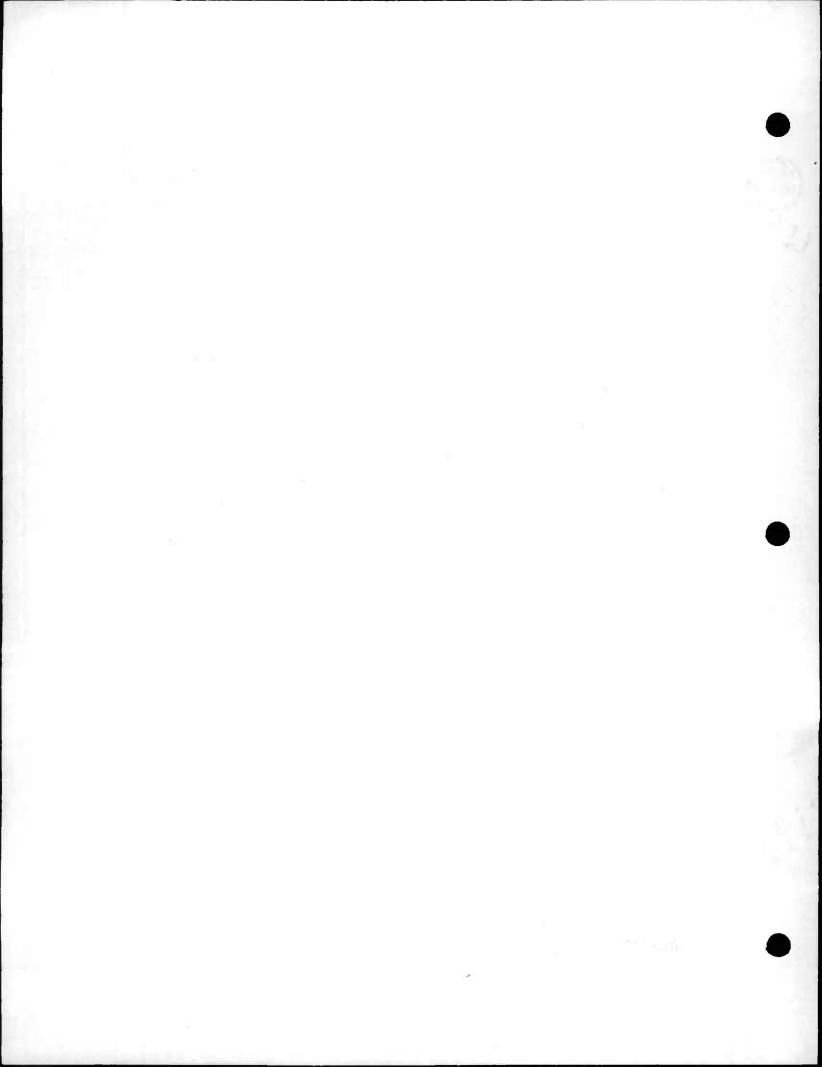
32. NEGISTRAR'S SHANTURE DE

111

Penn Street, Baltimore, Maryland

MONUMENTS OF THE STREET OF THE

21201



10a. STATE

Maryland

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

415 Christopher Avenue, #12

430-20-4063

Billy

1 X M 2 F

5. SEX

Montgomery

Lee

Metcalf

69 YRS.

6. AGE (In yrs. last birthday)

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Gaithersburg

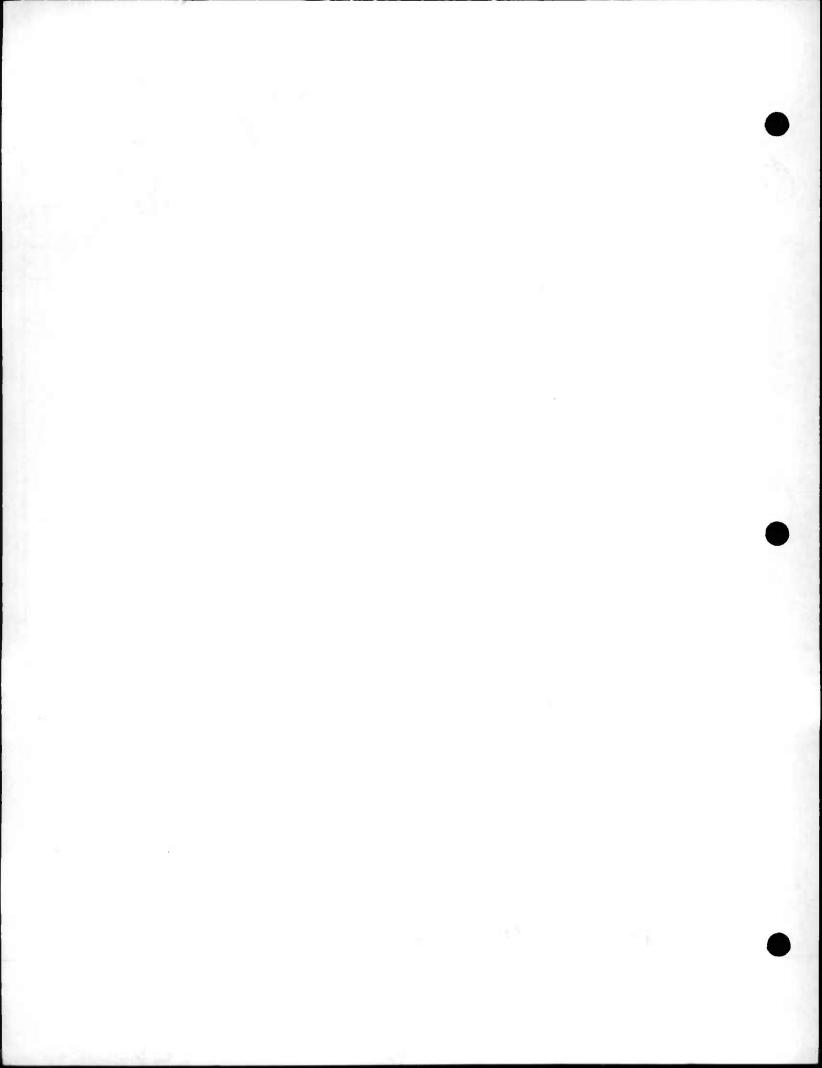
DAYS

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FUNERAL DIRECTOR 10a. STREET AND NUMBER 10f. ZIP CODE 415 Christopher Avenue, 20879 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—II yee, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Marrie BY 3 Wildowed 4 Divorced WW II COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only high Elementary/Secondary (0-12) 12 Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Ħ Austin Metcalf Annie Smith notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margareta G. Metcalf Same as 10 be 20a. METNOD OF DISPOSITION
1 Buriel 2 Cremation 3 R 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Suburban 4 Donation 5 Other (Specify) Crematory examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest, ehock, or heert failure. Liet only one ceuse on **IMMEDIATE CAUSE (Final** the disease or condition resulting in deeth) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING certificate has been signed by the attending physician and the State Dept. of Health and Mental Hygiene prior to d, or item 23 shows any injury, or other traum CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: 1 TYES 2 X NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 5 X Residence 6 Other (Specify) L DIRECTOR: After this cert hours after death with the litem 28 is marked, o 27. MANNER OF DEATN 26s. OATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 4 Nomicide 1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 2890 ▶ April 29, 1993 9 THE HAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wiseman, D. Jan Μ. 5410 Connecticut Avenue, #117, Washington, DC 20015 32. JEGISTRAPIS SIGNATURE
Guna Davidson-Randalle 31. DATE FILED (Month, Day, Year) APR 29

2. DATE OF OEATN DAY 3. TIME OF DEATH YEAR April 29. 1993 12:15 A 7. DATE OF BIRTN (Month, Day, Year) Feb. 9, 1924 IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Arkansas 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Gaithersburg Montgomery 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, alc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Construction 20c. LOCATION -- City or Town, State 4-29 Silver Spring, Maryland MD 20910 Approximate Intervei Between **Onset end Death** 6 M85 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 - YES 2 X NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIONEO (Month, Day, Year)



1 - STATE REGISTRAR		STATE OF N				OF DEA		MENTAL HYG REG.					
1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF DEAT			3. TIME OF DEATH		
JEROME			ME	RENDI	MO			APRIL	DAY	YEAR	5357		
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In:		IF UNDER 1 Y	EAR IF LIND	ER 24 HRS.	7. DATE OF BIRTI	<u> 26, 1</u>		7:45 A. M		
117-07-6977		1 M 2 F	90			AYS HOURS	-	(Month, Day, Ye-	nr)	Coun	ry)		
9a. FACILITY NAME (If not in				-				FEB. 18			W YORK		
a contract of the contract of					96. CITY, 10	OWN OR LOCAT	TION OF DE	EATH	9c. CO	UNTY OF E	DEATH		
CARRIAGE		NURSING	HOME			<u>SILVER</u>	SPR	ING		MONTGOMERY			
10a. STATE	10b. COUNTY			10c, CITY	TOWN OR	LOCATION	_				2 P - 12		
MARYLAND	MONT	COMEDA									10d, INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	MONT	GOMERY		RUC	KVILL	_					1 TES 2 NO		
						10f. ZIP COI	DE		10g. Cl1	TIZEN OF	WHAT COUNTRY?		
	HOLSON	LANE					20852			USA			
11. MARITAL STATUS 1 Never Married 2	Marriad	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF		13. WA:	S OECENOENT	OF HISPAN	NIC ORIGIN? (Specifin, Puerto Rican, etc.	y Yea or No-	14. RACI	E — American Indian, k, White, etc.		
3 ♥ Widowed 4 Divo		IF YES, GIVE W				YES 2 THE			-)	Spec			
11						Λ					WHITE		
15. OECI (Specify only	EDENT'S EDUC. y highest grade of	ATION completed)		CEDENT'S U		JPATION ing most of work	dna	16b. KIND OF	BUSINESS/IN	DUSTRY			
Elementary/Secondary (0		College (1-4 or 5+	litte	. Do NOT use	retired.)	- 1		i					
12			BU	ILDER				CONST	TRUCTIO	ON			
17. FATHER'S NAME (First, Mi	iddle, Last)					18. MO	THER'S NA	ME (First, Middle, Me					
FRANK		MERE	NDINO			17 T	NCENZ	7. A	ZUCC	ΔRO			
19e. INFORMANT'S NAME (7)	iype/Print)			b. MAILING	ADDRESS (S			Route Number, City or					
FRANK J.	MEDEND	TNO						OCKVILLE					
20g. METHOD OF DISPOSITI		LNO		AND DATE OF			E, K						
1X Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Remo	val from State	cometery, cre	matory or oth	er place)	CEMETE	Des	1	LOCATION -	•			
21. SIGNATURE OF FUNERAL		Neee	GATE	OF HE					LLVER :	SPRI	NG, MD		
		10				ME AND ADDR		CILITY LINS FUNI	TRAT H	OME	TNC		
▶ down.	2 2 9	Joseph			\$00	UNIVER	SITY	BLVD. V	V. ST	L. SI	2., MD 20901		
23. PART i. Enter the di	seases, or co	mplicetione thet	caused the de	eth. Do no									
shock, or he	eart feilure. L	let only one caus	se on each ilne		t cinor tin	e mode or e	ymig, suci	in wa cardiec or r	sebusiory er	reet,	Approximate intervei Between		
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ial .	CA	RDIE	17	Im	ona	ru	AR	RE(7	Onset end Deeth		
resulting in death)		DUE TO	OR AS A CONSE	OUENCE OF	4	00/00			1,00				
		Ar	ita	n	14/	CAT	DY	IAL 1	NEA	170	7500		
Sequentially list condition if any, leading to immediate		DUE TO	OR AS A CONSE	DUENCE OF)	1/		UP		1///		VOIY		
cause. Enter UNDERLY	NG												
CAUSE (Diseese or injust that initiated events	η <u> </u>	OUE TO	OR AS A CONSE	DUENCE OF)									
resulting in death) LAST	T I										į		
	d.								1				
PART II. Other eignification	nt conditions	contributing to	deeth but not r	resulting In	the unde	rlying cause	given in		S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS		
									RFORMED?	1	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
								1 YE	S 2 NO		OF DEATH?		
								-			1 TYES 2 NO		
25 WES CASE DESCRIPTIONS	A APPROXIMATION												
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:	26. PLACE OF I	DEATH (Ch	eck only one)					
1 TES 2 NO		1 Inputient 2 I	ER/Outpatient 3	□ DOA		Home 5 🗆 R	lesidence	8 Other (Specify)					
27. MANNER OF DEATH		28e, DATE OF (Month, Da		28b. TIME INJU	OF 28	c. INJURY AT WORK?		28d. DESCRIBE HO	OW INJURY OC	CUREO			
	Pending rivestigation					YES 2	□ NO						
2 Dudalda —	Could not be	28e. PLACE OF	INJURY - At ho	me, farm, str	eet, factory,	office		281. LOCATION (St	reet and Numbe	r or Rural I	Route Number		
	determined	ounging, a	itc. (Specify)					City or Town, S	tate)	1.55	-09F2-1		
29e. CERTIFIER	EVING BUYA	ANI To the h	and the second						and a feedball of				
(Check only								to the cause(e) end					
A MEOR	CAL CAMINER	on the beele of ex	emination end/or i	investigation,	In my opini	ion, death occu	ired at the	time, date end place	, end due to t	he cause(e) and manner ea stated.		
PRESIDENTIALE AND TITLE	OF CERTIFIER	1	, ,	_		29c. LIC	ENSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)		
	NAO	1010	LLL	7	WV	77			D 4	7/5	1/92		
36. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	OF DEATH (ITE	M 27) (Type, F						114	0/1)		
TOWN 1						H RUAD	#21	6, ROCKY	7TTT 12	MD 3	0852		
	bar)				12011	I KOAD	, 11 4 1	, MOUNT	وظللت	ru) 2	.0032		
APR 28 19	393	74 his David	s signature	22									

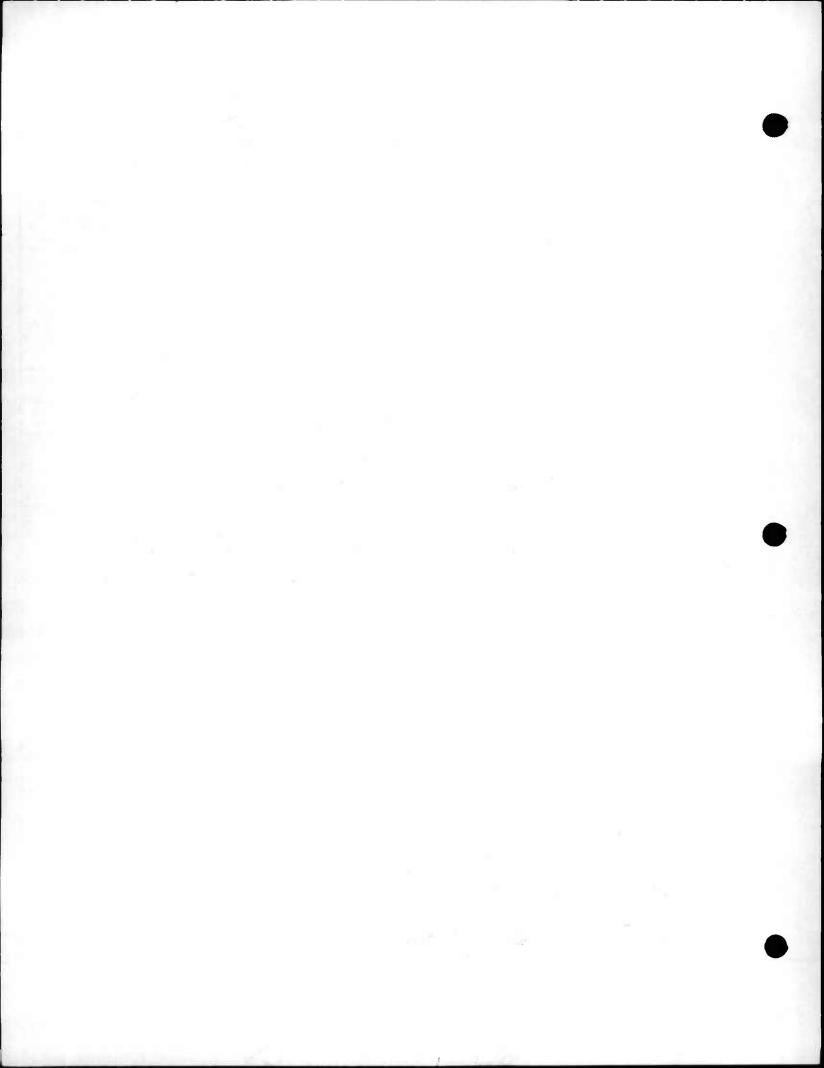
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the inspiral or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Properties within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



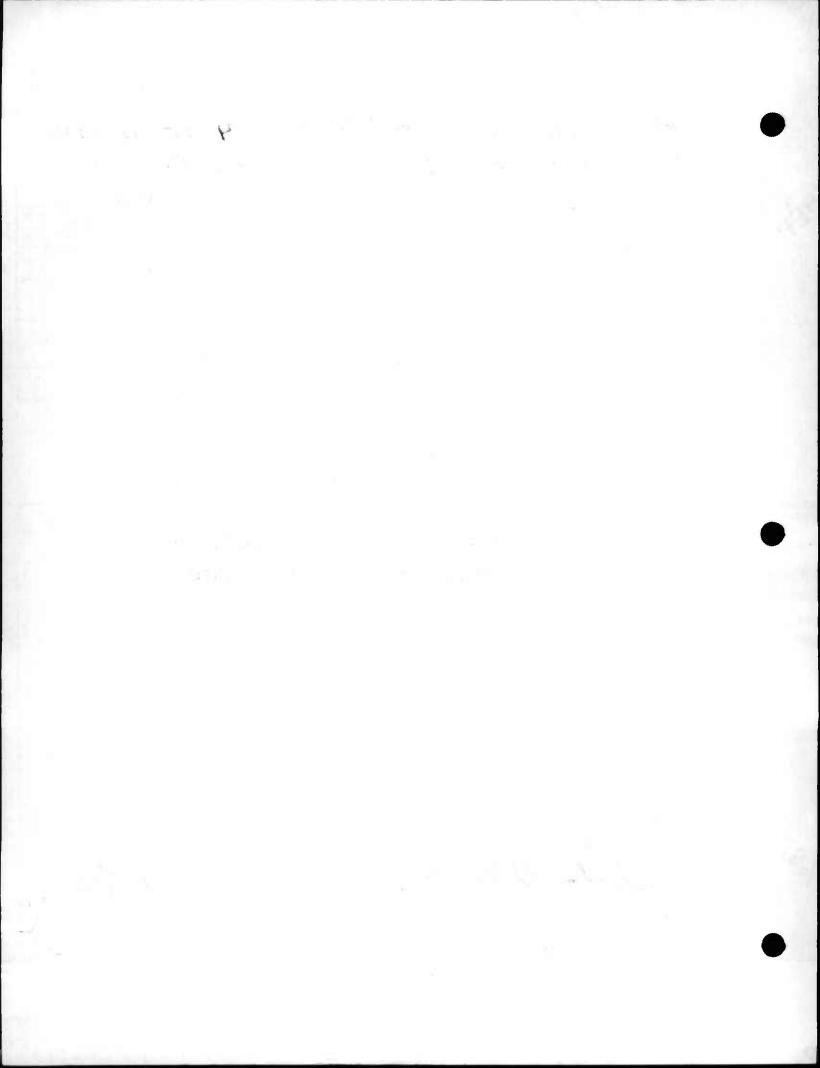
2. DATE OF DEATH

-	Œ		should
A	Page 5		Ö
10	15		No.
			permit
		an.	transit permit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriai-ty be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

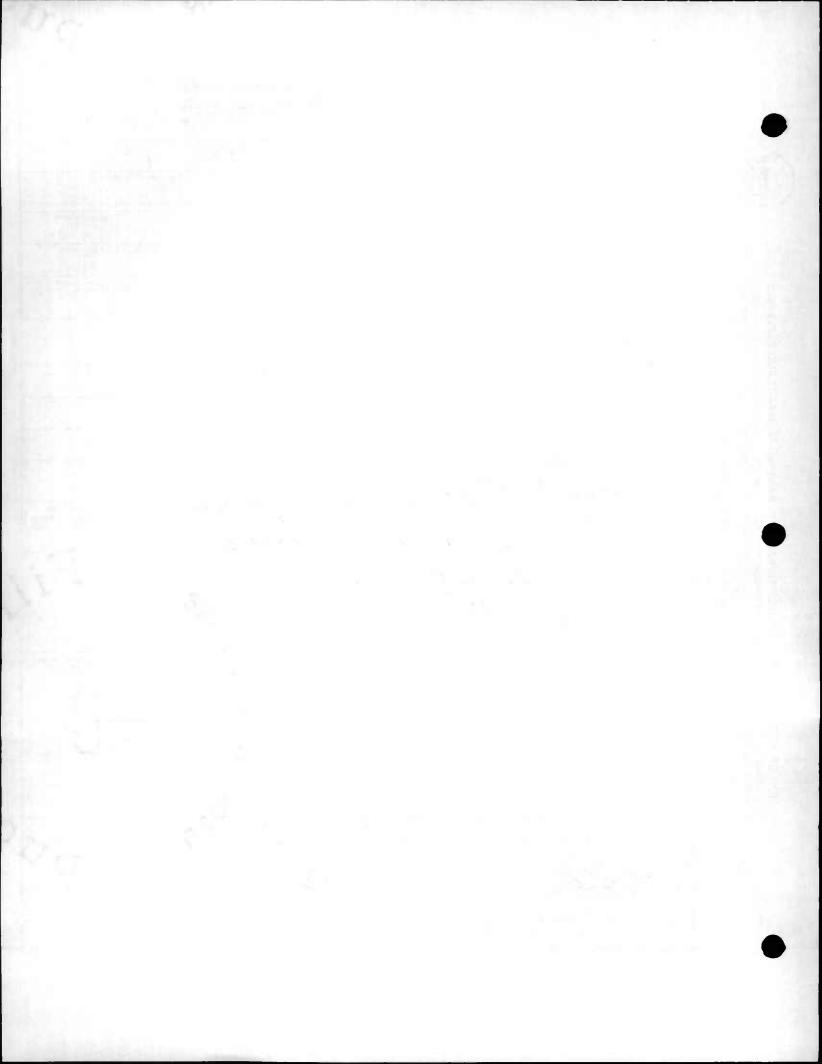
			Palageia	S.	Mikicz	enko				HONET	DAY	73	17:11 "	
	4. SOCIAL SECURITY NUME	2	5. SEX	6. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHP Country	LACE (State or Foreign	
	367.34.8			<u> </u>	9 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, You)	13		aine	
~	9s. FACILITY NAME (If not in					9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE		
DIRECTOR	Holy Cross		ital			Silver Spring Montgomer							ery	
EG	10s. STATE	10b. COUNT	ry		10c, CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
E	Kansas	Je	fferson			Oakalassa							LIMITS?	
A I	10e. STREET AND NUMBER							. ZIP COO	E		10g, CIT	10g. CITIZEN OF WHAT COUNTRY?		
ER	Route 1, Bo	x 287	f II						660	าคค		United States		
FUNERAL	11. MARITAL STATUS		12. WAS OECEDEN	T EVER IN U.	S. ARMED	ADMED 12 MMC OFFICERED OF MODIFIED OF MICHAEL OF MICHAE						14. RACE -	- American Indian	
BY F	1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES 2	Σ L <u>X</u> NO s	ΔNO If yes, specify Cuban, Mexican, Puerlo Rican, etc.) Blact						Black, Specify	White, stc.	
	V					white								
巴	(Specify only	EDENT'S EDU highest grade	JCATION e completed)	16	(Give kind of the Do NOT up	USUAL C	during mo	ON st of workin	ng	16b. KIND OF	USINESS/IN	DUSTRY		
٦	Elementary/Secondary (0	-12)	College (1-4 or 5 +)	_					D4-				
COMPLETED	17. FATHER'S NAME (First, M.	Iridia (act)			Bake					Resta	_			
BE	19s. INFORMANT'S NAME (7				19h MAILING	ADDRES	S (Street a			oute Number, City or		,	\$	
2	Anna M. He	cker				as		TO THAT INDO	or norm n	oute Number, City or	own, Stere, Zip	Cooe		
	20a METHOD OF DISPOSITI	ON		20b. PL	ACE AND DATE			me of		OATE 20c.	LOCATION -	City or Town	n Stets	
	1 C Burist 2 Crematio	n 3 □ Rem (Specify)	noval from State	cameter	y, cramatory or o	ther place.) .			4-30 La				
	21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	0		22.	NAME AN	D ADDRES	SS OF FAC	HLITY			1000	
	D 600	, ,)	V6/ /	Lap	0					Services,				
	23. PART i. Enter the di	seeses, or	complications the	coursed th	e deeth Do	9.	33 G:	ist /	venu	e, Silve	r Spri	ing, I		
	snock, or ne	eart fellure.	Liet only one ceu	se on eech	line.	or enter		ue or uyi	ng, such	i as cerdiec or re-	piratory en	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin disease or condition	el	· CAR	DI	Pili A	/	42			ARR G ~	7-		Onset and Death	
	resulting in death)		OUE TO	(OR AS A CO	INSEQUENCE OF	F)·						_	-	
z		ventially list conditions. C.L. FORLASTOMA MULTE FORLAFE												
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CERTIFICATION	cause. Enter UNDERLYi CAUSE (Disesse or inju		c											
E	that initiated events resulting in death) LAS		DUE TO	OR AS A CO	NSEQUENCE OF	ን:								
8			d										-	
	PART II. Other significa	nt condition	ns contributing to	deeth but i	not resulting	n the u	nderlying	csuse g	lven in F	Part I. 24e. WAS	AN AUTOPSY		VERE AUTOPSY FINDINGS	
IN: MEDICAL										PERF	ORMEO?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE	
E I													F DEATH?	
ž										_				
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
PHYSICIA	1 TYES 2 NO		1 Inpatient 2	ER/Outpatie	nt 3 X DOA	OTHE		5 🗆 Re	sidence (B ☐ Other (Specify)				
	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, Da		28b. TIM INJ	E OF URY	28c. INJU WO			28d. OESCRIBE HOV	INJURY OC	CURED		
B	2 Accident	nvestigation				М		ES 2	NO					
		Could not be	28e. PLACE OF building,	etc. (Specify)	At home, term, s	dreet, fac	tory, office	•		281. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Ros	ute Number,	
COMPLETED	29s. CERTIFIER													
M M	(Check only 1 (A) CEHT		ICIAN: To the best of											
8			ER: On the basis of ex	amination en	d/or investigatio	n, In my	opinion, de	eth occur	ed at the t	ime, date end place,	and dus to th	e csuse(s) s	and manner as stated.	
BE	29b. SIGNATURE AND TITLE	CERTIFIE	"NU E		O	_		29c. LICE	NSE NUM	BER	29d. DAT	gigned (nth, Day, Yesr)	
2	30 NAME AND ADDRESS OF	DEDOOM WE	000	,	M.	\overline{D}		D-	4369	1	> 7	12-5/	9.3	
	HUME MILE VERNESS OF		O COMPLETE	F OF SET	OTEN	m							10	
			1927 Au				ehe	Md	2	0814				
	Alexandros P	owers.	, 4927 Au	burn /	Ave., E		esda,	Md.	2	20814				
	Alexandros P 31. DATE FILED (Month, Day,)	owers.		burn /	Ave., E		esda,	Md.	2	20814				



the hosp	detached	once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by filed within 72 hours after death with the State Dent, or Health and Mental Houseve orior to burial, cremation, or removal	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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AL OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dent, or Health and Mental Hydlene point to burial, cremation, or removal	if iten	
USPIT	UNERA	IN	
THE H	THE FI	PORT	
2	22	₹	

FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI CERTIF	RTMENT FICATE	OF H	IEALTH DEA	AND TH	MENTAL HYGIEN REG. NO.		3	13903
1. DECEDENT'S NAME (First, Middle, Las	Richar	d E. Mille	r				2. DATE OF DEATH MONTH April 27,	" 199	3 YEAR	3. TIME OF DEATH 12:40
4. SOCIAL SECURITY NUMBER 577-30-0103	5. SEX	6. AGE (In yrs. lest birthday) 68 YRS.	IF UNDER	t YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) March 16,	925	Count	HPLACE (State or Foreign)
9a. FACILITY NAME (If not institution, given					C Sn			500	NTY OF I	

3		Richard	d E. M.	ille	r			April 27, 1993 YEAR 12:40					12:40 A M
- 3	4. SOCIAL SECURITY NUMBER 577-30-0103	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE Of (Month,	BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	9a. FACILITY NAME (If not institution,	1 🔀 M 2 🗆 F	68	YRS.						16,		_Indi	
E	9404 Woodland				. 11		R LOCATE		ATH		9c. COUNTY OF DEATH Montgomery		
6	RESIDENCE OF DECEDER	NT						Trig			MOI	regonie	sr.À
FUNERAL DIRECTOR	Maryland Mo	ounty			y, town o								10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
AR.	10e. STREET AND NUMBER			10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
NE I	9404 Woodland		IT EVER IN U.S. AR	20910							States		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 N WAR OR DATES WW II	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 VES 2 No Specify: White									
COMPLETED	15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)	(Gr	ve kind of I	USUAL O	CCUPATIO	N at of workin	g	16b, K	IND OF BU	SINESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	•)	Do NOT us	men.				l.,				
ME	17. FATHER'S NAME (First, Middle, La	6	Lic	omp ti	rolle	r	40 44071	15010 1111	ME (First, Mic		ept.	of La	abor
ŏ	Leo L. Miller								ed Dav		Surname)		
BE	19s. INFORMANT'S NAME (Type/Print	ADDRESS	(Street a		_			n. State. Zio	Code)				
190. INFORMANT'S NAME (Type/Print) Jane M. Miller 190. MAILING ADDRESS (Street and Num Same as 10												,	
	20a. METHOD OF DISPOSITION 1 Durial 2 Commention 3		OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION —	City or Town	n, State		
	4 Donation 5 Other (Specify	- cemetery, crer Sub	urba	in Cr				4-27	Sil	ver S	princ	, Maryland	
	21. SIGNATURE OF FUNERAL SERV	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.											
	* Ellen	-W. K	200		93	3 Gi	st A	venu	je, Si	lver	Spri	ng, N	4D 20910
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	[but	OR AS A CONSEQ	UENCE OF	0	Z	per D	ei	UE	. 17.			
N: MEDICAL	PART II. Other significant con	ditions contributing to	death but not re	esulting	in the un	derlying	cause g	piven in i	GENERAL AND	PERFOR	IMED7	6	HERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY YES 2 NO
S	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		ACE OF DI	EATH (Che	cit only one)				1
PHYSICIA	1 VES 2 XNO 27. MANNER OF DEATH	1 🗆 Inpatient 2 🗆	ER/Outpattent 3	-	4 C Nun	sing Hoos		sidence (6 🗆 Other (No. of Concession, Name of Street, or other			W. J
ВУ РН	27. MARINER OF DEATH 286. DATE OF INJURY 1 NORTH DRIE												
ETED	3 Suicide 6 Coold n 4 Homicide determin	of De building.	F INJURY — At hor etc. (Specify)	me, ferm, r	street, fact	ery, office			City or	ON (Street a Rown, State)	end Number	or Planet Plos	ute Mumber,
COMPLETED	one) 2 MEDICAL EX	PHYSICIAN: To the beat of AMINER: On the basis of a					eth occur	ed at the t	lime, date ar				and manner as stated.
O BE	39h. SIGNATURE AND TITLE OF CEI	alle	1 IV	27) (500	Print: 7	0007	D	18	8/	3			Month, Day, Year)
	Ira Tauber,	M. D.			1,	u301 ilve	r Sp	rgia ring	Aven	ue 20902	2		
	31. DATE FILED (Morith, Day, Year) APR 27 1993	Julia Date	B'A SIGNATURE										



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requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: All be filed within 72 hours after de IMPORTANT: If Item 28 Is

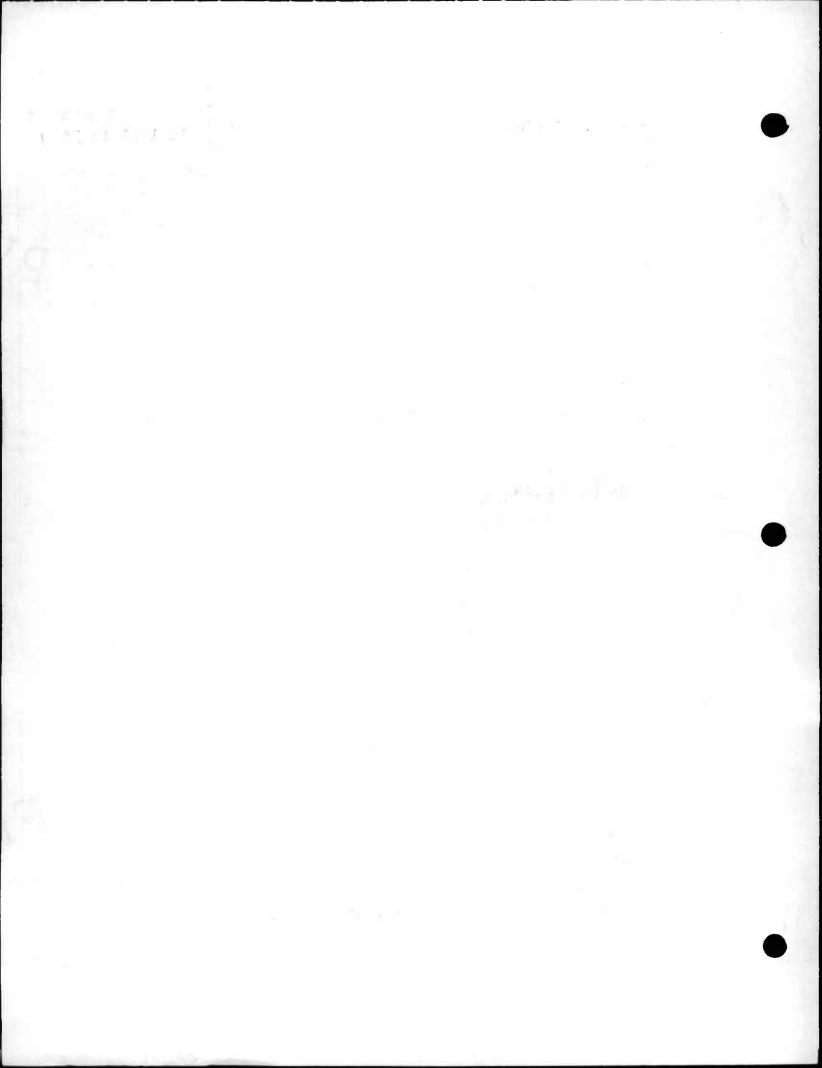
this certificate has be with the State Dept.

After I death

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Grace E. Minnick 1993 12:35 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) FEB • 26, 1909 213438-1739 1 M 2 V F 84 YRS. WASH., DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 90 COUNTY OF GEATH DIRECTOR NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MONTGOMERY MD. ROCKVILLE 1XXYES 2 NO FUNERAL 10a, STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9809- VEIRS 20850 U.S.A. DRIVE 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 VES XXNO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify: WHITE 3 X Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL TEACHER EDUCATION 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam EDWARD O. VOLLAND ETHEL L. KLUGE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) $9701-VEIRSDR \bullet$, ROCKVILLE, $MD \bullet$ 2 20850 REV.DR. REICHARD 20a. METHOD OF DISPOSITION

1 SE Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State 1 St Buriel 2 Cremation 3 L 4 Donation 5 Other (Specify) OATE emetery, crematory or other place)
CEDAR HILL CEMETERY A/16 SUITLAND, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HYSONG CO., INC. 1300- N STREET, N.W., WASH., DC 23. PART I. Enter the diseeses, or ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure e on each line. intervel Between IMMEDIATE CAUSE (Finel Onset and Deeth disease or condition Wrosepre resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING emen CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): d resulting in desth) LAST hronn PART II. Other significant conditions contributing to death but not reaulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2X NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO me 5 Rasidence 6 Other (Specify) 4 X Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide COMPL 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE OUT TITLE OF PETITIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) - m0 4-12-93 D3661 1245, 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 849- QUINCE ORCHARD SCHEMM -BLVD., GAITHERSBURG, MD. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randolle APR 26 1993





מלון המלון המלון המלון	fler death. Page 6 may be retained by the hosp	r the funeral director, page 5 should be detached	loval.	al examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29b. SIGNATURE AND TITLE OF CERTIFIER

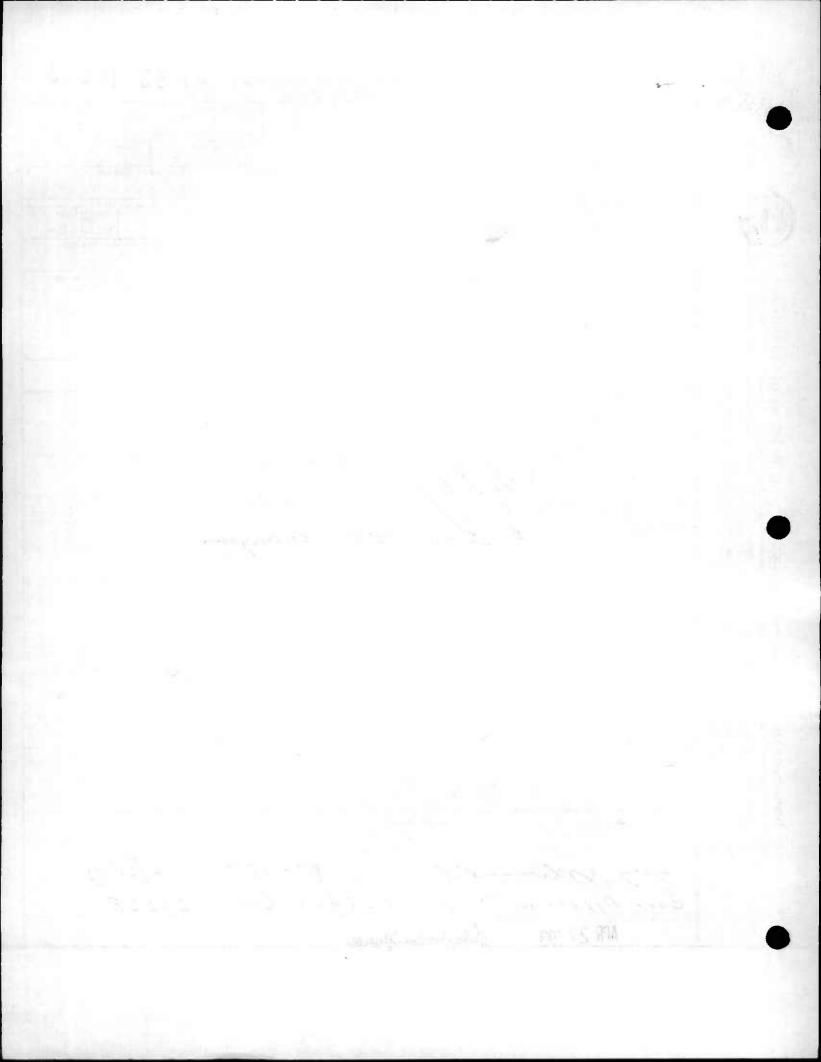
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31. DATE FILED (Month, Day, Year)

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAF ERTIF	TMEN	T OF H	DEA	AND 1	MENTA	REG. NO.	E 9.) i	3300
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		13	. TIME OF DEATH
	Edgar Strong Mass	sey							MON' ∩/ı	-16-93	NY .	YEAR	1:00 p. m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		6. BIRTHPI	LACE (State or Foreign
	578-03-8569	1 M 2 - F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) -26-12	- 1	Country)	vland
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN (OR LOCATI	ON OF DE		ao Ia	9c. COUN	TY OF DEA	
DIRECTOR	St. Agnes Hospita	1				Bal	Baltimore Baltimore						nore
JE	10a. STATE 10b. COUNT	r		10c, C/1	Y, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY
	Maryland Baltin		Cato	onsv:	ille						LIMITS?		
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	707 Maiden Cho				2122	28				U.S.	Α.		
5	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEI								N7 (Specify Yes	or No-	14 BACE -	- American Indian
	1 Never Married 2 Married	IF YES, OIVE V	YES 2	NO			2 NO			Rican, atc.)		Black, 1 Specify:	While, etc.
ВУ	3 Widowed 4 Divorced							,				White	
Ĕ	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done	during mo		107	16	. KIND OF BUS	INESS/IND	JSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	414	n. Do NOT u	se retired.)								
M P		Real Estate Management Real Estate											
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
H	Paul Curtis Massey Mary Hoffman Strong 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
9	19a. INFORMANT'S NAME (Type/Print)												
7	Cynthia A. Massey	<u> </u>						e Lar	ne,	Catons			
	20a METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE cemetery, cre	AND DATE	OF DISPO	SITION (Na	ime of		DAT	E 20c. LO	CATION — C	aty or Town	, State
	4 Donation 8 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC		Chest	er C					1	Chest	terto	wn, M	1d
		1 /	00		22.	Fell(OWS -	SS OF FAC	LIS	Funera.	1 Hom	e	
	▶William L. Kii	1911	L Lon	-		Ches	terto	own,	Mar	yland 2	21620		
	23. PART i. Enter the diseases, or a shock, or heart feliure.	complications the	t coused that	eath. Do	not entai	r the mo	de of dy	ing, sucl	h ss car	diac or respi	retory arre	st,	Approximata
	IMMEDIATE CAUSE (Final		1										Onset and Death
	disesse or condition resulting in death)	. Ruy	Luce	1 6	Con	tiz	a	H. Allen	ar. a	-			
	, accum	DUE TO	(OR AS A CONSE	QUENCE O	F):				7				
Z											20		
E	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	c									_		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	Tooling in doding Exo	d											
PART II Other significant conditions conditions and the state of the s										24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
2										PERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
									_	1 TYES 2	10	0	F DEATH?
Σ						_						1	TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					20 54	ACE OF O	FATU (O)	-11				
2	EXAMINER?	HOSPITAL:	2.4		OTHE	R:	ACE OF D						
PHYSICIAN: MEDICAL	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2			_		e 8 🗆 Ra	sidence					
	1 Netural 5 Pending	(Month, D		28b. TIN	JURY M		RK?] No.	28d. DE	SCRIBE HOW II	JURY OCC	URED	
B	2 Accident Investigation	28a Di 407 0	E Millimy Acc		-	_	rES 2	NO					
<u>a</u>	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At he atc. (Specify)	ome, larm,	street, fac	tory, office	•		281. LOC City	or Town, State)	nd Number	or Rural Rou	te Number,
LETED	20a CERTIFIER												
= 11	298. CERTIFYING PHYSI	CIAN: To the heat of	mar beautades de										

29c. LICENSE NUMBER Julia Savidson-Randos DHMH-16 Rev 1/89



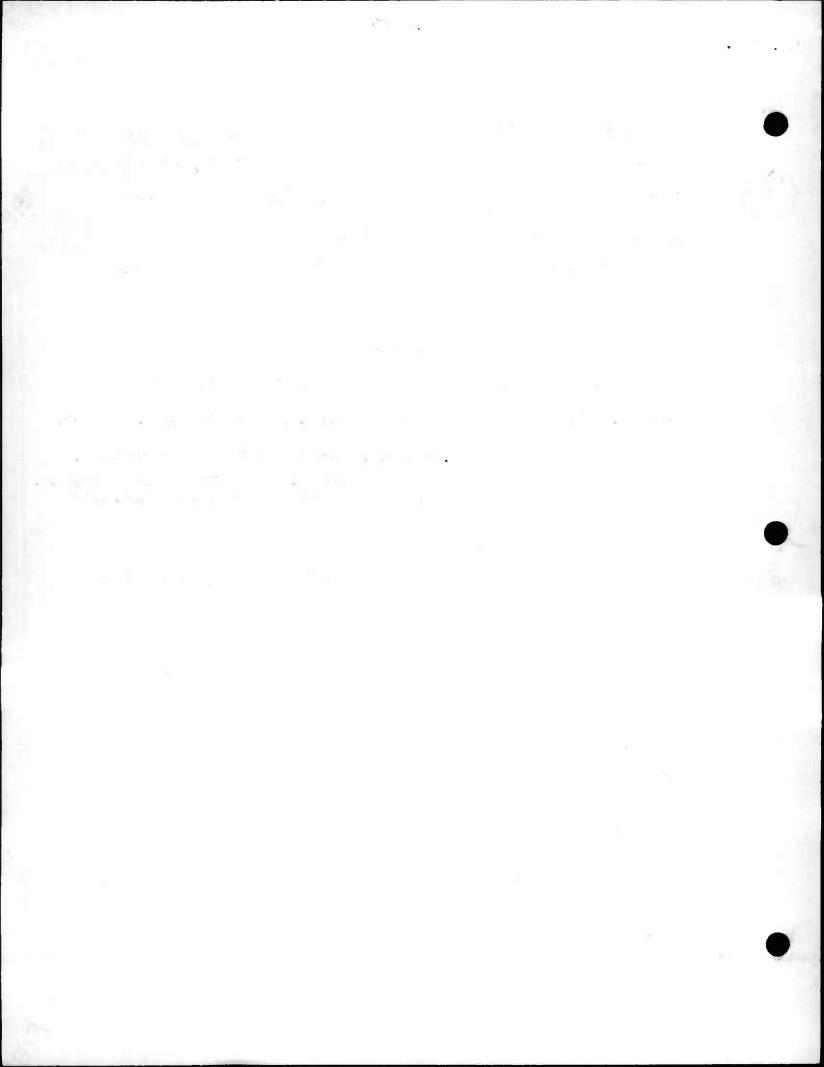
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ined by the hospital or attending physician.	ould be detached for use as the burial-transit nermit. Page		lied at once,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Pages	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires t	TO THE FUNERAL DIRECTOR: After this certificate has been signed	be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If Item 28 is marked, or Item 23 shows a

												1	93	13906	
	FOR STATE REGISTRAR			MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN				
1	1. DECEDENT'S NAME (First, A		320M	eresa		etta		oses		MONT	E OF DEATH	AY	YEAR	TIME OF DEATH	
3	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	7	8. BIRTHPL	ACE (State or Foreign	
9	218-04-0346		1 🗌 M 2 🔭 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.	Jul	y 13,1	940	940 Pennsylvania		
NC.	90. FACILITY NAME (If not instit		reet end number)			96. CITY, TOWN OR LOCATION OF DEATN Baltimore City						NTY DF DEA	тн		
DIRECTOR	RESIDENCE OF DECE	DENT			10c. CITY, TOWN OR LOCATION										
DIR	Maryland					Balti			-37					Dd. INSIDE CITY LIMITS? YES 2 NO	
RAL	100. STREET AND NUMBER 195 Pinkney	, Dood					101.	ZIP CODI	E	10g. CITIZEN OF WI					
UNE	11. MARITAL STATUS	ROAG	12. WAS DECEDEN	T EVER IN U.S. ARN	4ED	13.				IIC OBIGII	N? (Specify Yee	or No	USA	American Indian	
BY FUNERAL	1 Never Merried 2 Ma 3 Wildowed 4 Divorce		FDRCES? 1 IF YES, GIVE W	YES 2 XN	0		f yes, spe	cify Cube	n, Mexica	n, Puerlo	Rican, etc.)	or No	Specify: Blac	American Indian, Vhite, etc.	
TED	(Specify only h		completed)	(Gh	EDENT'S	USUAL Of vork done of the retired.)	CCUPATIO	N st of worldr	g	168	. KIND OF BUS	SINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12		College (1-4 or 5			wife					Hom	Э			
BE CO															
TO B															
	20e. METHOD OF DISPOSITION	N 3 □ Remo	val from State	20b. PLACE A	ND DATE	OF DISPOS				DAT			City or Town.		
	4 ☐ Donation 5 ☐ Other (S) 21. SIGNATURE OF FUNERAL S	pecify)		st.Jan		J.M.C		ery D ADDRES		1+93	Jar	retts	ville	Md.	
	Howard	Kn	1. Cov	you Th	7	H	lowar	d K.	Mc	Coma	s III lad, Abii			ome, P.A.	
	23. PART I. Enter the dise shock, or hea	rt failure. L	omplications that list only one cau	caused the das	th. Do r	ot antar	the mod	da of dyi	ng, auc	h as can	diac or respi	ratory arm	eat,	Approximata Interval Batween	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			UNG C	Δ									Onset and Death	
	resoluting in data(ii)		OUE TO	(OR AS A CONSED	-	7):			0			1411	WZ.L. I		
NO.	Sequentially list condition		DUE TO	REAST OR AS A CONSEQU	UENCE OF	A	V	ITH	B (SMO	ME	TAS	STAS	5	
CAT	if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury	G													
ERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(DR AS A CONSEDI	UENCE DE	7:									
O	PART ii. Other significant	conditions	contribution to	doeth hut and a	IAI I								_		
PHYSICIAN: MEDICAL	Tent in Other significant	CONGRETA	contributing to	death out not re	aulting i	n the Un	dariying	cause g	iven in	Part i.	24a. WAS AN PERFOR	MED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE	
ME								_		_	1 - YES 2	(N)	Of	DEATH?	
AN.															
SICI/	25. WAS CASE REFERRED TO A EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ED/Outration of	7.00	OTHER	1:	ACE DF DI	Transaction of						
H.	27. MANNER OF DEATN		28e. DATE OF		28b. TIM	E DF	28c. INJU	PRY AT	eldence		SCRIBE HOW II	NJURY OCC	URED		
ВУ	1 Natural 5 Per 2 Accident Inv	nding estigation	(Month, Di			URY M		ES 2 [] ND						
		uld not be termined	28e. PLACE Of building,	F INJURY — At homatc. (Specify)	ie, farm, s	treet, facto	ory, office		_	26f. LOC City	ATION (Street a or Town, State)	nd Number	or Rural Rout	e Number,	
COMPLETED				my knowledge, dear										nd menner ee stated.	
E CO	29b. SIGNATURE AND TITLE OF					, my 0		29c. LICE			wire piace, en			onth, Day, Year)	
TO BE	mBanes	7 7	no					AS		023	321	> 2	1177	193	
-	30. NAME AND ADDRESS OF	ERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)							-		

32. REGISTRAR'S SIGNATURE
JUNIO DUNIDON-ROMANA

31. DATE FILED (Month, Day, Year)
APR 30 93



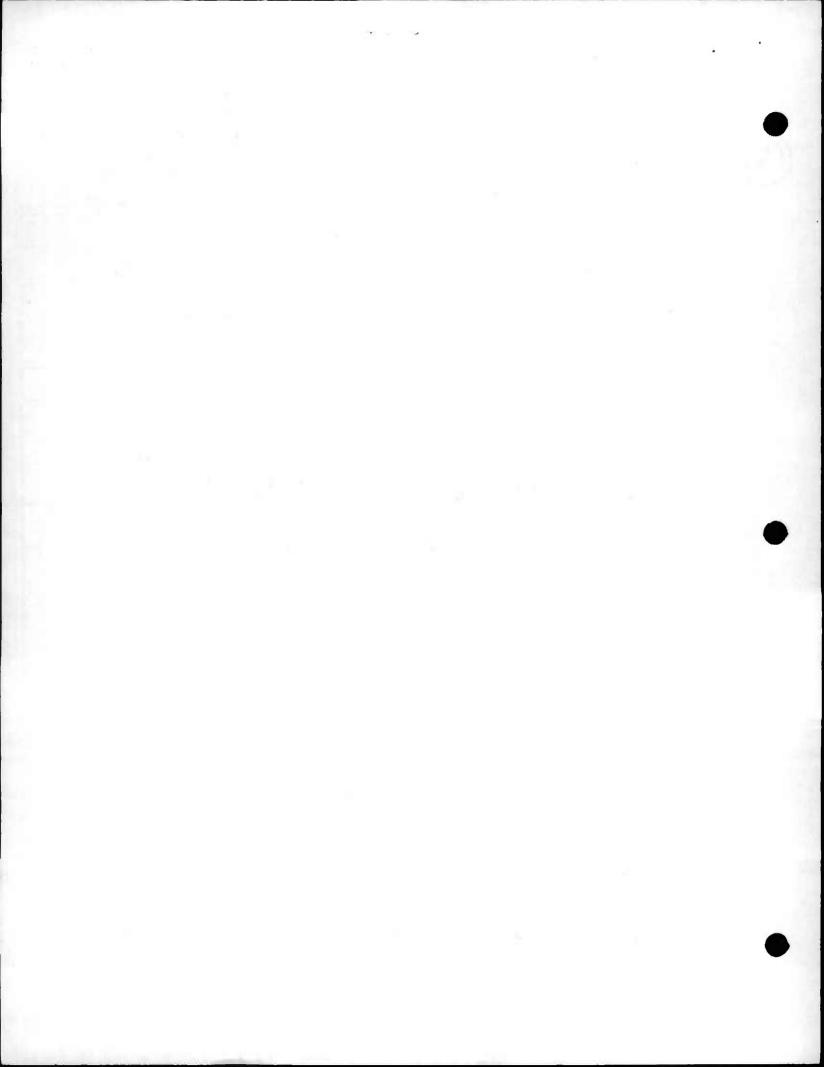
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifie
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DR	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Неш
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		FOR STATE REGISTRAR	STATE OF N	MARYLAND A	DEPAR ERTIF	RTMEN	T OF H	IEALTH DEA	AND N	MENTA	L HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		adden		,-				4			93	773 A M
		218-14-6765	5. SEX	6. AGE (In yrs. Ia 94	st birthday) YRS.	IF UNDE	R 1 YEAR	HOURS	MIN.	7. DATE (Mpg	OF BIRTH	Q I	B. BIRTHPLA Country)	ICE (State or Foreign
		9e. FACILITY NAME (If not institution, give s			THS.	0b CIT	V TOWAL	D LOCATI	ON OF DE		7 11 7		V.A	
وا	5	Meridian- Randa			96. CITY, TOWN OR LOCATION OF DEATH Randallstown								TY OF DEAT	
E	5	RESIDENCE OF DECEDENT							uisto	WII	n Baltim			ore
DIBECTOR		MD 100. STATE 100. COUNT	y Harford		10c. CIT	.,	OR LOCAT						100	d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER				e de	Gr	ace_		I som CITIZE		YES 2 NO		
FINEDAL		505 Congress A			344	, 211 000	210	7 Q		log, Ciliza	USA			
2	5	11. MARITAL STATUS	12. WAS DECEDEN			13	WAS DEC	ENDENT C	OF HISPAN	IC ORIGI	N? (Specify Ye	s or No— 1	4. RACE -	American Indian
2		1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	NO	If yes, specify Cuben, Mexican, Puerto R 1 YES 2 X NO Specify:							Black, Wi Specify:	
								201				<u> </u>		White
		(Specify only highest grade		100	ive kind of a	work done	durina mo	st of working	ng	100	KIND OF BU	ISINESS/INDU	STRY	
a 5		10			Home	mak	er							
at once.		17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	ME (First,	Middle, Meiden	Sumeme)		
11 P		William A. Si	mmonds									Huds		
TO R		190. INFORMANT'S NAME (Type/Print) Mrs. Vivian E. S	tanio mal	19								vn, State, Zip C		
		20e. METHOD OF DISPOSITION	triegei	20b. PLACE	_				Roac	I, A	berde	en, l		21001
examiner must be	ł	130 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	Dulan	matory or o	ther place	v Me	em (Gdns	14/	29 Ti	moniu		
ine.		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22	. NAME AN	ND ADDRE	SS OF FAC	CILITY				
ехап		1,200	XX	>41			Witch	rell-S	Smith	ı Fu	neral	Home 21078	, P.A	
dica		23. PART i. Enter the diseases, or o	complications the	t caused the de	eath. Do r	not ente	r the mo	de of dy	ing, such	ace,	diec or reap	d I U 1 O	<u>-3197</u> st,	Approximate
the medical		shock, or heart feilure, iMMEDIATE CAUSE (Finel	List only one ceu	se on each line	9.								120	interval Between Onset and Death
		disease or condition resulting in deeth)	. Arteri	osclero	tic c	ard:	iovas	scula	ır di	seas	se			
even	l		DUE TO	(OR AS A CONSE	QUENCE O	F):								
other traumatic event,		Sequentielly list conditione,	b	(OR AS A CONSE	DUENCE O	D.								
or other traumatic		If any, leading to immediate cause. Enter UNDERLYING		(or no n conce	auchior of	7.								
The C		CAUSE (Disease or Injury that initieted events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
		resulting in death) LAST	d											
23 shows any injury. AN: MEDICAL C	- 14	PART ii. Other aignificant condition	a contributing to	deeth but not	reeuiting	in the u	nderlying	ceuse (given in f	Pert i.	24a, WAS AN	AUTOPSY	24b. WE	PE AUTOPSY FINDINGS
all C		Cerebrovascula	ır accide	nt							PERFO		COI	ILABLE PRIOR TO MPLETION OF CAUSE
ME												2.10		DEATH? YES 2 NO
N 2	PART II. Other aignificant conditions contributing to deeth but not recuiting in the underlying ceuse given in Pert i. Cerebrovascular accident 24a. Was an autopsy PERFORMED? 1 YES 2 NO 25. Was case referred to Medical EXAMINER? 1 YES 2 NO 25. Was case referred to Medical EXAMINER? 1 YES 2 NO 26. Place of Death (Check only one) 27. Manner of Death 28a. Date of Injury (Month, Day, Vear) 28b. Time of Sec. Injury AT Normal 28d. Describe How Injury occurred Work?													
VSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:													
TYS.		1 YES 2 XNO	1 Inpatient 2 I		_	4 X Nu	rsing Home		sidence (_				
marked, BY PH		1 Netural 5 Pending	(Month, Di		28b, TIM	IURY M		RK?	NO.	28d. DE	SCRIBE HOW	INJURY OCCU	RED	
		2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	me, ferm, :	street, fac			-	261, LOC	ATION (Street	end Number or	Rural Route	Number,
Z8		4 Homicide determined	building,	atc. (Specify)						City	or Town, State,)		·
DETANT: If Hem 28 IS SE COMPLETED		29e. CERTIFIER (Check only 1 X CERTIFYING PHYSE	CIAN: To the best of	my knowledge, de	ath occum	ed at the	lime, date	end place	, end due l	to the car	se(s) and ma	nner ee stated	J.	
N O		O(10) 2 MEDICAL EXAMINE												d manner ee stated.
SE C	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	60	1	-			29c. LICE	ENSE NUM	BER		29d. DATE S	SIGNED (Mo	nth, Day, Year)
<u> ا چ</u>	D20964 4-26-93								3					

MD 8630 Liberty Plaza Mall:
32 pegstraps signature
Guile Dandson Handell

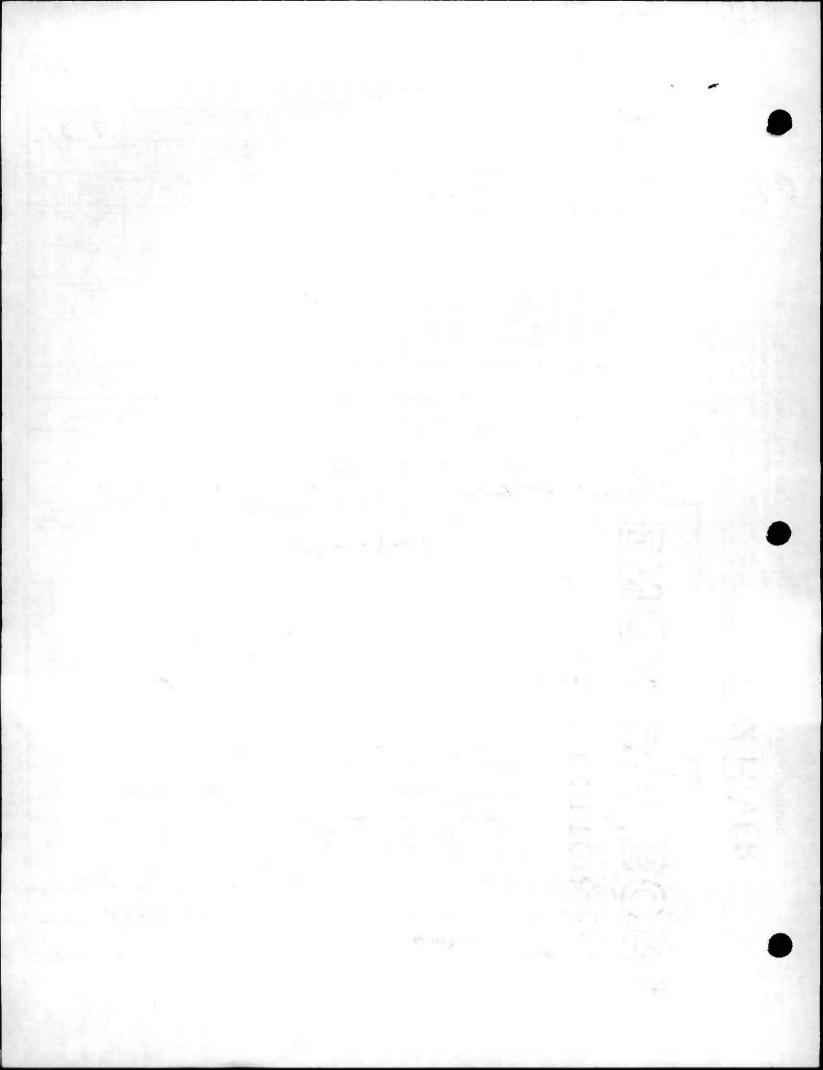
Randallstown.



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SIAIL OF MAI		FICATE		DEATH		EG. NO.	5				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	HENRY	NEL	SON			2. DATE OF S	DEATH DA	*11	91 9 11	3. TIME OF OEATH 7. B. PM		
100	4. SOCIAL SECURITY NUMBER 219-14-4561		NGE (in yrs. lest birthde	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	энтн 7 ⁷⁹⁴ 1 (3	8. BIRTH Countr	PLACE (State or Foreign y) md		
OR	9a. FACILITY NAME (If not institution, give a MERIDIAN, CORS)		N.H.			EVILLE	EATH			EEN	ANNE		
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD QUI	EEN ANNE		GRASO							10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	318 SAWMILL LA	ANE			101.	ZIP CODE 1638			10g. CIT	US	YHAT COUNTRY? A		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 2 3 F YES GIVE WAR 9	ER IN U.S. ARMED YES 2 NO 9-DATES 5-20-46	ar ar	yes, spe	endent of Hispan city Cuban, Mexica 2 NO Specifi	n, Puerto Ricar		or No—	14. RACE Black Speci	- American Indian, k, White LK		
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	JCATION s completed) College (1-4 or 5+)	(Give kind life. Do NO	T'S USUAL OCC of work done du T use retired.) O MEC:	uring mos	t of working			REPA				
COMI	17. FATHER'S NAME (First, Middle, Leet) FRANCIS NELS	ON				18. MOTHER'S NA	ME (First, Middl NRIET	le, Maiden TA	Surname)	BE	RRY		
TO BE	19a. INFORMANT'S NAME (Type/Print) DOROTHY M.	NELSON	19b. MAIL 318	SAWM	(Street and	LANE	Route Number, C	City or Tow NVII	n, State, Zi	p Code) MD	. 21638		
	20g. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Ren Donation 5 Other (Specify)	noval from State	20b. PLACE AND D				0ATE			City or To	wn, Stata		
	21. SIGNATURE OF PONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OOKS FUNERAL SERVICES 319 E. DOVER ST. EASTON, MD. 21601 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, [Approximate]												
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
DICAL	PART II. Other eignificant condition	ne contributing to dee	ath but not resulting	ng In the und	derlying	ı cause given in		e. WAS AN PERFOR	-	246	L WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF OEATH (C/	neck only one)						
PHYSICIAN: ME	1 TYES 2 TO 27. MANNER OF DEATH Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJU (Month, Day, Y			28c. INJU WOI		6 Other (Sp 28d, DEŞCRI		NJURY O	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF IN building, atc.	JURY — At home, far (Specify)	m, street, tacto			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
COMPLETED	anel	SICIAN: To the best of my									a) and manner as stated.		
TO BE CO	29h. SIGNATURE AND TITLE OF CERTIFIC	one				29c. LICENSE NU 932	MBER -0.36		29d, DA	Y//	(Month, Day, Year) 4193		
	Gan Tro	HO COMPLETED CAUSE O		West of the	tre	Auer	Jhry	M	2	165	2		
	APR 1.5 1993	32. REGISTRAR'S											

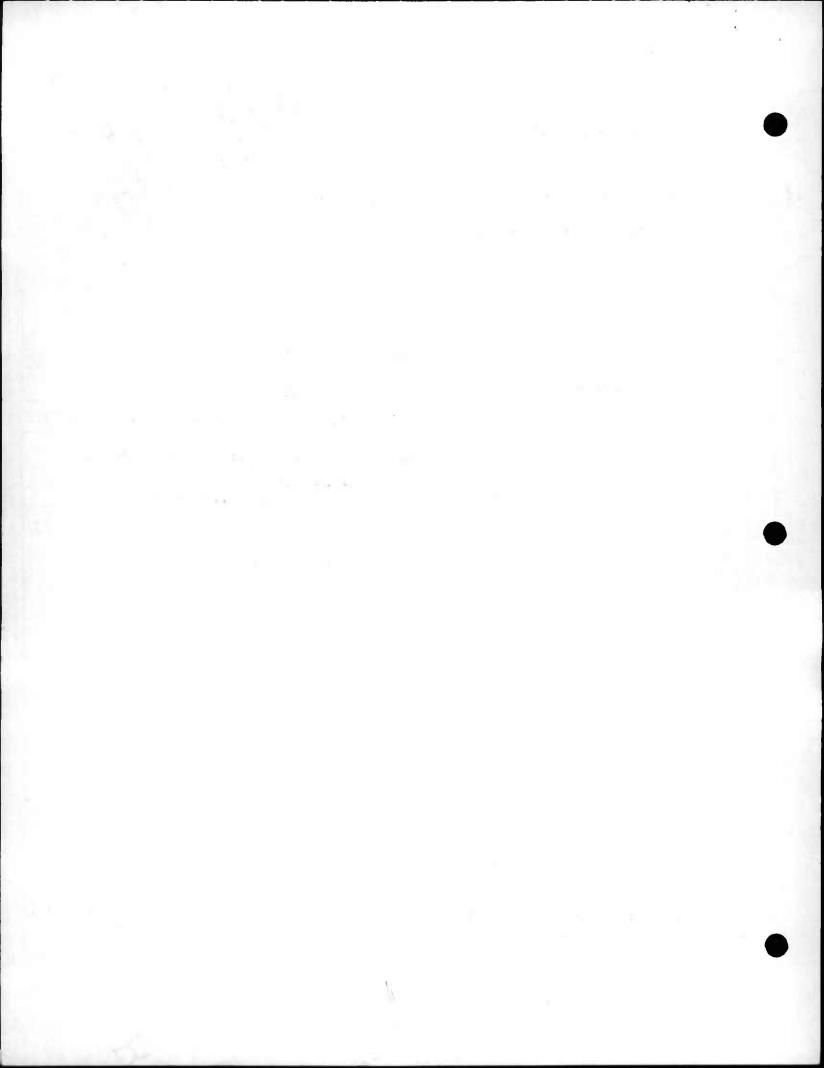


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1		2.3
1	SPARE TO	See
		S.
		ermit. Page

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						TOATI		DLA		. н	EG. NO.			
8	1. DECEDENT'S NAME (First, BOBBY		IORRIS	5						2. DATE OF DEATH MONTH DAY PEAR PAR PAR PAR PAR PAR PAR PAR PAR PAR P			7 54R /	TIME OF DEATH 2:4(0PM
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birtnday)	IF UNDER	R 1 YEAR	#F UNDER	24 HRS.	7. DATE OF E	HETN			ACE (State or Foreign
	238-68-312		1 XM 2 - F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	3/4/4	14 der)		Country)	1nton, NC
H	9a. FACILITY NAME (If not in Suburban Ho					96. CITY, TOWN OR LOCATION OF DEATH Bethesda Montgoi								
DIRECTOR	RESIDENCE OF DEC					130								-1
Ä	10a. STATE	10b. COUNTY				10c. CITY, TOWN OR LOCATION						10	d. INSIDE CITY	
	Maryland 10e, STREET AND NUMBER	Princ	e George	s's	Upper Marlboro						LIMITS? YES 2 NO			
FUNERAL	8311 Grand	haven	Avenue				10	207			10g. CITIZEN OF WHAT			AT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF NISPANI	C ORIGIN? (S	pecify Yee	or No-		American Indien,
-	1 Never Married 2 🔀		FORCES? 1		XNO			ecity Cube	n, Maxican Specify:	, Puerto Rican	, etc.)		Black, V Specify:	Vhita, atc.
B	3 Wildowed 4 Divo	rced						z Epito	оросну.			_	зриспу:	Black
COMPLETED	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	18a.	DECEDENT'S	USUAL O	CCUPATIO	ON ost of workli	107	16b. KIN	D OF BUS	INESS/INC	DUSTRY	
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)												4.0	
₹ I	17. FATNER'S NAME (First, M.	della de al	21		PIC	ress	OI		ısine			riva	.Le	
	Johnnie No							200		ME (First, Middle		Sumame)		
BE				Т	10b MAII INC	ADDRES	C /Ctmat			e Grig	_			
70												MD 20772		
	20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State		E AND DATE			ame of					City or Town	
- 3	4 Donation 5 Other		A	Rest	irrect	ion	Ceme				Cli	nton	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home													
	23 PART First the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of complication that was a factor of the disease of													
	23. PART I. Enter the di	seases, or o	complications tha	t caused tha	daath. Do	not anter	tha mo	da of dy	ing, auch	aa cardlac	or reapli	atory an	rest,	Approximata
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition resulting in death) a. Metastatic Melignancy DUE TO (OR AS A CONSEQUENCE OF):													
			DUE TO	(OR AS A CONS	SEOUENCE O	F):	0							
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	if any, leading to Immed cause. Enter UNDERLYI	NG			ISEOUENCE OF):						İ			
Ě	CAUSE (Disease or Inju- that initiated events		DUE TO	(OR AS A CONS										
ERI	resulting in death) LAS		1											
	PART II. Other eignifice	nt condition	5 contributing to	death but no	t resulting	in the ur	nderiyin	g cause o	lven in P	Part i. 24s	WAS AN	LUTOPSY	24h WI	ERE AUTOPSY FINDINGS
MEDICAL											PERFOR	MED?	AV	AILABLE PRIOR TO
										_ ' [YES 2	□ NO	OF	DEATH?
										-			1 "	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL				_	28. PL	ACE OF D	EATH (Chec	ck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpetlent	3 DOA	OTHER	R:			Other (Spi	- 44 -1			
ξl	27. MANNER OF DEATH		28a. DATE OF		28b. TIN	E OF	28c. INJ	URY AT		28d. DESCRIE		JURY OC	CURED	
BY F		Pending nvestigation	(Month, D	ety, rear)	in.	M M		PRK? YES 2	NO [
	3 Suicide 6 0	Could not be	28e. PLACE O	F INJURY — At atc. (Specify)	home, term,	etreet, fact	ory, offic	•		26f. LOCATION	N (Street a	nd Number	or Rural Rout	e Number,
COMPLETED	4 Homicide	letermined		atta (opociny)						City or Tox	vn, State)			
7	29a. CERTIFIER (Check only	FYING PNYSIC	CIAN: To the best of	my knowledge,	daeth occurr	ed at the t	lme, data	and place.	end due to	o the cause(e)	and man	ner es stel	led.	
No.														d manney as stated.
													/	
BE C	29G. LICENSE NUMBER 29G. LICENSE NUMBER 29d. DATE SIGNED (Norm), (No. 1997)													
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAD	SE OF DEATH (IT	TEM 27) (Type	Print)				13			6	June 2 . D
)	EKARSH	Ha	Dome	11 10	040	1	Ola	16	eor	geta	20	Ped.	150	ZORIHILD
31. DATE FILED (MOTE) PAY 1864 3 1993 32. REGISTARY S SIGNATURE Fundally June Sandson-Randell														



3. TIME OF DEATH

2. DATE OF DEATH MONTH

notified at

pe

examiner must

event, the medical

traumatic

other

Injury, or

shows any

23 Item 2

6

28 is marked,

TD THE FUNERAL DIRECTOR; After the little within 72 hours after death IMPORTANT; If Item 28 is mar

뽀

2

cremation, or

signed by the attending physician and completely in Health and Mental Hygiene prior to burlal, crematic

been :

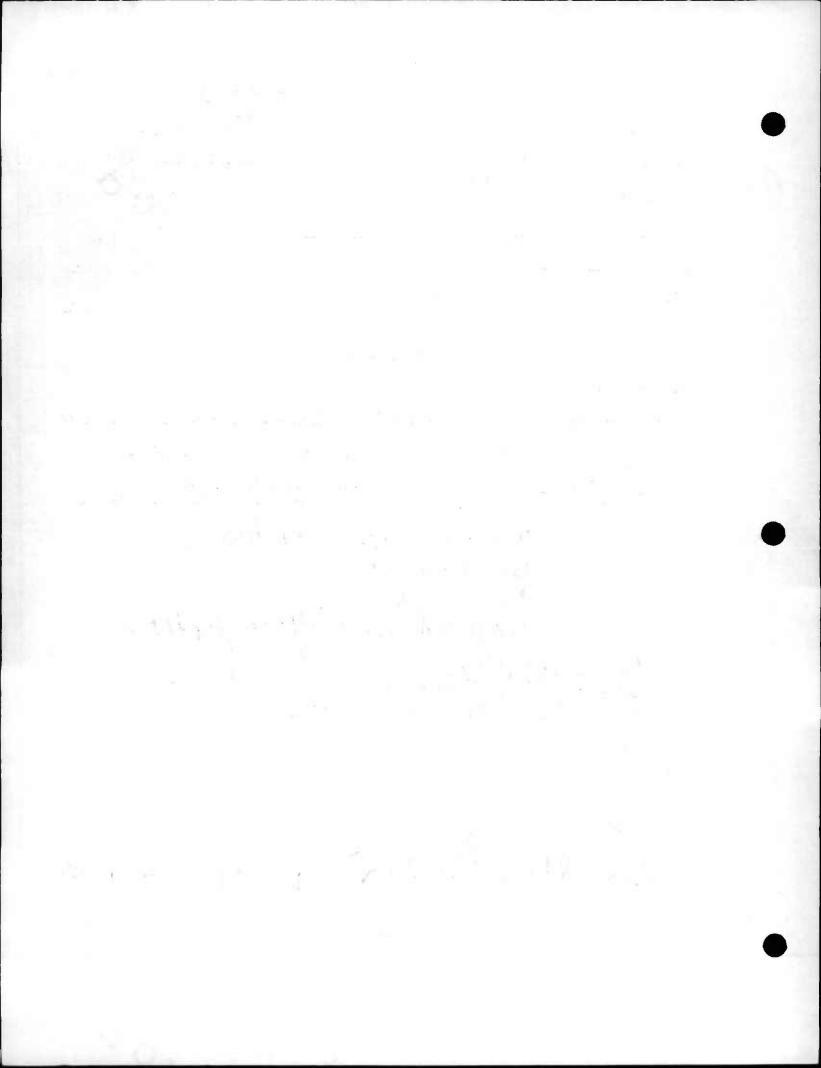
this certificate has be with the State Dept.

filled in by the funeral director,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. BOX 68760, DIVISION OF VITAL

APRIL 1993 11:20 PATRICK NELSON AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) JAN TO BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 575-98-8541 WASHINGTON, D.C 1XXM 2 - F 22 DAYS HOURS 1971 YRS 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND PRINCE GEORGES FORRESTVILLE 1 XXVES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1958 ROCHELLE AVE. 20747 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) HAIRSTYLIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) JOSEPH NELSON DEBORAH SMITH 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 611 POTOMAC VALLEY DR. FT. WASHINGTON, MD JOSEPH NELSON 20744 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 F 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State NORTHERN VIRGINIA CREMTORY | 93 ARLINGTON, VA 4 Donation 8 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY E.M. DUDLEY FUNERAL HOME 3200 RHODE ISLAND AVE. MT. RAINIFR 23 FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one ca Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST the underlying cause given in Part I 34b. WERE AUTOPSY PINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE AS AN AUTOPSY 1 YES 2 YNO OF DEATHT I TYES I NO PHYSICIAN: 25. WAS CASE REFER R PLACE OF DEATH (Check only one) EXAMINER? 1 TYES 2 TO 2 🗆 4 ☐ Mursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27, MANUER OF DEATH 28s. DATE OF INJURY 25c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED BY 1 YES 2 NO Accide 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Flurel House Number City or Town, State) COMPLETED 4 🗆 Homicid emene 1 CERTIFYING PHYSICIAN: lowledge, death occurred at the time, date end piece, and due to the ceuse(e) and menner se stated. E AND TITLE OF BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Pandale APR21

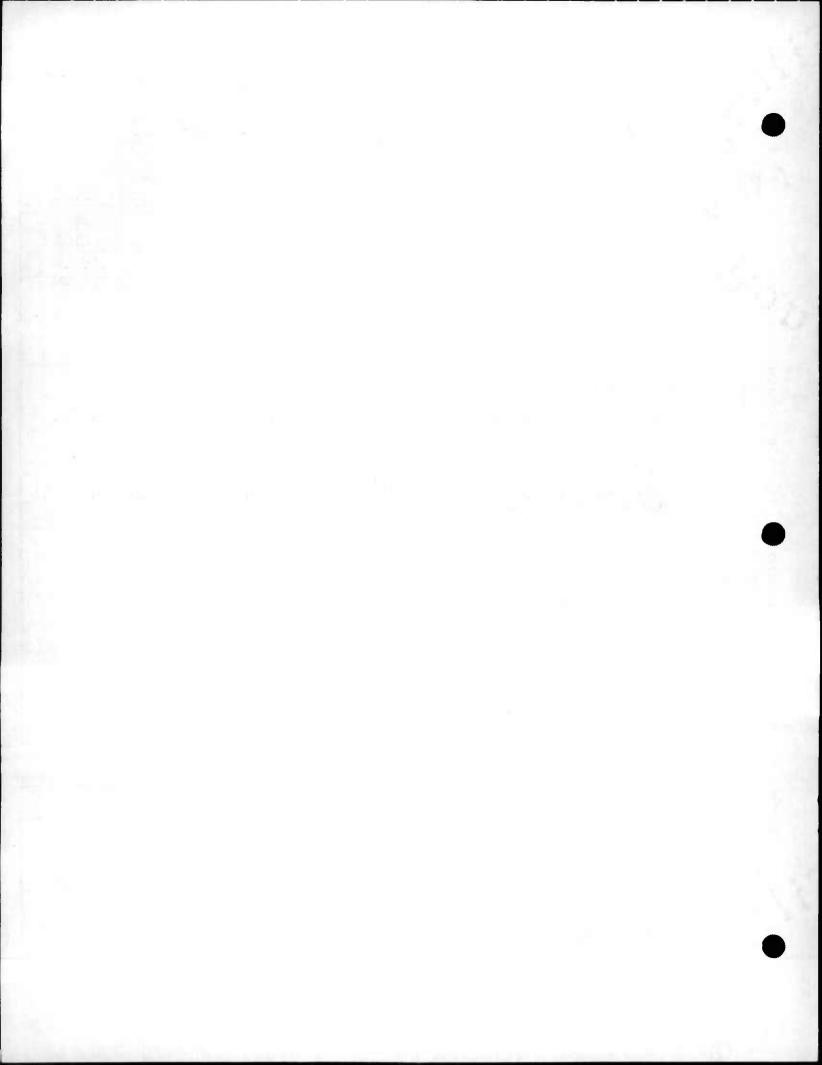


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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN	E	102.					
		PHILLIPLEE		В		27/99	3. TIME OF DEATH					
N. N. SANS		SEX 8. AGE (In yrs. last	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/10/19	915 6	RTHPLACE (State or Foreign buntry) MARYLAND					
TOR	DORCHESTER GENER			TOWN OR LOCATION OF D	EATH	DORCHESTER						
DIRECTOR	MARYLAND DORG	CHESTER	10c. CITY, TOWN C	RCH CREEK			10d. INSIDE CITY					
	10e. STREET AND NUMBER	JILDILDK	Cho	10f. ZIP CODE		10g. CITIZEN C	1 TYES 2 THO					
FUNERAL	2936 GOLDEN HILI 11. MARITAL STATUS 12	or No 14. R	U.S.A.									
BY	S	ACE — American Indian, lack, White, etc. pecify: HITE/CAUC.										
ETED	15. DECEDENT'S EDUCAT: (Specify only highest grade con Elementary/Secondary (0-12)	INESS/INDUSTR										
COMPL	7th	CK DRI	VER									
E C0	17. FATHER'S NAME (First, Middle, Last) LEE ANDREW NEWCO	MI WILLEY										
TO BI	19a. INFORMANT'S NAME (Type/Print) WILLIAM A. **BILLY		21622									
	EEK, MD.											
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State 1 Donation 8 Other (Specify) — DORCHESTER MEM. PK. 4/30 CAMBRIDGE, MD. 21. SIGNATURE OF FINERAL SERVICE AICENSEE 22. NAME AND ADDRESS OF FACILITY											
	CURRAN FUNERAL HOME 308 HIGH ST., CAMBRIDGE, MD. 21613 23. MARY Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate											
	snock, or neart failure. List	plications that caused the det t only one cause on each line.	eth. Do not enter	the mode of dying, suc	ch as cardlec or respi	ratory arreat,	Approximate interval Between					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):											
N	Sequentially list conditions,											
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. 1		liser								
CERTIFICATION	that initiated events resulting in death) LAST	THE TO (OR AS A CONSEQ	UENCE OF):									
CAL C	PART II. Other significent conditions c	ontributing to death but not re	sulting in the ur	derlying cause given in	Part i. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
MEDIC	-				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?					
N: N					_		1 TES 2 NO					
PHYSICIAN:		OSPITAL:	ОТНЕ									
PHY	27. MANNER OF DEATH	25s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	6 ☐ Other (Specify) 26d. DE\$CRIBE HOW IN	JURY OCCURED	,					
β	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hor	M me, farm, street, fact	1 YES 2 NO	26f. LOCATION (Street e	ad Number or Bu	rol Brichs Mismbar					
ETED	4 Homicide 6 Could not be determined	building, atc. (Specify)			City or Town, State)	no number of his	ar ruute surruer,					
COMPLETED		N: To the best of my knowledge, dea On the basis of examination end/or in					se(s) end manner as stated.					
BE C	29h. SIGNATURE ON TITLE OF CESTIFIES 29d. DATE SIGNED (Month)											
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	1026	388		27.93					
	Michael J	track en M	15 Hus	lock me	1 2169	43						
	APK 2 9 93	Juna Davidson-Aa	indelle									



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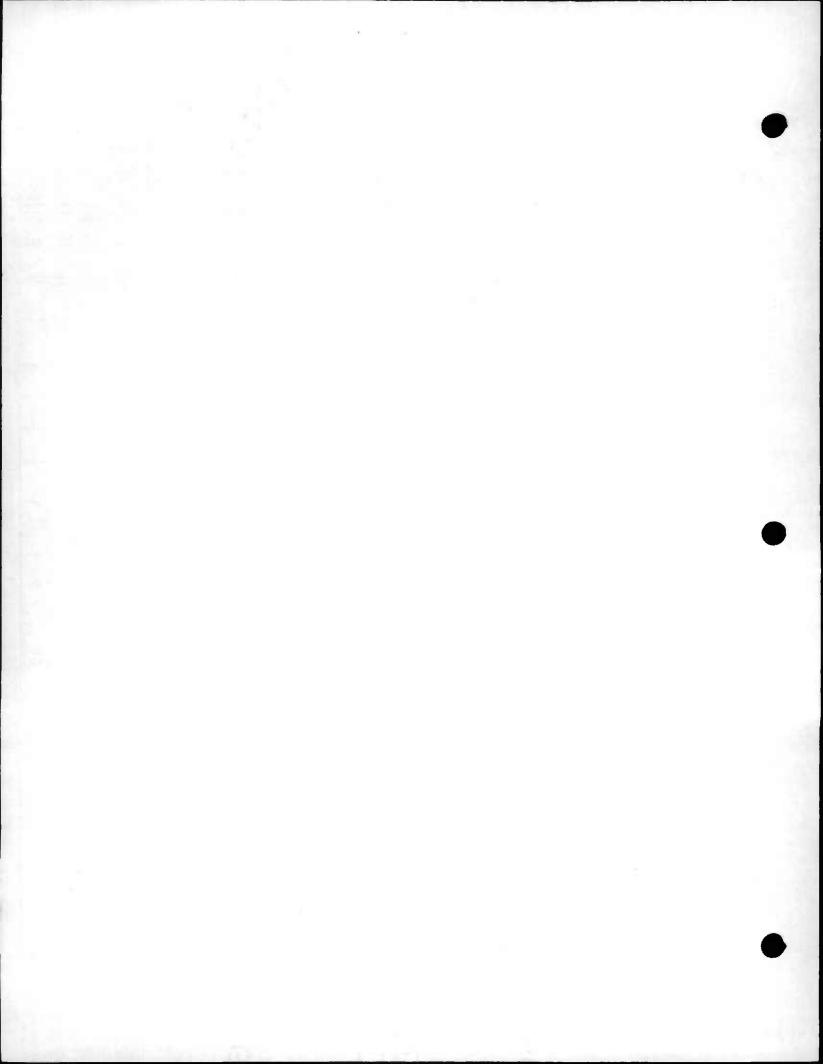
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DIVISION	

_	1 - FOR STATE REGISTRAR		MARYLAND /	DEPAR ERTIF					/ENT/	AL HYGIEN REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)								MON			YEAR	TIME OF DEATH
	Adrian W. N	ickles s.sex	6. AGE (In yrs. les	t birthday)	IF UNDE	T 1 YEAR	IF UNDER	R 24 HRS.	0 4	E OF BIRTH	15	BIRTHPL	6:35 p
9	213-05-7610	1X□ M 2 □ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	08	-20-0	5 E	Country)	more, MD
~	9s. FACILITY NAME (If not institution, give		·	9b. CITY, TOWN OR LOCATION OF DE									
ЕСТОВ	Meridian Nursin	g Center	-The Pine	es	Ea	sto	n, MI	0 21	.601		Tá	albot	
DIREC	10e. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION								10	Id. INSIDE CITY LIMITS?
. 1	Iaryland QUES 100. STREET AND NUMBER	n Anne's		-	Gra	_	ille				40- 017171		YES 2 NO
FUNERAL	1013 Long Point	Road					216	_			200	5.A.	KI COUNTRY?
P. C.	11. MARITAL STATUS		NT EVER IN U.S. AR		13.	WAS DEC	ENDENT (OF HISPAN	IC ORIG	IN? (Specify Yes Rican, etc.)	<u> </u>	4. RACE -	American Indian, Vhite, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced		WAR OR DATES					Specify		ricer, etc.,		Specify:	White
	15. DECEDENT'S ED			CEDENT'S					16	b. KIND OF BUS	SINESS/INDU	STRY	WIIICC
	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe	Do NOT u	se retired.)	during me	St Or WORK	''y					
COMPL	5th 17. FATHER'S NAME (First, Middle, Lest)		M	ilkm	an		10 MOT	WED'S NA	AF (FI-4	KOO!	ntz Da	airy	
Ö		Joseph Oliver Nickels					IB. MOI			Harpe	,		
10 B	19a. INFORMANT'S NAME (Type/Print)						r or Rural A	oute Nur	mber, City or Town	n, State, Zip C			
	XWXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX		1013	Long	g Po	int 1	Road,	Gr	asonvi	lle, N	Maryl	and 2163
	20e. METHOD OF DISPOSITION 1 Burial 2 CyCremation 3 Ref 4 Donation 5 Other (Specify)	noval from State	20b. PLACE	matory or o	ther place!		ime of	4 4	1		CATION CI	2 115-	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metr	o Cre	22.	NAME A	ND ADDRE	SS OF FAC	YTIJK				aryland
	> Thomask	2/1	1. 1.	U - A						neral I , Chest			1610
	23. PART I. Enter the disease, or shock, or heart fellura IMMEDIATE CAUSE (Final disease or condition	complications the	et caused the de	eth. Do	not enter	the mo	de of dy	ing, such	as Cer	rdiac or respi	ratory arres	it,	Approximate Interval Betwee Onset and Dear
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OVE TO	O (OR AS A CONSECUTION OF OR AS A CONSECUTION	HOL DUENCE O	las	S)	one	~					425
MEDICAL CE	PART II. Other significant condition	ns contributing to	o death but not r	esulting	In the u	nderlyin	g cause	given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	Al- CC OI	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:		DEATH (Che		one) er (Specify)			
ВУ РНУ	2 Accident Investigation M 1 YES 2 NO												
ETED 6	3 Suicide 6 Could not be 4 Homicide defermined	28e. PLACE (building	OF INJURY — At ho i, etc. (Specify)	me, ferm,	street, fac	tory, offic				CATION (Street a y or Town, State)	and Number of	Rural Rou	e Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd manner ee stated,
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	21)					29c. LIC	ENSE NUM	BER 71	5	29d. DATE	SIGNED (M	onth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

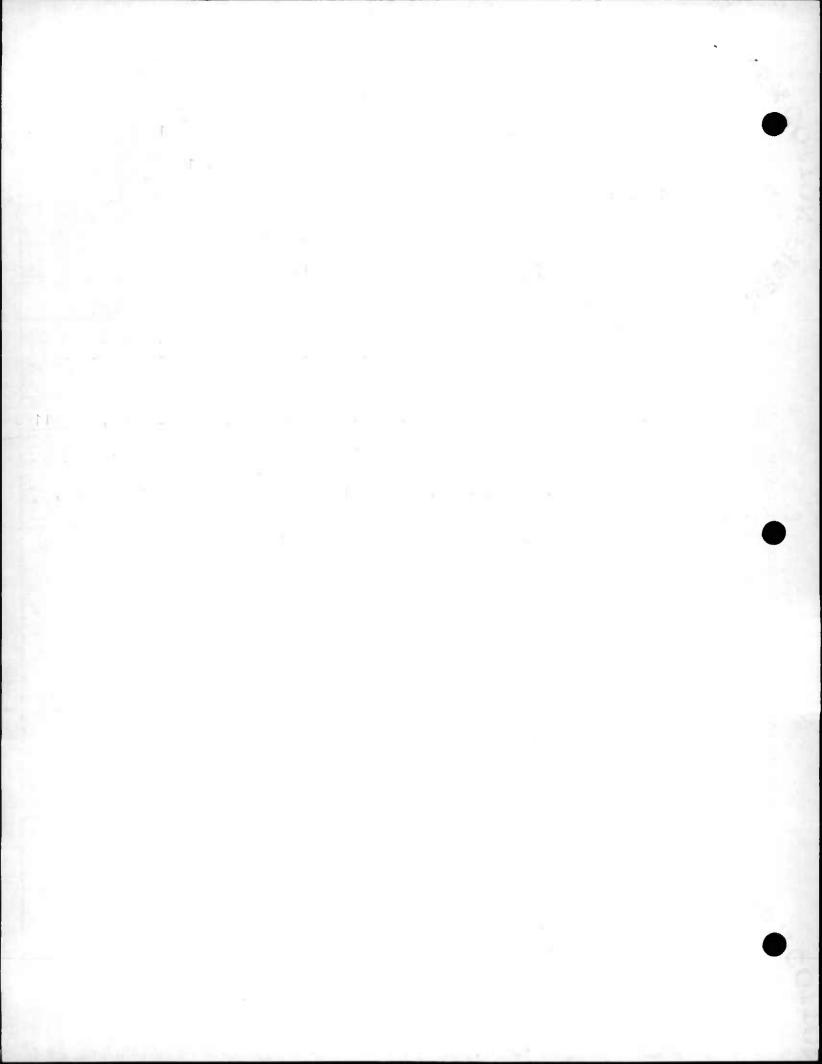
32. REGISTRAR'S SIGNATURE
Juna Daydson-Randall

31. DATE FILED (Moort), Par Way 93



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age		he
director,	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked or item 23 shows any injury or other traumatic event, the medical examinar must be notified at once
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	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND / DEPART CERTIFIC	MENT OF H		MENTAL HYGIENE						
2000	1. DECEDENT'S NAME (First, Middle, Last) Donald	Α.	Nusbaum			2. DATE OF DEATH MONTH 4 26	1993	apprix 0'35 M				
ĺ	4. SOCIAL SECURITY NUMBER 220-18-3040	5. SEX	64 YRS.	FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Co	RTHPLACE (State or Foreign bunity)				
TOR	9a. FACILITY NAME (If not institution, give s 961 Pinch Vall RESIDENCE OF DECEDENT	The same of the same			minste	,	carr					
DIRECTOR	10a. STATE 10b. COUNT	rroll	10c. CITY,	TOWN OR LOCAT	minste	יץ		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	961 Pinch Val		3		ZIP CODE 21158		10g. CITIZEN O	OF WHAT COUNTRY?				
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W Korean	NC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No — 14. R.	ACE — American Indian, liack, White, etc.							
COMPLETED	15. DECEDENT'S EDUCATION (Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) paint contractor 16b. KIND OF BUSINESS/INDUSTRY residential & commercial painting											
BE CC	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN 19a. INFORMANT'S NAME (Type/Print)				Margu		lusbaur					
٩	Mrs. LaRue Nus	sbaum	961 I	Pinch V	alley	Route Number, City or Town	minste	er, MD 2115				
	20a. METHOD QS DISPOSITION 1 Burlet 2 A Cremation 3 Removal from State 20b. PLACE AND DATE DATE 20c. LOCATION - City or Town, State Competing, crematory on other place) Call Old Cremation Call Old Crematic Call Old Cremation Call Old Cremation Call Old Cremation Call Old Cremation Call Old Cremation Call Old Cremati											
			s, Sr.	Prit	ts rune	eral Home	& Cha	apel minster, M				
CERTIFICATION	23. PART i. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C											
PHYSICIAN: MEDICAL CERTIF	PART ii. Other significant condition	d.	death but not resulting in	the underlying	cause given in	Pert I. 24a. WAS AN A PERFORM 1 YES 2	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YHO	HOSPITAL:		26. PL OTHER: I : Nursing Hom	S Residence	6 Other (Specify)						
מו דמו	27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF (Month, Da	INJURY 28b. TIME	OF 28c, INJ	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
	Accident investigation Suicide 6 Could not be determined	28a. PLACE Of building,	F INJURY — At home, farm, streetc. (Specify)	eet, factory, office		281. LOCATION (Street an City or Town, State)	d Number or Run	ral Route Number,				
COMPLETED			my knowledge, death occurred					se(a) and manner as stated.				
IO BE C	296. SIGNATURE AND TITLE OF CENTIFIED	0000	9. MD	. 1	29c. LICENSE NUN	Pzy6	29d. DATE SIGN	NED (Month, Day, Year) 27.93				
	30. NAME AND ADDRESS OF PERSON WH	Atom H	to 1 wo	HS/M	nsles	ND 2	115-7	•				
	APR 2 8 93	7										



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de be filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	PREDOCTABLY IS less 00 to marked on last 00 about our labour on other description and other markets and the markets

												9	3	13914
	FOR 1 - STATE		STATE OF I	MARYLA							ENTAL HYGIEN	Ε		
	REGISTRAR 1. DECEDENT'S NAME (First	Middle Last)	Robert N	chal			CATE	OF	DEAT		REG. NO	1/26/	02	
	ROBER	4	100001		Lau	- K	IEL		10.		MONTH DEATH	AT ZUI	93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (#	n yrs. last b		IF UNDER 1 Y	\rightarrow	IF UNDER		7. DATE OF BIRTH	<u> </u>	8. BIRTH	NPLACE (State or Foreign
	217-12-7040		1 🐹 M 2 🗌 F	70)	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Sept. 17, 1922 Mar						aryland	
-	9a. FACILITY NAME (If not in			_			9b. CITY, TO	OWN O	R LOCATIO				UNTY OF D	
10	Good Samar		ospital				Balt	imo	re	2	1239	Bal	timo	re County
DIRECTOR	10a. STATE	10b. COUNTY	1			10c. CITY	TOWN OR	LOCATI	ON					10d. INSIDE CITY
a a	Maryland	Harf	ord Count	ty		F	orest	H	111					LIMITS?
BY FUNERAL	10a. STREET AND NUMBER							10f.	ZIP CODE			10g. CI	TIZEN OF V	WNAT COUNTRY?
Ä		Denise								1050			U.S.	A.
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES YES	2 NO	ED	If y	es, spe	cify Cuban	n, Maxican,	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No-	14. RACE Black	E — American Indian, k, Whita, atc.
	3 Widowed 42 Div		WW2 Na	WAR OR DAT	TES		1 [YES	2 2 NO	Specify:			Speci Whit	
COMPLETED		EDENT'S EDU	CATION		16a, DECE	EDENT'S L	JSUAL OCCI	JPATIO	N t of working		16b, KIND OF BUS	SINESS/IN		
<u> </u>	Elementary/Secondary (College (1-4 or 5		life. D	o NOT use	retired.)			,				
ĕ de	11		2		Util	ity	Engir	1961					ay A	dministratio
	17. FATHER'S NAME (First, M	,	Malan								E (First, Middle, Maiden		_	
BE	Joshua	Voo/Print)SO1	Nelson	30	19h 1	MAII ING	Annoree /	imet en			Bevard ute Number, City or Tow		mple	У
2	Mr. Philip										t.28, Bel			21.01/4
200	20a. METNOD OF DISPOSIT	ION			PLACE AN	D DATE O	FDISPOSITIO			, ap			- City or To	
Ē	1 Burial 2 Crematic		oval from State	- Be	etery, creme	r Me	m. Ga	rde	ns	4/29	/93 Bel	Air	Mai	ryland 21014
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSeph W. Foster 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street													
BX9	1	سوان	lex froto	0				Be	wes al Ai	r. M	oadway & aryland 2	MILL 1014	lams	Street
n n	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween													
	IMMEDIATE CAUSE (Final disease Dr condition CAR) ACRUTHMALA (FMA)													
=	disease Dr condition resulting in death)	→	a	KD1	111	C_{\perp}	1	16	RY	7+1n	11A-(1	300	0)	,
2			DUE TO	(OR AS A	CONSEQU	ENCE OF	:				DISTA			
CERTIFICATION	Sequentially list condit if any, laading to imme		DUE TO	(OR AS A	CONSEQU	ENCE OF		10	1110	1	DISTI	SI	2	
SA	cause. Enter UNDERLY CAUSE (Disease or Init	ING	c.				•							
E E	that initiated evants		DUE TO	(OR AS A	CONSEQU	ENCE OF)	:							
HH	resulting in death) LAS	' (d,											
5 .	PART II. Other algnifica	nt condition	a contributing to	death bu	ut not raa	uiting in	tha unda	riyIng	cauaa g	iven in Pa	art 1. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL											PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
WEI		_												OF DEATN? 1 YES 2 ANO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHER:	28. PLA	CE OF DE	ATN (Checi	conly one)			
S A	1 YES 2 NO		1 Inpatient 2 28a. DATE OF				4 - Numing				Other (Specify)			
	1-Netural 5	Pending	(Month, D	ay, Year)		INJU	RY	WOR	K?	- 1	8d. DEŞCRIBE HOW II	NJURY OC	CCURED	
BY BY	2 Culate	Could not be	28a. PLACE O	F INJURY -	— At home	, farm, st					81. LOCATION (Street a	nd Numbe	or Rural F	Route Number,
TE		determined	bullaing,	atc. (Specif	ny)						City or Town, State)			
PE	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowle	edga, daett	n occurred	1 at Jhe Jime	, data a	nd placa,	and due to	the cause(s) and mar	ner as ste	ited.	
COMPLETED														a) and manner as stated.
BE C	296. BIGNATURE AND TITLE	OF CERTIFIER	-	70.0				T	29c. LICEI	NSE NUMB	ER	29d. DA	TE SIGNED	(Month, Day, Year)
10 8	THESE	Fruc	K 1	AC	Kt	74	MD			MA	-	1	1	26 - 9.3
1	30. NAME AND ADMITES O	PERSON WH	COMPLETED CAU	SE OF DEA	TH (ITEM 2	7) (Type, I	Print)	0	A - a A	7	20.	Ham	0.7	1 -
	31. DATE FILED THANK CHE	Bari	32. REGISTRA	R'S SIGNA	tune	78	UD	81	NOT	4761	THAT	1020	111	TL
	APC	27'0	3	-	Davids	- A	nda 00							
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn sold within 72 hours after death with the State Debt, of Health and Mental Hodiene orlor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	22	3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		C	ERTIF	ICATE C	F DEATH		REG. NO	_			
. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	-7		3. TIME OF DEATH	
EUGENE SAMU	OVE	ISHI	NE		4 4	4 28 1993			5:00 PM M		
A. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE			OF BIRTH	6	BIRTHP	LACE (Stelle or Foreign	
093-10-2362_	1 💢 M 2 🗆 F	89	YRS.	MONTHS DAY	78 HOURS MIN.	6-	17-19	03	Cal:	ifornia	
De. FACILITY NAME (If not institution, give a					WN OR LOCATION OF DI	EATH		9c. COUNT			
Villiam Hill Ma	inor Hea	alth Ca	are	East	con			Ta	lbo	t	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
	lbot			Eastor						LIMITS?	
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	N OF WI	AAT COUNTRY?	
44 Marian Terr	ace				21601			US	SA		
11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. A	RMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN	? (Specify Ye	or No- 14	, RACE	- American Indian,	
1 Never Married 2 Merried	IF YES, GIVE Y	WAR OR DATES	NO	1 🗆	yes 2 NO Specify	nn, Puerlo F ly:	Ricen, atc.)		Specify		
3 Widowed 4 Divorced	Navy V									hite	
15. DECEDENT'S EDU (Specify only highest grade	completed)		ECEDENT'S Give kind of a. Do NOT us	work done during	PATION g most of working			siness/indus Cork]			
Elementary/Secondary (0-12)	College (1-4 or 5	+)		age ba	anker			ance			
17. FATHER'S NAME (First, Middle, Lest)	-		9		18. MOTHER'S NA						
Alexander Thom	pson Ov	venshir	ne		Mary 1						
19e, INFORMANT'S NAME (Type/Print)				O ADDRESS (Str	eet end Number or Rural	Route Numb	ber, City or Tow	vn, State, Zip C	ode)		
Jean V. Ovensh	nine				Terrace					01	
20e. METHOD OF DISPOSITION	Wall beaute	20b. PLAC	E AND DAT	E OF DISPOSIT	ION (Name	DAT	E 20c, LC	CATION — CH	_		
1 Buriel 2 ACremation 3 Ren 4 Donation 5 Other (Specify)	ioval from State	of cemetar Sal-	y crematory	y or other place,	ematory '	4-30	11/1/1	lisb			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF FA	ACILITY					
1					wnam Fun			-			
JOHN K										n, MD. 21	
 PART I. Enter the diseesea, or ehock, or heart failure. 				not antar tha	mode of dying, aud	ch aa card	nac or reap	elratory arres	st,	Approximate Interval Batween	
IMMEDIATE CAUSE (Final disease or condition	0			1	1	1	1 4	71		Onset and Death	
resulting in death)	. Trus	excu	sen	ile c	lementes	A	your	M	L	3785	
	ye ic	OH AS A CUMSI	EOUENCE O	JF): -				W			
Sequentially list conditione,	b	O (OR AS A CONS	EOUENCE O	OF):						1	
If eny, leading to immediate ceuse. Enter UNDERLYING											
CAUSE (Diseese or Injury that initieted events	DUE TO	OR AS A CONSI	EOUENCE O	OF):							
resulting in deeth) LAST	d										
PART II. Other algoriticant condition	ne contribution to	a death but mat	Pagulèla -	In the und-	halos seuse abusa la	Dort I	24- 140-11	LAUTOROV	Last	WEDE AUTOBOU PHIOMAGO	
	4	TO T	· *	HI WIE UNGER	iying cause given in	ren I.	24a. WAS AF PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Ea	2/001	10	T			_	1 - YES 2 - YO			OF DEATH?	
										1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (CI						
1 YES 20 NO 27. MANNER OF DEATH		ER/Outpatient	_		Home 5 Residence			the litter of a co	inee.		
27. MANNER OF DEATH Natural 5 Pending	28a. DATE O	Day, Year)	28b. TIN	JURY	WORK?	26d. DES	SCRIBE HOW	INJURY OCCU	HED		
2 Accident Investigation	28a DI ACE	OF INJURY — At I	home form		YES 2 NO	204 1.00	ATION (C	and Number o	· - · -	nute Alumbas	
3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	wire, lettill,	, eneet, factory,	OTTOW .		or Town, State		riu/iti Pi	sate Number,	
29e. CERTIFIER	100000000000000000000000000000000000000			200			_				
(Check only	Carrier Control of				date end place, and du						
2 MEDICAL EXAMIN	ER: On the basie of	examination end/o	r investigati	ion, in my opini	on, death occured at the	e tima, date	and place, a	nd due to the	ceuse(s)	end manner ae stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	R	12	0	-	29c. LICENSE NU	IMBER		29d. DATE	SIONED	(Month, Day, Year)	
	427	0	por	1/1	D0122	5		14	-2	9-92	
30. NAME AND ADDRESS OF PERSON W	Sec.		/-					,			
Stephen P. Ca				dlewi	ld Avenue	e, E	astor	MD	21	601	
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	10								
31. DATE FILED (Month, Day, Year)											

1	-	FOR STATE REGISTR	AR
1	n	ECEDENT'S	MA

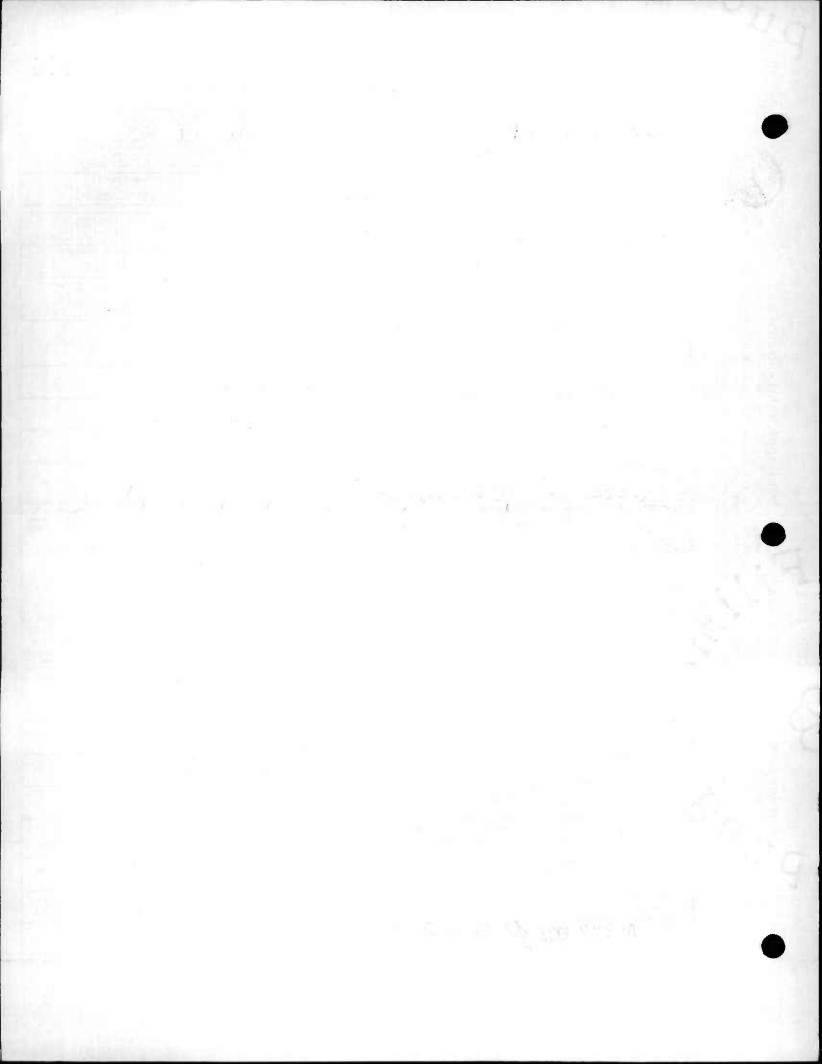
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	III EII IAE	REG. NO.	•			
ŀ	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH OY 19							3. TIME OF DEATH		
	579-20-7553 1¾ M 2 □ F 71	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	12-	ж виятн . Дау. Убаг) 4—1921	8.	BIRTHPLACE (State or Foreign Country) Washington DC		
TOR	9a. FACILITY HAME (If not institution, give street and number) 108 Howard Avenue RESIDENCE OF DECEMENT		96. CITY, TOWN Arn	OR LOCATION OF D	DEATH		_	Arundel		
IREC	10a. STATE 10b, COUNTY	10c, CIT	Y, TOWN OR LOCA					10d, IHSIDE CITY LIMITS?		
2	Maryland Anne Arundel		Arnol	C. ZIP CODE			40 - 0/7/75/	1 TYES XTHO		
FUNERAL DIRECTOR	108 Howard Avenue			2101				U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 NEVES IF YES, GIVE WAR OR DATE	2 NO	If yes, a	CENDENT OF HISPA pecify Cuben, Mexic S 2 HO Speci	an, Puerto R	(Specify Yea (lcan, etc.)		. RACE — American Indian, Black, White, etc. Specify: Caucasian		
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Be. DECEDENT'S	USUAL OCCUPAT	ON ost of working	16b.	KIND OF BUSI				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Physic	work done during more retired.)			Pedia	trics			
	17. FATHER'S NAME (First, Middle, Last) Henry Warren Preisser	-		18. MOTHER'S NA						
BE	19a. INFORMANT'S NAME (Type/Print)	T 10h MARI INC	ADDRESS (Street	and Number or Rural		odfrey				
2	Mrs. Margaret D. Preisser	10	8 Howar	d Avenue	Arn	old, M	D 210	12		
İ	1 Burial 2 A Cremation 3 Removal from State camete	ry, crematory or o	of disposition (A ther place) Cremator		DATE	100		or Town, State e, Maryland		
	21. SIGNATURE OF FUHERAL SERVICI LICENSEE	TIC.OLO C	22. HAME /	NO ADDRESS OF FA	ACILITY		2			
	Comes to House	gnes		anço & S Ritchie	-					
	23 FART Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each MMEDIATE CAUSE (Final disease or condition peculting in death) DUE TO (OR AS A Co.)	h line.	prost	atic c				t, Approximate interval Between Onset and Death		
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
V: MEDICAL	PART II. Other significant conditions contributing to death but	not resulting	in the underlyle	g cause given in		24a. WAS AH A PERFORN 1 YES 2	IED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			LACE OF DEATH (C	heck only one)				
PHYSICIAN:	1 YES 2 10 1 Inpetient 2 ER/Outpetie	ent 3 🗆 DOA	OTHER:	ne 5 Residence	6 🗆 Other	(Specify)				
F	27. MAHHEB OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	JURY AT DRK? YES 2 HO	28d. DEŞ0	CRIBE HOW IH	JURY OCCUR	RED		
TED BY	2 Daccident investigation 3 Suicide 6 Could not be determined 28s. PLACE OF IHJURY – building, aic. (Specify)					Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIER LICENTER LICEN	>		29c. LICENSE HU				IOHED (Month, Day, Year)		
	31. DATE FILED APPRO269 1993 FIRESTIARS SONATION	0. 90	Bes	tgate	Anv	napol	is, V	nd. 21401		
	HIR 23 1993 gula Davidson	- Alarma								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

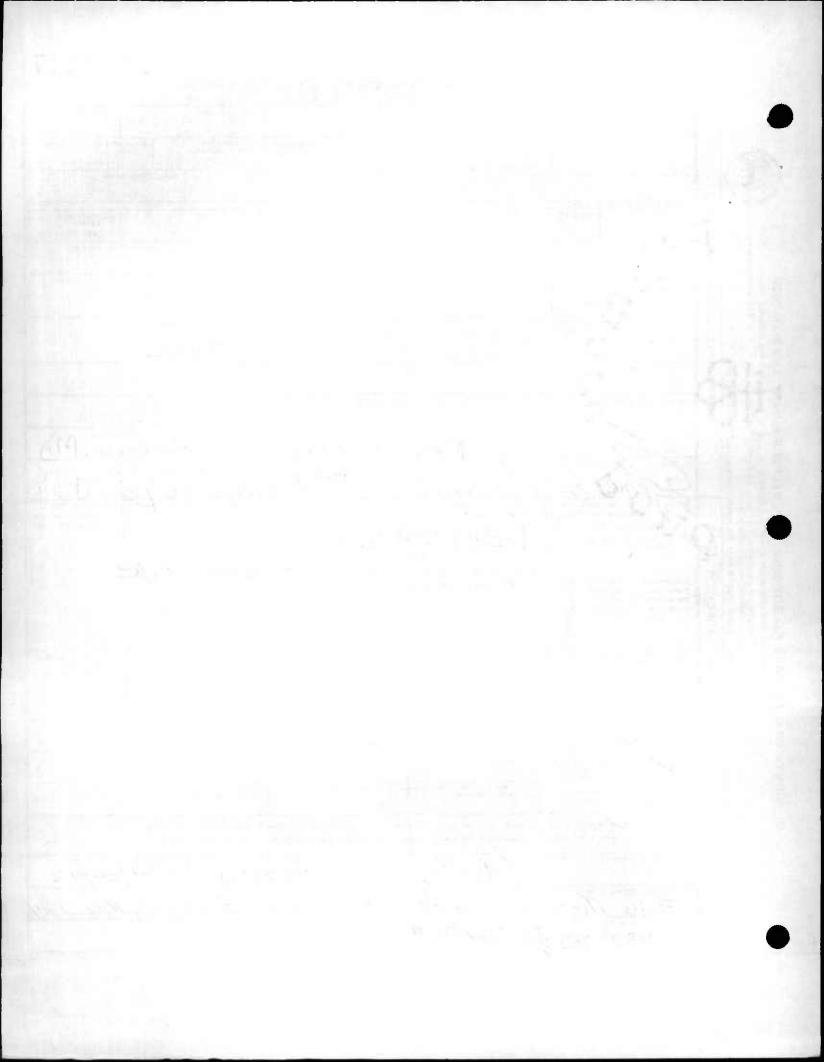
DHMH-16 Rev 1/89



020	physic	
BALTIMORE, MARYLAND 21215-0020	e executed within 24 flours after death. Page 6 may be retained by the hospital or attending physic	
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MAR	retained	
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	HOURS	
	24	*****
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X 68760,	executed	
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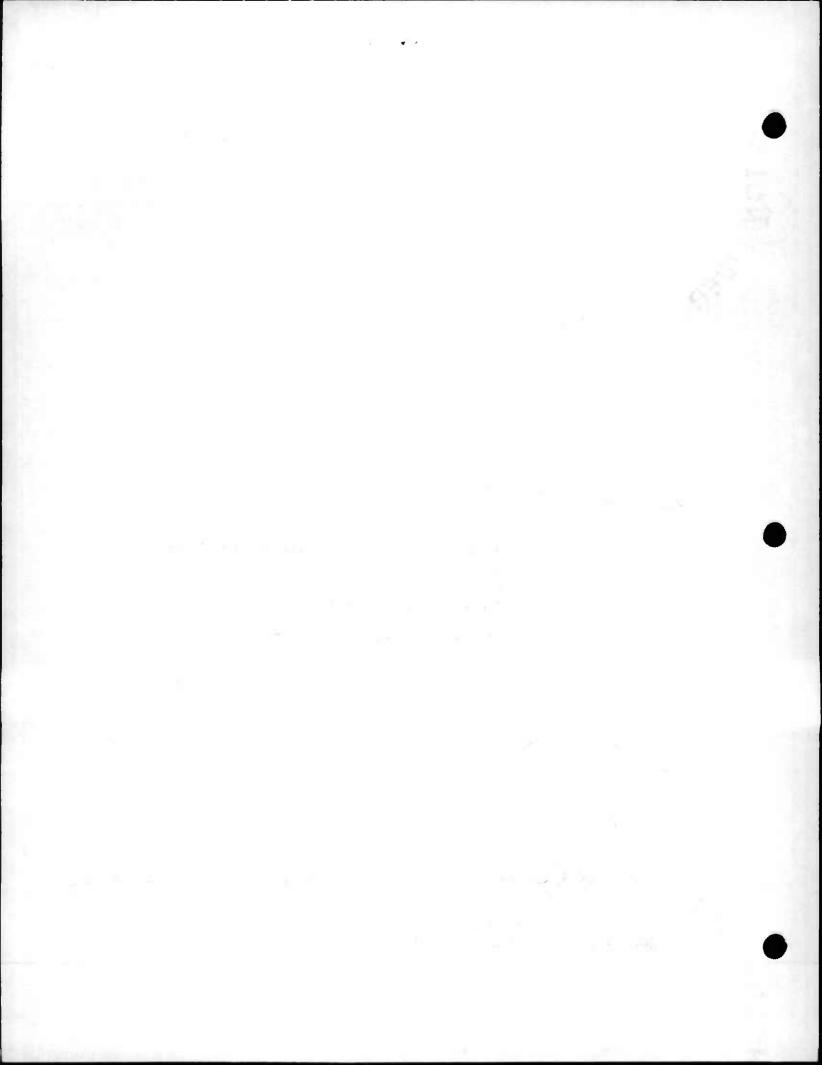
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Arta P. Pa				04/23/93					
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIRTH		6:05x		
	045 00 0560	1 🗆 M 2 🕞 F		MONTHS DAY		(Month, Day, Year)	1	Country)		
	215-30-2560	Λ .	9 4 YRS.			1.06/02/		Pennsylvan:		
~	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH		
9	Fairhaven			Syke	sville		Can	croll		
5							Lai	1011		
DIRECTOR	10e. STATE 10b. COUNT			TY, TOWN OR LO				10d, INSIDE CITY LIMITS?		
□	Maryland Ca	rroll		Sykesv	rille			1 TES 2 NO		
7	10e, STREET AND NUMBER			101, ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
8	7200 mbind 3-			21784			USA			
FUNERAL	7200 Third Av	12. WAS DECEDENT EVER	IN 11 C AGMED	12 2000						
교	1 Never Married 2 Married	FORCES? 1 YES	B 2- NO	If yes,	specify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆 Y	ES 2 NO Speci	ly:		SpechWhite		
	A									
쁘	15. OECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of	S USUAL OCCUPA work done during use retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+)				CNI	1			
9		graduated	prano	teach	er	14/0	ISIC			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	20 - 20 - 2000 - 10 - 10			18. MOTHER'S NA	AME (First, Middle, Malden	Surname)			
ш	Melvin Phipps		Mary Milford							
0	19e. INFORMANT'S NAME (Type/Print)	196 MAII 194	ADORESS /S		Route Number, City or Tox	on Chair 71- C	ela)			
2	Alterior Stories Property Constitution									
	Fairhaven					ykesville	e, Md.	21784		
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ren	noval from State	b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LC	CATION - City	or Town, State		
	4 Donation 5 Other (Specify)	0-1	Vetro	Cremi	44014	,	3a 4	more, MI		
	21. SIGNATURE OF TIMERAL SERVICE LICENSES / 22. NAME AND ADDRESS OF FACILITY									
	(Dames C	VX	2 0	E	BARMAN	KD 4 2	2NO	HH -311		
_	92 PART I. Enter the diseases, or	1 Jass	men		495 R	Tehie 3	7404	Sev. K.M.		
Noi	Sequentially list conditions, if sny, laading to immediate cause. Entar UNDERIVING CAUSE (Disease or Injury that initiated events resulting in death) LAST DEHYDRATION DUE TO (OR AS A CONSEQUENCE OF): DEGENERATIVE dementia, Alzheimer's type DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION										
E		d								
. 1	PART II. Other significent condition	ns contributing to deeth	but not resulting	In the underly	Ing cause given in	Part I. 24a. WAS AN	AITTOPEV	24b. WERE AUTOPSY FINDIN		
MEDICAL						PERFOI	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SICIAN										
ਹੋ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Check only one) OTHER:							
l X	1 TYES 2 THE	HOSPITAL: 1 Inpetient 2 ER/Ou	tpetient 3 🗆 DOA	OTHER: 4 Divising Home 8 Residence 8 Other (Specify)						
I I	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIN	IE OF 28c. I	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
7	1 Natural 5 Pending	(Month, Day, Year)	IN.		WORK?					
m	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJUR	IY — At home farm			201 OCATION (C)	and Must	Quant Careta Maria		
	4 Homicide 8 Could not be	building, etc. (Sp.	ecity)	ander, rectory, or	*100	28f. LOCATION (Street City or Town, State)	eria niumber or f	nurai Houte Number,		
E I										
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occurr	ed at the time, di	ete and place, and due	to the cause(a) and me	nner se stated.			
COMPL		ER: On the basis of examinati						luse(a) and menner as state		
	29b. SIGNATURE AND TITLE OF CERTIFIE		1/2							
H H	AND STORAGORE AND THEE OF CERTIFIE	700.	Ma.		29c. LICENSE NU	MBER	29d. DATE SI	GNED/(Month, Day Year)		
2		uco	1 1/4		1722	2220	-	1/24/93		
-	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF D	EATH (TEN 27) (Type	Print)	1	1	1			
	Ellis Mes	mD 1	645	Liber	to Kal	. Elde	spun	MD 217		
	31. DATE FILED (Month, Day, Year)	L 32. REGISTRAR'S SIG	NATURE	200	7 14	740		D'IX CIR		
	APR 2.9 1993	32. REGISTRAR'S SIG	gandelle							
	DPR 7 9 TUUX	CHENCE PULL HOUSE								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.
THE HOSPIT	THE FUNER	MPORTANT.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART				ENTAL HYGIEN				
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH		
	Mary Louise P	reston					4-28-9		11.50 A M		
	4. SOCIAL SECURITY NUMBER	s. SEX 6. AGE (In		IF UNDER 1 YE		-	7. DATE OF BIRTH	8. 1	BIRTHPLACE (State or Foreign		
	219-42-0886	□ M 2 🔀 F	9 2 s.	ONTHS DA	8 HOURS	MIN.	(Month, Day, Year) 3-25-0	1 C	ecil Co., MD		
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOV	N OR LOCATIO	ON OF DEAT	тн	9c. COUNTY			
6	Union Hospita	1			E1	ktor	1	C	eci1		
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY		
DIRECTOR	Md. C	Cecil	100.01.1		kton				LIMITS?		
7	10e. STREET AND NUMBER	70011			10f. ZIP CODE			100. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	114 Bowling Lan	ie –				2192	1		USA		
3		2. WAS DECEDENT EVER IN U	I.S. ARMED	13. WAS	DECENDENT O		ORIGIN? (Specify Yes		RACE American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	specify Cubs rES 2 🖵 NO	n, Mexican,	Puerto Rican, etc.)		Black, White, atc.		
BY	3 Widowed 4 Divorced				X	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 1 1 mpleted)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUP	ATION most of workin	a	16b. KIND OF BU	SINESS/INDUST	TRY		
۳	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
₹	17. FATHER'S NAME (First, Middle, Last)	[H	lomemak	er				t home	e		
8	, , , , , , , , , , , , , , , , , , , ,						(First, Middle, Maiden				
BE	Oscar P. Potts 190. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000				Adelai	_			
2	Mary Lou Knox						Ite Number, City or Tow				
	20a METHAD OF DISPOSITION										
	XX Burial 2 Cremation 3 Removal from State 200. PLACE AND ON 12 PLACE AND ON 1										
١,	4 Donation 5 Other (Specify) Cherry Hill Meth. Cem. Cherry Hill, Md.										
		10					25	9 E. 1	Main St.,		
				966	rune	:I a I	nome E1	kton,	Md. 21921		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	npiicationa that caused t it only one cause on eac	he death. Do no h iine.	t enter the	mode of dyi	ng, such a	na cardlec or resp	iratory arrest,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition								Onset and Death		
	resulting in death)	cute o	ual Chi	ne !	Low	uni	Hert -	feuli			
		Pulles	ONSEQUENCE OF)								
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A C									
¥	if any, leading to immediate cause. Enter UNDERLYING	-			2				į l		
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A C									
E	resulting in death) LAST	ASCUE	>. R	e necl	N N	Hic	ser				
	PART II Other significant conditions						40				
SAL	PART II. Other significent conditions of	contributing to death but	not resulting in	the underl	ying cause g	iven in Pa	ert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
							_ 1 - YES 2	NO	COMPLETION DF CAUSE OF DEATH?		
Σ							- '	,	1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: MEDI	EXAMINER?	OSPITAL:		OTHER:	PLACE OF DI						
¥	27. MANNER OF DEATH	28a. DATE OF INJURY	ent 3 DOA 4		INJURY AT		Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	RY	WORK?	1 -	ed. DESCHIBE HOW I	NJURY OCCUR	ED .		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	Al home, farm, str				81. LOCATION (Street	and Number or E	hural Boute Number		
	4 Homicide 8 Could not be determined	building, etc. (Specify)		,			City or Town, State)	ard rearries of the	urar nodie riumber,		
COMPLETED	298. CERTIFIER	Al-T- Al- base days to the									
MP		N: To the best of my knowled On the basis of examination a									
	29b. SIGNATURE AND TITLE OF CERTIFIER	on the base of examination a	TOO IIIVeeligation,	m my opinio							
B	296. SIGNATURE AND TITLE OF CERTIFIER	, as b				NSE NUMBI			GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C		U OTEN AT	W-41	100	482	23	- 4	28/93		
					D13						
	Jui-Chih Hsu. 31. DATE FILEO (Month, Day, Year)	MD 223 W. 32. REGISTRAR'S SIGNATION		St.,	EIKto	n, M	d. 2192	Ţ			
100	river recent (mornin, way, rear)	JE NEGISTRAN'S SIGNATI	UNE								
	APR 29'93	Julia Davidson	Rando DO.						1		



1993

3. TIME OF DEATH

4:15 P M

2. DATE OF DEATH MONTH

April

Leland

1. DECEDENT'S NAME (First, Middle, Last)

Edward

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hours after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the completely filled in by the rial, cremation, or removal. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 been signed by the attending physician and con it. of Health and Mental Hygiene prior to burial, shows any injury, or other traumatic en has be Dept. After this certificate death with the State L DIRECTOR: A hours after de lem 28 ls TO THE FUNERAL C be filed within 72 h IMPORTANT: If It HOSPITAL

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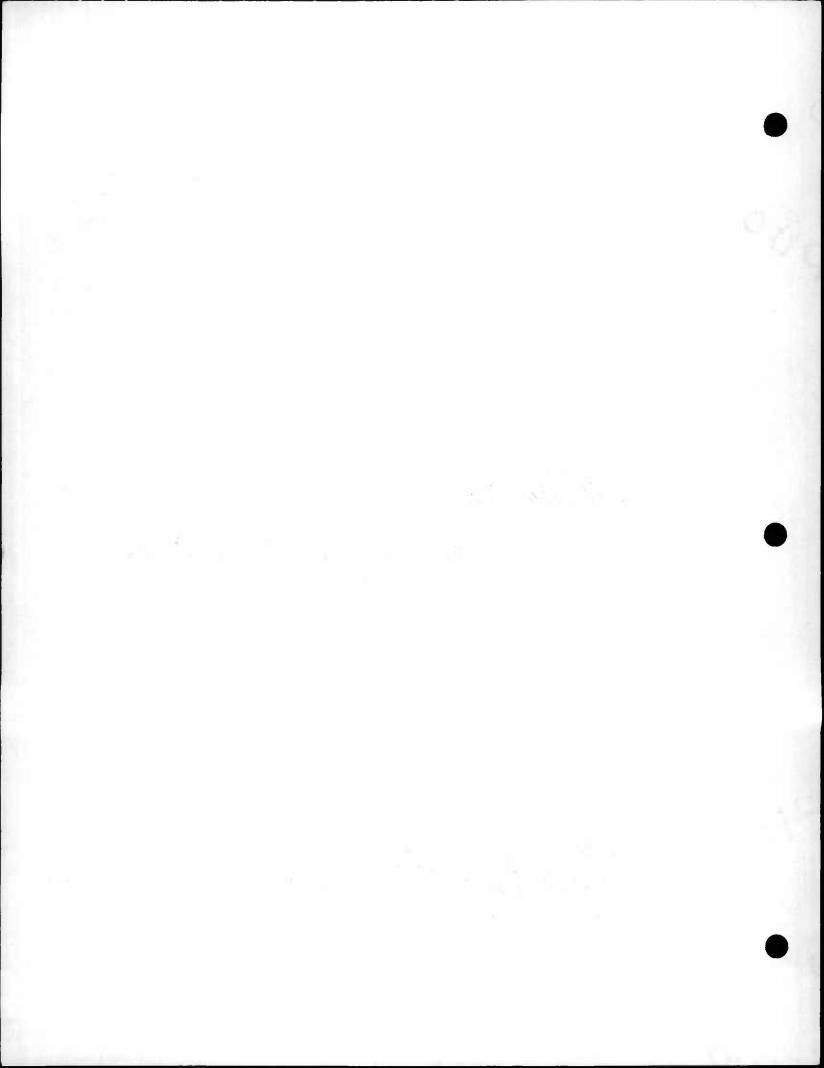
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) M 2 ☐ F YRS. 387-32-6037 57 pril 27 Wisconsin 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT DIRECTOR 6917 Cipriano Woods Court Lanham Prince George's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George's Maryland Lanham 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6917 Cipriano Woods Court 20706 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? TYPYES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married В 1 TES 2V NO Specify 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Salesman Self employed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Leland R. Peart Ann Marie Rothscheit BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jennifer Ann Peart 305 Appalachian Drive, Stafford, Virginia 22554 20a. METHOD OF DISPOSITION
W Burlet 2 Cremation 3 Removel from State
Densition 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Gate of Heaven Cemetery 4-26-93
22. NAME AND ADDRESS OF FACILITY Medary, Wisconsin 21. SIGNATURE OF FUNERAL SERVICE LA Rendon/Hale Lanham Funeral H 9013 Annapolis Rd., Lanham, MD Home 20706 23. PART I. Exter the deceses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition leviss resulting in death) DUE TO (OR AS A CON CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES AT THO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 - NO 4 🗌 Nun ne 5 X Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Natural 2 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige BY 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) ETED | 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide CERTIFIER (Check only RTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL In my opinion, death occured at the time, data and placa, and due to the cause(s) and menner as stated. BE 29d. DATE SIGNED (Month, Day, Year) April 22, 1993 2 WHO COMPLETED CAUSE OF DEATH HIM TO US William D. Rosson, M.D. 5701 85th Ave., New Carrollton, Maryland 20784 32. REGISTRAR'S SIGNATURE APR2 3 1993 a Savidson-Randall

burial-transit

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

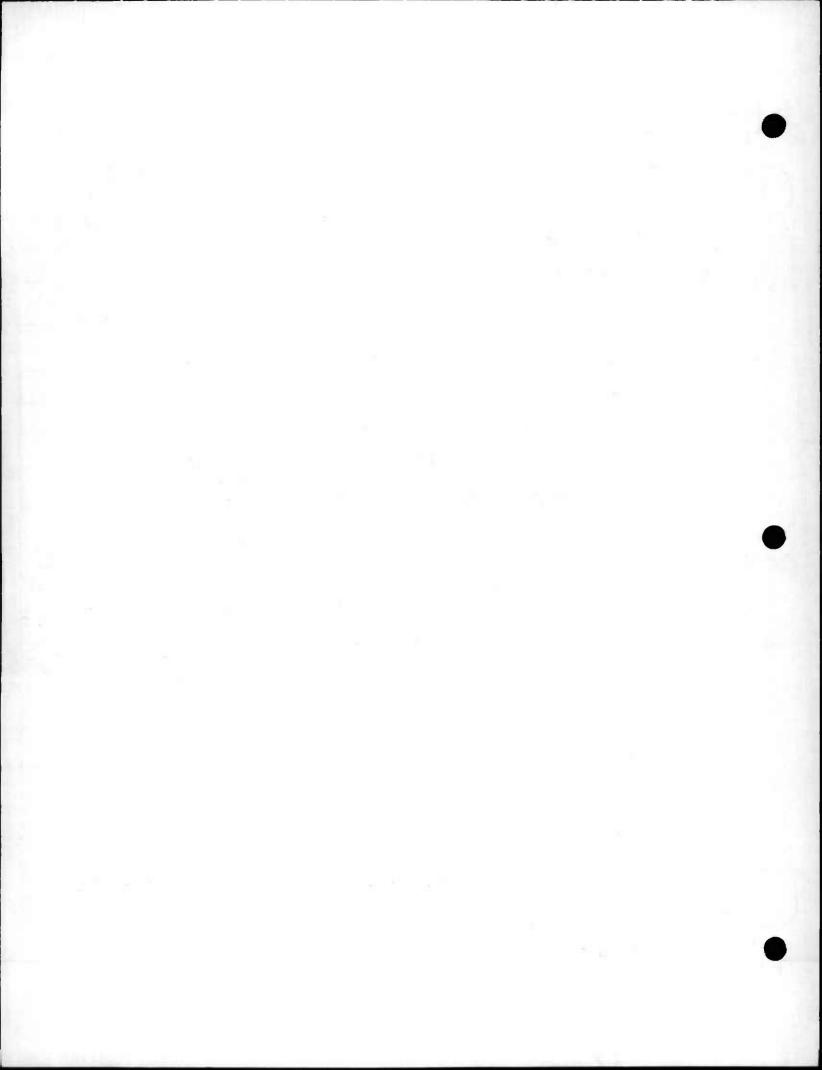


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	1. DECEDENT'S NAME (F	irst, Middle, Last))							2. DATE OF DEATH		1	. TIME OF DEATH	_
	Mohamm	ad P	ahlavan							04 21		YEAR	3:50 a.	-
	4. SOCIAL SECURITY NO	MBER	5. SEX	6. AGE (In yrs	s. lest birthday)	7		IF UNDER	9 24 HRS.	7. DATE OF BIRTH		a. BIRTHPL	ACE (State or Foreig	חק
- 2	212 15 10)94	1 X M 2 ☐ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 05 20	192	Country) TEHE	RAN IRAN	
	90. FACILITY NAME (If no	-						OR LOCATI	ON OF DE		9c. COU	NTY OF DEA	тн	
CTOR	Montgo		General	Hosp:	ital	01	nej	У			Mor	ntgor	nery	
EC	10e. STATE	10b. COUNT	TY		10c. Cl	ry, town o	LOCA	ATION				1	Od. INSIDE CITY	
DIRE	MD	MON	TGOMERY		ROO	CKVIL	·Ε						LIMITS?	,
AL	10e. STREET AND NUMB	ER					_	of. ZIP COD	E		10g. CITI		AT COUNTRY?	_
FUNERAL	1034 E	RICE	ROAD					2	20877		IRA	N		
5	11. MARITAL STATUS 1 Never Merried 2	X Married	12. WAS DECEDER	T EVER IN U.S	ARMED	13. V	AS DE	CENDENT C	OF HISPAN	IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No-	14. RACE Black, V	- American Indian, White, etc.	_
BY	3 Widowed 4 D		IF YES, GIVE	MAR OR DATES				S 2 📉 NO			- 1	Specify:		
8	15, 0	ECEDENT'S EDI	UCATION	16a	DECEDENT'S	USUAL OC	CUPATI	ION		16b. KIND OF BUS	INESS/INO		NIAN_	_
COMPLET	Elementary/Secondar	only highest grad y (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done d se retired.)	uring m	ost of working	ng					
MP	N.A		N.A.		BU	LDER				CONS	TRUC	TION		
	17. FATHER'S NAME (First HASS		HLAVAN					18. MOT		AE (First, Middle, Maiden	Sumeme)			
BE	19a. INFORMANT'S NAMI		ILAVAN							EMEH				
2		P PAHI	ΓΔΛΑΝ							oute Number, City or Town				
	20a. METHOD OF DISPO			20b. PL A	217 CE AND DATE				TTHE	RSBURG MD	208	City or Town	Otata	_
	1 Donation 5 Ot	ntion 3^GARen her (Specify)	moval from State		, crematory or o						IRAN	IRAN	, state	
	21. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE						SS OF FAC	OPE FUNERA				_
	· all	WS.	Pope C	J .						OPE FUNERA E WASH DC	л ног 2002			
		neert failure.	. List only one cet	ise on each	lina.	not enter	he mo	ode of dy	ing, auch	aa cerdiac or respi	ratory arm	sst,	Approximata interval Betw	reer
	immediate cause (disease or condition		Brain DUE TO	edo.	5	tool	he	- (CV	A)			Onset and D	eati
	resulting in death)	20	DUE TO	(OR AS A CON	SEQUENCE C	F):				· /			10 (12)	μ
Z	Sequentially list con-	ditions	a Pariet										20 de.	2
CERTIFICATION	if any, leading to imr	nedlats	DUE TO	(OR AS A CON	SEQUENCE O	f):	0	1:1	- 1	laton			- ' -	1
임	CAUSE (Disease or Inthat initiated events		DUE TO	(OF AS A CON	ISEQUENCE O	44VI	~	EI	brit	ration		<u> </u>	20 das	+
E	resulting in death) L	AST	. Cand	idal	Ses	1515							Holan	6
- 11	DARW III OAL I II		e. 5+4.44	S MSXI	mach	reus	la	oith	Res		-		Lidal	Ś
MEDICAL	PART II. Other algnif	cant condition	ns contributing to	deeth but no	ot resulting	in the unc	eriyin	ng ceuse (givsn in f	art i. 24s. WAS AN PERFOR		A	ERE AUTOPSY FIND	
ă	Diane	res 11	- Lingu	2						1 YES	NO		OMPLETION OF CAUS F DEATH?	SE
_ "	Maller		emia							_ ´		1	YES 2 NO	
¥ N	25. WAS CASE REFERRED	TO MEDICAL	huge				26 D	LACE OF D	EATH (Ch.	t and and				
SICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	1 3 □ DOA	OTHER				B Other (Specify)				_
PHY	27. MANNER OF DEATH		28s. OATE OF	INJURY	28b. Tilk	E OF	Bc. IN.	JURY AT		28d. DESCRIBE HOW II	JURY OCC	UREO		_
84	1 Natural 5 [Pending Investigation	(Month, D	ay, resur)	ļ m	JURY M		ORK? YES 2	NO					
ED	3 Suicide S	Could not be	28e. PLACE O building,	F INJURY - At atc. (Specify)	t home, term,	street, facto	y, offic	ce		28f. LOCATION (Street a City or Town, State)	nd Number	or Runal Rou	te Number,	
	4 Homicide	determined												
COMPLET										o the cause(a) end man				
8				xamination end	/or investigation	on, in my op	inion, d	death occur	ed at the t	ime, date end place, end	due to the	cause(a) a	nd manner se state	d.
BE	29b. SIGNATURE AND TIT			- D	AX			29c. LICE	NSE NUM	BER	29d. DATE	SIGNED (M	onth, Day, Year)	
ē.	Philip 30. NAME AND ADDRESS		njum, M		TEM 27 G	0		レレ	50	72	77	- 4-1	75	
	Phil He	will	44.0) 134			en / 1	Loris	+ 1	ve #308	.55	, no	20906	
	31. DATE FILEO (Month, De	y, Yeary	32. REGISTRA	R'S SIGNATUR	E YA	Lac	CU	7 10,0	- /-	200	+	1	- 70	_
	4-21 APR	2 2 199	33	Laires	en-Rand	لعلاك								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

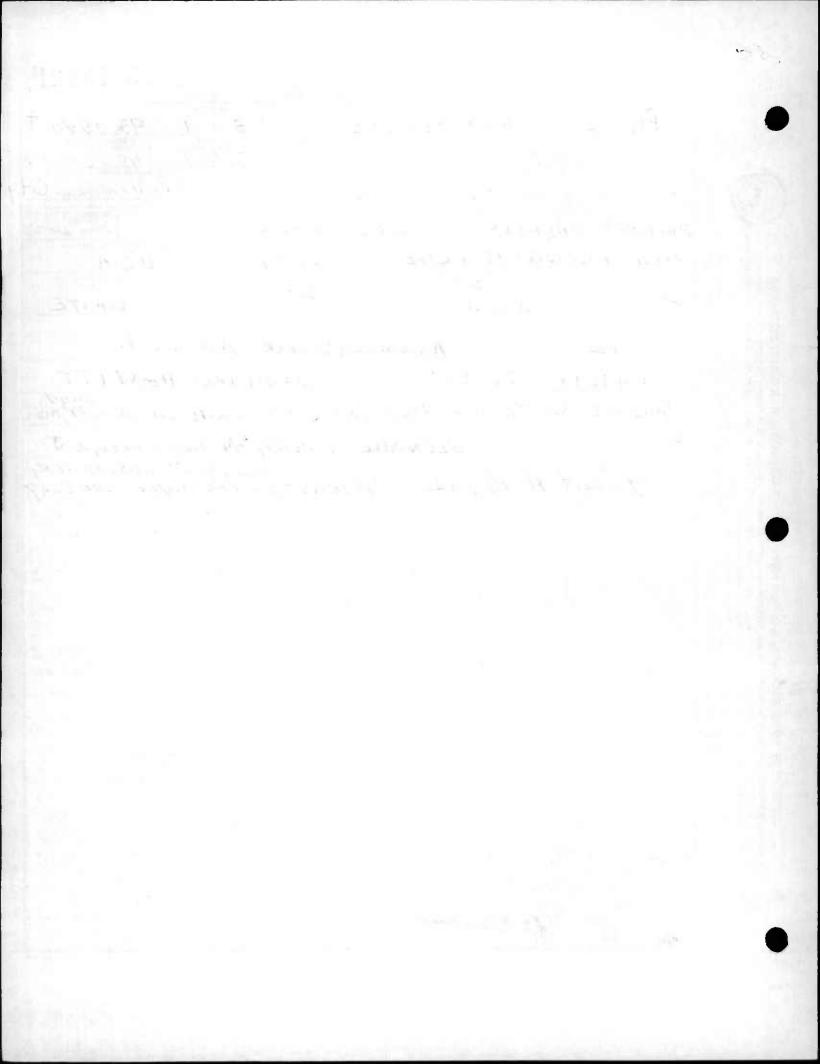


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11. DATE FILED (Month, Day,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN		13921
	1. DECEDENT'S NAME (First, Middle, Last)	THOMAS P	eters		2. DATE OF OEATH MONTH D		3. TIME OF DEATH A.
	4. SOCIAL SECURITY NUMBER 157-09-3389 9e. FACILITY NAME (If not institution, give str	5. SEX 8. AGE (In yrs. le: 1	YRS. MONTHS D.	EAR IF UNDER 24 HRS. NYB HOURS MIN. WYN DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	Sc. COUNTY OF	RTHPLACE (State or Foreign yearly) P. J. P. C. P. Y.
DIRECTOR	PRESIDENCE OF DECEDENT 100. STATE 100. COUNTY	ciality Hox	ta/ 96. CITY, TOWN DR. L	altimor		1 12 11	imore Ci
	MARULAND CAR	CROLL	WESTI	MINSTET	2	10g. CITIZEN O	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN IN U.S. AF FORCES? 1 DYES 2 IF YES, GIVE WAR OR DATES	RMED 13. WAS	2/157 DECENDENT OF HISPAN s, specify Cuban, Mexices YES 2 (LMC Specify	n, Puerto Rican, etc.)	Sc	S, A ACE — American Indian, leck, White, etc. secily: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16a. DE (G	ECEDENT'S USUAL OCCU live kind of work done during b. Do NOT use retired.) SSEMBL		12022	wobit	Y
BE CO	17. FATHER'S NAME (First, Middle, Last) PHILIP	PETERS		MAR	ME (First, Middle, Malden U J ANE	HELL	
0		CONCHIE "	4011 IX	POQUOL			UNSTER, MD.
	20a. METHOD OF DISPOSITION 1 Define 2 Cremetion 3 Remo 4 Donation 8 Other (Specify)	val from State 20b. PLACE.	AND DATE OF DISPOSITION	CEMETER	45/4 BL	CATION - City or	ED, NJ.
	21. SIGNATURE OF FUNERAL SERVICE LICE	A, Myls	22. NAI	AE AND ADDRESS OF FAC	MERAL K	tome	STMINSTER, MD 2057
	23. PART I. Enter the diseases, or contended in the conte	omplications the caused the de list only one cause on each line Chunic Station	metine Pu	lmoney &	ressi, En	1-1	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Attenselent DUE TO (OR AS A CONSE	DUENCE OF):	w Vasul	lur pro	evie	year
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEI	DUENCE OF):				
MEDICAL	PART II. Other significent conditions One of the conditions of th	s centributing to death but not a	Recur		Part I. 24a. WAS AN PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	8. PLACE DF DEATH (Che			
ВУ РНУ	27. MANNEB OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 186	Home 5 Reeldence INJURY AT WORK? YES 2 ND	28d. DESCRIBE HOW II	NJURY OCCURED	
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, factory,	office	28f. LOCATION (Street e City or Town, State)	and Number or Run	al Route Number,
COMPLE		IAN: To the best of my knowledge, de					e(a) end menner ee stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	How MI	D	29c. LICENSE NUM			ED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	1	-1 10 1	11	



0	Ë.	000	Z	P	5	T		EC.	OR	DS	٩	0	80	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	46,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	JR AT	END	NG P	HYS	CIAN	The	ME	requir	es tha	if the	death	neo (ificate	be execu	ted within	2
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil)IRECT	OR: A	fter 1	his o	ertific	ate !	las b	een si	Daug	by the	a afte	ndlng	physic	ian and	отріете	ly fi
be filed within 72 ht	DUIS a	fter d	eath	with	the S	tate	Dept.	of H	alth a	M Dui	ental	Hygi	ene pri	or to bur	al, crem	atio
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	ет 2	80	шаг	ked,	10	tem	23	show	s an	重	7,	r 01	her tr	aumatic	event,	≝

		FOR	STATE OF MARYL	AND /	NEPARI	MENT	NF HFALTH	4 AND 1	MENTAL H	IYGIFN	F	93	13922
r=		1 - STATE REGISTRAR		CE	RTIF	CATE	OF DEA			REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)		igo O R	Porr	as 15			2. DATE OF MONTH	DEATN D		9.3 3. T	IME OF DEATH
		4. SOCIAL SECURITY NUMBER 577-21-4870	5. SEX 6. AGE	(In yrs. les 38		IF UNDER 1	YEAR IF UNDE	MIN,	7. DATE OF (Month, De April 2	BIRTH by. Ybar) 22,]		Country)	Rica
	e B	90. FACILITY NAME (If not institution, give et	ed and number) Advenitist	Has	pital	9b. CITY,	OCK VI	ION OF DE	ATN			OF DEATH	
7	ត្ត	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY		7		TOWN OF	LOCATION					104	. INSIDE CITY
	DIRECTOR	Maryland Montg					sburg					10	LIMITS? YES 2 X NO
	FUNERAL	9804 Brookridge C					10f. ZIP CO		0879		Unit	ed St	ates
	BY FU	11, MARITAL STATUS 1	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 X N	MED IO	lf.	AS DECENDENT yes, specify Cut (XYES 2 NO	Specify	n, Puerto Rica	specify Yes n, atc.)	or No—	Specify:	American Indian, lite, etc.
		15, DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	Costa		_	ND OF BUS	SINESS/INDU	Whit	.e
	COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	life.	o Pa	retired.)	ring most of work	king	Au	to Pa	arts		
once.	Š.	17. FATHER'S NAME (First, Middle, Last)						THER'S NA	ME (First, Midd				
at of	BE	Manuel Porras							ia Roj				
notifie	5	190. INFORMANT'S NAME (Type/Print) Roxana Chaves Mad	drigal	19			(Street and Numb	er or Rural F	Route Number,	City or Tow	n, State, Zip C	Code)	
st be	ı	20s. METHOD OF DISPOSITION 1\(\int \) Burtel 2 \(\subseteq\) Cremetton 3 \(\subseteq\) Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)											
E I		1X) Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cenral Washington Cemetery Adelphi, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
injury, or other traumatic event, the medical examiner must be notified at once.		Delen (N. Ra	Py	0	Ra	app Fun 33 Gist	eral	Servi	ces,	P. A.	na N	ID 20910
dical		23. PART I. Enter the diseases, or c shock, or heart failure. I											Approximate interval Between
, the me	1	iMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSI	5									Onsat end Dauth
event		resulting in coatti)	DUE TO (OR AS	A CONSE	DUENCE OF): ,	1.1	ı-in	C 1	11.	10:	-	
natic	S	Sequentially ilst conditions,	DUE TO (OR AS	2/S	DUENCE OF	1//	LI'U	1212	- 6-07	160	ILL		
trant	E E	If any, leading to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury	GAZ	The	PIR	175	57 IN.	12	Ita	Me	RIH	KE	
other	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSE	DUENCE OF	7):							
7, 04	띩		1										
	ا پ	PART II. Other eignificant condition	s contributing to death I	but not i	resulting i	n the und	leriying ceuse	given in	Part I. 24	e. WAS AN	AUTOPSY	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
vs any	EDICA								_ 1	YES 2	NO	OF	WPLETION OF CAUSE DEATH?
shows	Σ								-			10	YES 2 NO
Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				26. PLACE OF	DEATH (Ch	neck only one)				
0r 16	YSIC	1 TES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out	patient 3			ng Home 5 🗆	Residence	8 Other (S	pecify)			
marked,	ВУ РНУ	27. MANNER-OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIM	E OF URY M	26c. INJURY AT WORK? 1 YES 2	□ NO	28d. DEŞCR	IBE NOW	INJURY OCCI	JRED	
28 ls	ETED I	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At he	ome, farm, s	itreet, facto	ry, office		281. LOCATE City or	ON (Street fown, State	end Number o	or Rural Route	Number,
IT: If item	COMPLE	cool only	CIAN: To the best of my know										d manner ee stated.
IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	un av	5			29¢ L	CENSE NUI	NBER 268		29d. DATE	SIGNED (MO	onth, Day, Year)
=	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES OF D	EATN OT	M OT Con-	(Defeat)		1 / 6			I		1 1

D.,11420 Rockville Pike, #20, Rockville, MD 20852

ERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Roberto J.

APR 29 1993

31. DATE FILED (Month, Day, Year)

Matus,

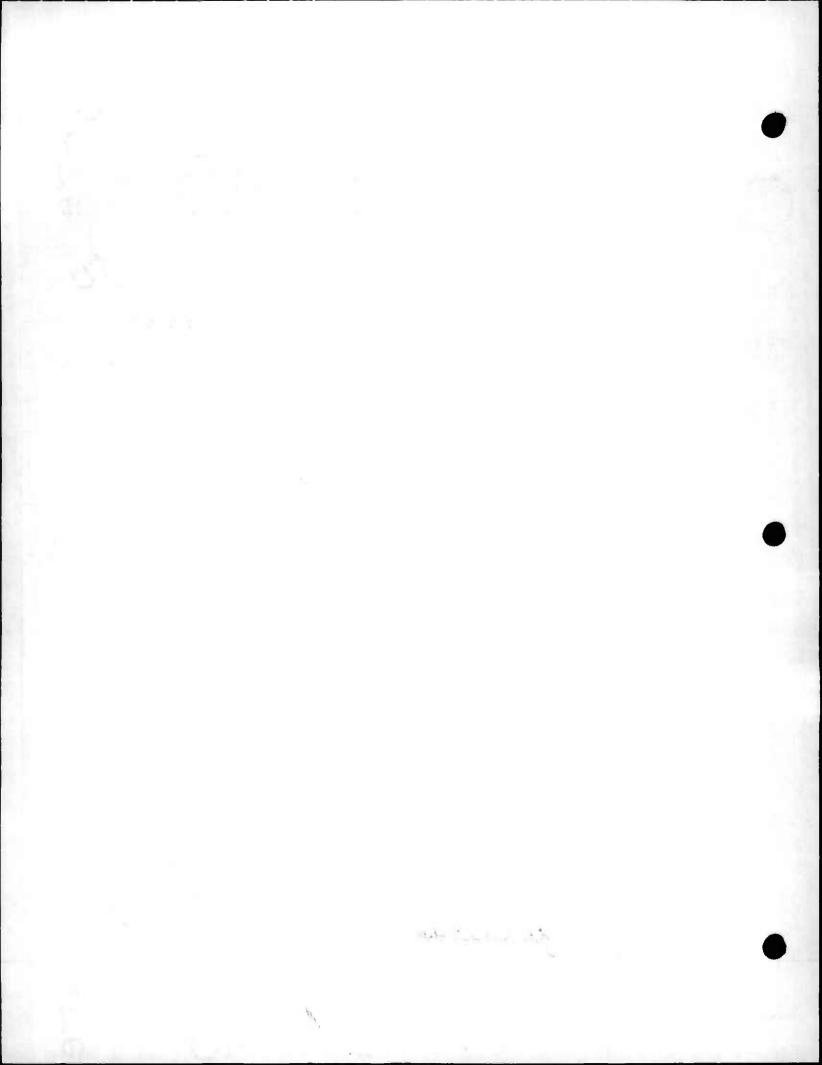
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ge 6 may be retained by the hospital or attending physician.	irector, page 5 should be detached for use as the burial-transit permit.		must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit nermit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR A	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: if Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	10	P	aul Edwa	rd Pon	tius					April	28,		3	8:10 am M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF I	BIRTH			HPLACE (State or Foreign
1	307-16-3309		1 🛣 M 2 🗌 F	74	YRS.	WUNTHS	DAY\$	HOURS	MIN.	July 3		18		ndiana
_	Se. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH		9c. COL	JNTY OF D	DEATH
2	10009	Broad	Street				1	Beth	esda				Mont	tgomery
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
듬	Maryland	N	Montgomer	^ V/				De	+ h = =	a .				LIMITS?
甘	10e. STREET AND NUMBER		ionogomen				101	. ZIP COD	ethes E	ua		10g. CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	10009	Broad	Street						2081	4		Uı	nited	d States
5	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian,
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES	NO				Specify	, Puerto Ricar	n, etc.)		Speci	k, White, etc.
		EDENT'S EDU	WW CATION											White
COMPLETED	(Specify only	y highest grade	completed)	(0	ECEDENT'S Sive kind of Do NOT p	work done	durina ma	ON ast of world	ing	18b. KJN	ID OF BUS	INESS/IN	DUSTRY	
PL	Elementary/Secondary (0	F-12)	College (1-4 or 5	*' Sci	ienti zento	st		er				NT T	.s.T	1
OM	17. FATHER'S NAME (First, M.	iddle, Last)		211	CITCO		91110	-	HER'S NAI	ME (First, Midd	le Maiden		.5.1	•
BE C		Wende	11 Ponti	us									ilen	hora
TO B	19a. INFORMANT'S NAME (7)				b. MAILING	ADDRESS	S (Street s	ind Numbe	r or Rural F	Poute Number, (berg
Ĕ	Geraldin	ne Pon	tius	3	315 B	road	moor	Roa	d Ba	ltimor	e,Ma	ryla	nd 2	1212
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Rame												
1	4 Donation 5 Donat	(Specify)	Montgomery Crematorium Inc. Bethesda, Maryland											
,	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	-//		22. Rc	name a	D ADDRE	Pump	hrey 1	Funer	al F	Home/	/
	120	ree) Les	Lal M	00335	5 Av	enue	sua-u e Bei	thesc	la Ma	e, H	1C.	/55 / 081 /	wisconsin i
	23. PART i. Enter the di shock, or he	iseases, or c	complications/the	et coused the de	eth. Do	not enter	the mo	de of dy	ing, such	as cerdiac	or reapi	ratory ar	rest,	Approximate
1	IMMEDIATE CAUSE (Fin		NA.						1	/)				Onset and Death
	disease or condition	→	METAS	TATIC	ARC	(NO	MA	OF	LEF	T KI	DNE	4		13/4 YRS
			DUE TO	(OR AS A CONSE	QUENCE O	F):								
S S	Sequentially list conditi		b	(OR AS A CONSE	OUENCE O	D:								
E I	if any, leading to immed cause. Enter UNDERLY!		302 10	(OII AS A CORSE	QUEITGE U	۲).								
프	CAUSE (Disease or inju that initiated events	ry 🥻 '	OUE TO	(OR AS A CONSE	QUENCE O	F):								1
CERTIFICATION	resulting in death) LAS	Τ	d											
	PART ii. Other algnifica	at condition	e contributing to	death but not		in the	4-4-1-		- Landa Land					
MEDICAL		-	CARCI						-		PERFOR		240.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	o Project) GACCII	OUMA U	- 4	= [CO	(NO	7	וי משיי	YES 2	XNO.		OF DEATH?
										-				1 TES 2 NO
A	25. WAS CASE REFERRED TO	O MEDICAL			_		26 DI	ACE OF O	EATH //h-	ck only one)				
Sic	EXAMINER? 1 VES 2XXNO		HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER	₹:			6 Other (So				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	esidence	28d. DESCRIE		JURY OC	CURED	
ВУР		Pending Investigation	(Month, E	Pay, Year)	IN.	M		RK? /ES 2 [] NO					
ED B	3 Suicide 6	Could not be	28e. PLACE C	F INJURY — At he etc. (Specify)	me, term,	street, fact	ory, office			281. LOCATIO	N (Street a	nd Number	r or Rural F	Route Number,
	4 Homicide	determined		eter (opoony)						City or io	wn, Stete)			
2	29a. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	ed at the ti	lme, date	end place	, and dua	to the cause(a) and man	ner as sta	ted.	
COMPLET														a) and manner ee stated.
ш	290. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNEO	(Month, Day, Year)
0	James	(B	ZOLOW	relle				DI	072	25				28, 1993
2	30. NAME AND ADDRESS OF			The state of the s										
	14808 Physi					Mar	ylar	nd 20	0850					
	31. DATE FILEO (Month, Day,	Year)	32. REDISTRA	R'S SIGNATURE	2									
	APR 29 19	93 _	/											



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4. SOCI		
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DIRECTOR

FUNERAL

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funeral director,

filled in by the fi medicai

cremation, the

Hygiene prior to burial,

traumatic event,

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marked,

item 28

CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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attending physician other t

signed by the atter Health and Mental Injury.

certificate h

this a

FUNERAL DIRECTOR: After within 72 hours after death

24 hours after death.

be detached for use as the burial-transit permit.

Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 2, DATE OF DEATH DAY DENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR SOPHIE APRIL 1993 PEED 25. 1:00 P. AL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 V F -20-0806 JAN. 22, 1904 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. CDUNTY DF DEATH 14124 GRAND PRE ROAD, #22 SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 X YES 2 NO MONTGOMERY SILVER SPRING 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14124 GRAND PRE ROAD 20906 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THOU IF YES, GIVE WAR OR DATES A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify 3 ₩ Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17, FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Maiden Surname) **JOSEPH** WILLIAMS LAURA 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAMPTON LEE 4124 GRAND PRE ROAD, SILVER SPRING, MD 20906 20e. METHOD OF DISPOSITION
1 □ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CEDAR HILL CEMETERY 4 Donation 5 Other (Specify) 4/27 SUITLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PRANCIS J. COLLINS FUNERAL HOME, INC.

ON UNIVERSITY BLVD W SII SP MD

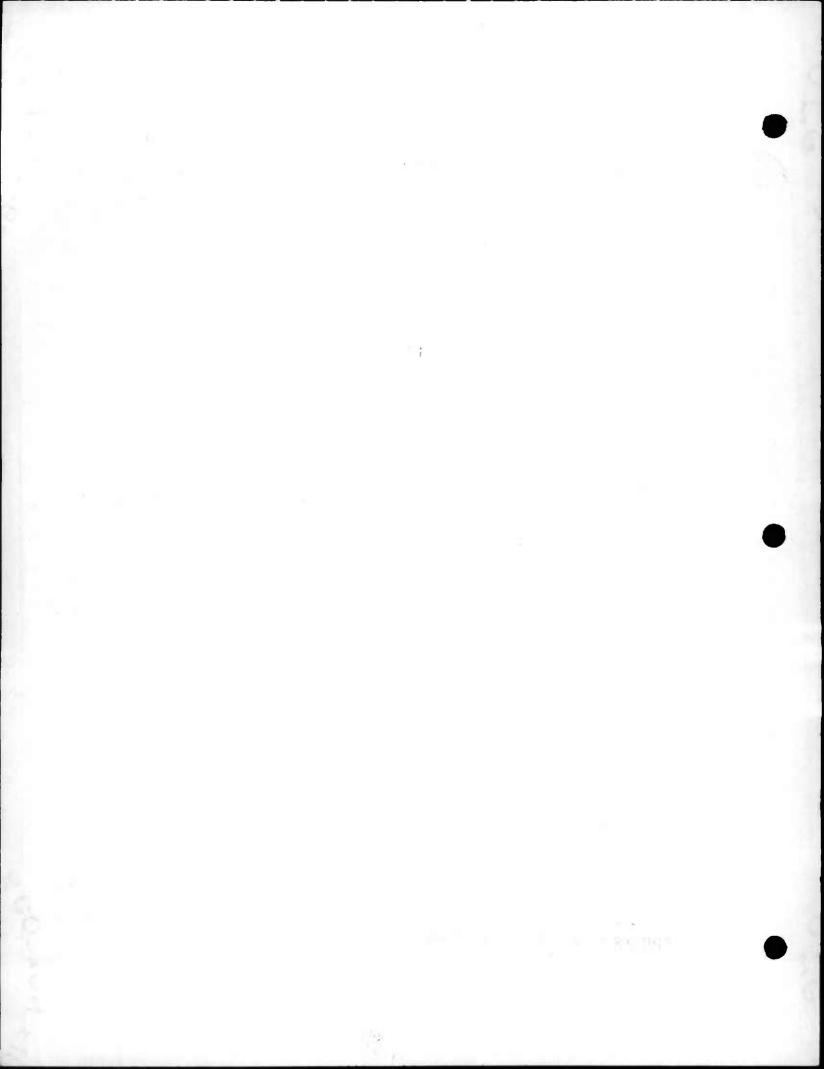
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Appro Approximate shock, or heart failure. List only one ceuse on each line. Interval Batween **IMMEDIATE CAUSE (Finel** All lawer Extremely & SG \$15 6 months disease or condition Granguene resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Madrie Y'Enip Leval Vascular Di Sease Sequantially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Generalised DUE TO (OR AS A CONSEDUENCE OF): that initiated events Diabeles resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Stage 4 algherian Disease, Hypothyputia 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 DAO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 ND 26. PLACE DF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: OTHER:
4 □ Nursing Home 5 ☑ Residence 8 □ Other (Specify) 27. MANNED OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Do the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE DF CERTIFIER aurless no 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 125410 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thine Silver Spring & Lyd O. J. Low Ess mo 3801 Intelligational July Day don Handell

certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ha 6



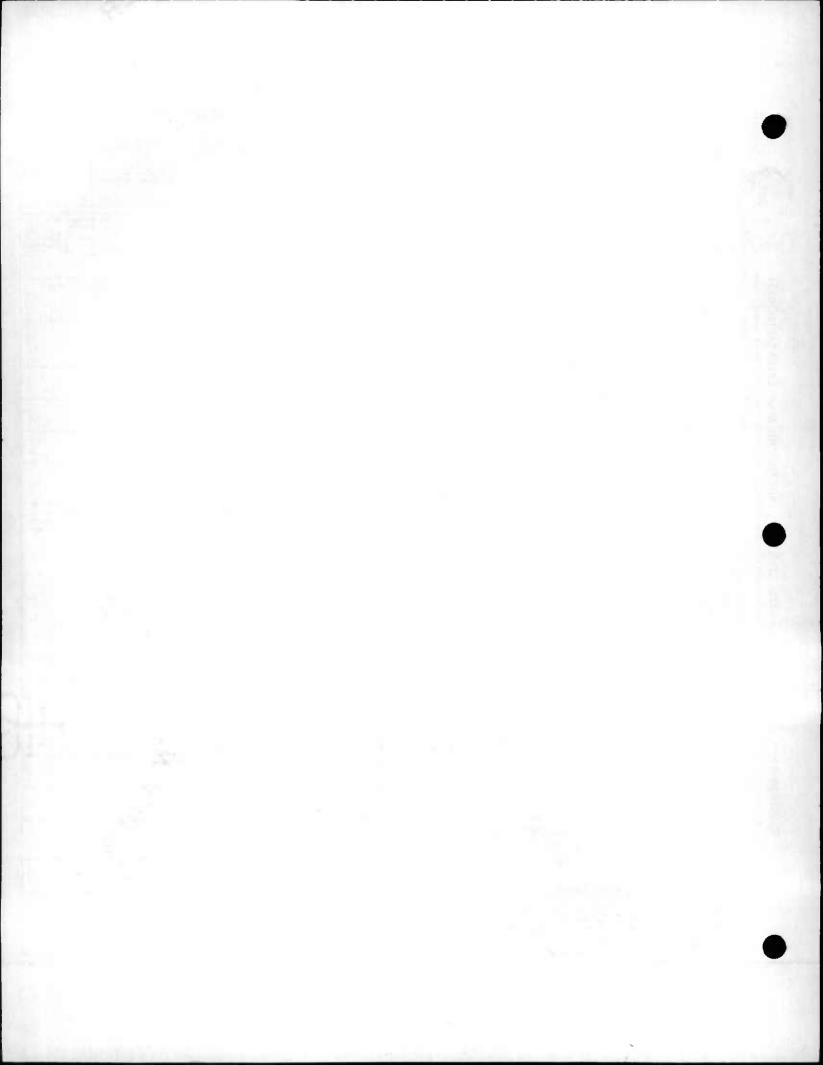
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	DITAL OB ATTENDARY DELOCIONAL The Inc. seculose that the death sentificate he are

NEIL M.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M. CERTIFICATE OF DEATH	MENTAL HYGIEN	NE	3 13925
1101	1. DECEDENT'S NAME (First, Middle, Last) Steven PADIN	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 3:45
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 154-60-2934 1 1 1 M 2 1 F 29 YRS. 1 29 YRS. 1 1 1 M NOTHS DAYS HOURS MINI.	7. DATE OF BIRTH (Month, Day, Year) JUL 26 19	963 N	BIRTHPLACE (State or Foreign Country) NEW JERSEY
CTOR	98. FACILITY NAME (If not institution, give street and number) NATIONAL NAVAL MEDICAL CENTER BETHESDA RESIDENCE OF DECEMENT	ATH		Y OF DEATH
L DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Puerto Rico San Sebastian 10a. STREET AND NUMBER			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Route 109, K25.2, (P. O. Box 1159) 006		UNI	TED STATES
BY	1 Never Married 2 Married FORCES? 1 TYES 2 NO If yes, specify Cuban, Maxican, 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	, Puerto Rican, etc.)		. RACE — American Indian, Black, White, alc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BU		
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (CAMATA O ANTHUONING DATE)	DEFEN NE (First, Middle, Maiden	1 Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) CAMILO A. PADIN PO BOX 1159, SAN SEB.		vn, State, Zip Co	
	20s. METHOD OF DISPOSITION 1	4-26 Sil	ver Sp	y or Town, State ring, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Signature of Funeral Signature of Funeral Signature of Signature of Funeral Signature of F	ervices, e, Silver	P. A. Sprin	g, MD 20910
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACQUIRED IMMUNE DEFICIENCY SYNDRON DUE TO (OR AS A CONSEQUENCE OF):		iratory arrest	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
CERT	resulting in death) LAST			
: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in P	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 10 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Residence 8			
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
TED BY	E PROMOTIN	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1			
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER AUGUST MD 296. LICENSE NUME 7004 (29d. DATE S	IGNED (Morith, Day, Year) - 26-G3
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	27.177.17		

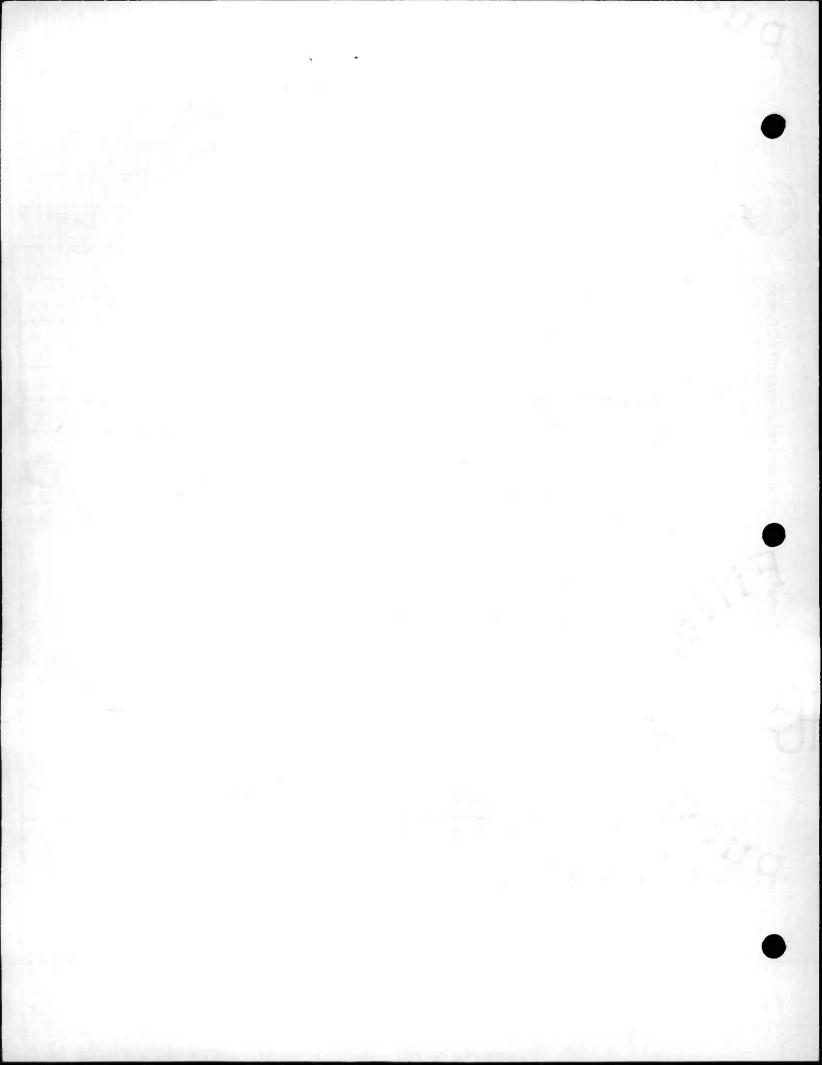
SULLIVAN, LT, MC, USNR BETHESDA MD 20889-5600 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S STORATURE DE APR 97 1993

NATIONAL NAVAL MEDICAL CENTER



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept, of Health and Mental Hydlene prior to burial, cremation, or nemonal.	IMPORTANT If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF MA		DEPARTM							-	25
	1. DECEDENT'S NAME (First, Middle, Les	Zadoc Tor				DEAT		DATE OF	EG. NO.	/23/9		: 25pm
	Taronseno	C Pari		I GING,	, ,			MONTH 4	2 DAY	}	93	125 M
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 2	4 HRS. 7.	DATE OF E	HALL		BIRTHPLA	CE (State or Foreign
	214-38-3554	1 🔀 M 2 🗆 F	83	YRS. MON	THS DAYS	HOURS	MIN. NO	ov. 2	9,19	09	Mary1	and
Œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF BEATH 9c. COUNTY OF DEI County OF DEI											
16	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland 106. COU	Baltimore			altimo						1.0	LIMITS?
BY FUNERAL	717 Maiden Choice Lane, Apt. T07										ed St	country? cates
11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 1 Never Married 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, appeitly Culban, Maxican, Puerto Rican, etc.)										4. RACE — /	American Indian,	
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:										SpecMy: Whit	
Ĭ.	15. DECEDENT'S Et (Specify only highest gra	ide completed)	(G	CEDENT'S USU	done durina ma	ON ast of working		16b, KJN	O OF BUSI	NESS/INDU	STRY	
1 2	Elementary/Secondary (0-12) College (1-4 or 5+) ##e. Do NOT use retired.) 12 Attorney								Law	Firm		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kine. Do NOT use retired.) Attorney 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
8 8	Zadoc Townse	nd Parks					ace		ľucke	_		
2	19a. INFORMANT'S NAME (Type/Print) Margaret A. Park	Wife		17 Mate								(D 21228
8	206. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 206. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Old Wye Cemetery 22. NAME AND AGORESS OF FACILITY											
										1/2		
9	Morris T	Barton								110	Marvi	land 21617
CERTIFICATION	23. PART I. Enter the diseases, of ahock, or heart felium immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. (e)-elo DUE TO (c)	on each line	OUENCE OF):								Approximata interval Between Onset and Death
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (O	R AS A CONSEC	OUENCE OF):								
E E		d										
MEDICAL		er eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.								UTOPSY IED?	CON	E AUTOPSY FINDINGS LABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				00.00	105.05.05						
S	EXAMINER?	HOSPITAL:	P/Output 2	O7	HER:	ACE OF DEA						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN	JURY	26b. TIME OF		URY AT				JURY OCCU	RED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJURY		PRK?	NO					
COMPLETED	3 Suicide 6 Could not b	28e. PLACE OF building, at	NJURY At he c. (Specify)	oma, farm, street	, factory, office	•	28f	City or To	N (Street sn wn, State)	d Number or	Rural Route	Number,
PLE	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the best of m	y knowledge, de	eth occurred at	the time, data	and place, a	and dus to th	e cause(s	and mann	er as stated	1.	
NO.		NER: On the basis of exam										manner se stated.
8	296. SIGNATURE AND TITLE OF CERTIF	L MA				29c. LICEN	SE NUMBER	78		29d. DATE 5	PIGNED (Mo)	fth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	OF OEATH (ITE	M 27) (Type, Print	colo	Ca	for-	11/-	1111	7 7	127	P
	31. DATE FILED (Month, Day, Year) 7	93 32. REGISTRA	SEIGHT THE	son-Rand	200		(Presi	· · · · · ·	7010) (



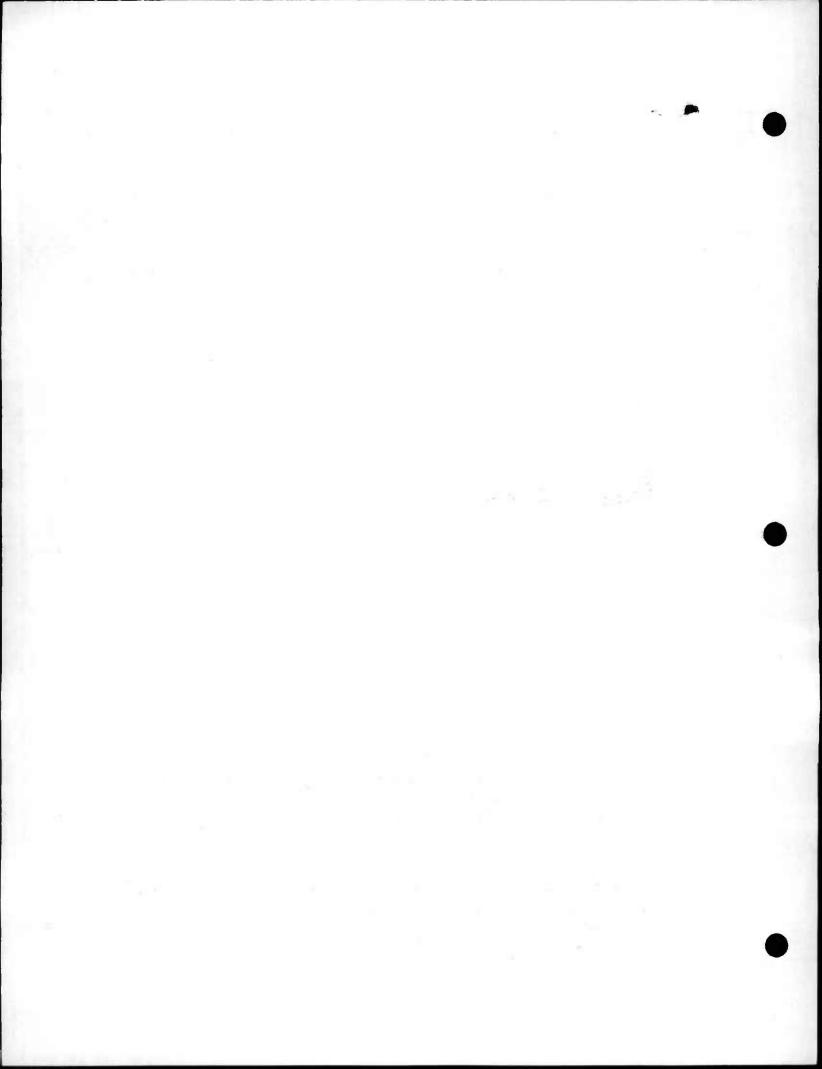
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transft nermit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE CL	THE	pe filed	IMPOF

31. DATE FILEO (Month, Day, Year)
APR 2 9 93

32. REGISTRAR'S SIGNATURE

Julia Davidon Randale.

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	FOR STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH DEAT		MENTAI		_			
_	DECLUENT'S NAME (First, Middle, Last)				IOA	E OI	DEA	-	2 DATE	REG. NO)		3. TIME OF DE	
		~ ~~							MONTH		100	YEAR		
	4. SOCIAL SECURITY NUMBER	Phillir 5. SEX							il 27,	199	_	11:30		
	579-58-0019	1 🔯 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN,	/ Month	5-19	1. 1.	8. BIRT	Wash.	-
	9a. FACILITY NAME (If not institution, give :		40	THS.						2-19				D.C
FUNERAL DIRECTOR	Physicians Memorial Hospital LaPlata Charles													
REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												10d. INSIDE CI	TY
ā	MD Cha	arles		L	aP1a	ata							LIMITS?	□ NO
AL													WHAT COUNTRY	
E	119LaGrange Ave. P.O. Box 69 20646 U.S.A.													
3	11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC			IIC OBIGIN	? (Specify Yes				dlen
	1 Never Married 2 Married	FORCES?	CYES 2 N			If yes, spe	ecify Cuba	n, Maxicar	n, Puerto R	ican, atc.)	01110		E — American Inc. k, White, atc.	
BY	3 Widowed 4 Divorced	Vietna	am			1 TES	XXNO	Specify	/:			Spec	"White	
	15. DECEDENT'S EDU	CATION	16a. DE0	CEDENT'S	USUAL O	CCUPATIO	ON .		16b.	KIND OF BU	SINESS/INI			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	ve kind of a Do NOT us	work done se retired.)	during mos	st of workin	g	1.02		OII LOO/III	boott		
귑	12	College (1-4 of 5 4		ic1	e Ma	ain.	S111	ner.	. Б.	C. A	ir N	ati	onal G	aurd
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								_	liddle, Maiden		aci	onar G	auru
Ö	Neil Cameron Pl	nilline										ant	on Phi	11:5
B	19a. INFORMANT'S NAME (Type/Print)	TITITOS	400										OII FIIL	тттр
2	Sally Phillips									er, City or Tow		Code)		
								Ртац	a,M	D 206	040			
20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of permetery, crematory or other place) FORT LINCOIN Cem. 5-1-93 20c. LOCATION — City or Town, State Brentwood, MD														
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	TOIL	DILL	\neg									
	A a	CV A									RAL	HOM	E INC.	
	Naved Cr	Cahols							2064					
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that	caused the dec	th. Do r	ot antar	the mod	da of dyl	ng, such	as card	sc or respi	ratory ar	rest,	Approxir	
	IMMEDIATE CAUSE (Fins)	/	ae on aach iine.			(,	,					Onset as	Between
H	disease or condition	(Dland)	A C	VI	1 1	1-2 l	010	1					1 7 1	A - 4
	resulting in death)	a. OUE TO	OR AS A CONSEO	UENCE OF	T):	10	V USV						INSTAIR	rong
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¥	if sny, laeding to immediata cause. Enter UNDERLYING				•								j	
2	CAUSE (Disease or injury that initiated events	cOUE TO	OR AS A CONSED	UENCE OF	j:									
E	resulting in death) LAST				•								İ	
B		d												
	PART II. Other significant condition	s contributing to	daeth but not re	sulting i	n tha ur	nderlying	cause g	ivan in I	Part I.	24a. WAS AN		24b	. WERE AUTOPSY	
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2									-		¥.		1 YES 2	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			-		00.00	105.05.05							
ᅙ	EXAMINER?	HOSPITAL:		/	OTHE	R:			ck only one					
<u>₹</u>	27. MANNER OF GEATN	1 Inpatient 2		DOA				sidence 8	8 🗌 Other					
ᆲ	1 Natural 5 Pending	28a, OATE OF (Month, O	INJURY ly, Year)		URY	28c. INJU WOF	RK?	,	28d. OES	CRIBE NOW I	NJURY OC	CURED		
À	2 Accident Investigation	-	0/3	11:00		1 🗌 Y		NO	Self	Inthic	ted			
3 Suicide 4 Nomicide 8 Could not be determined 288. PLACE OF INJURY — At home, tarm, street, lactory, office City or fown, Steley CH 225 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									ind Number	or Rural I	Route Number,			
										MIL	He ()	swe for	K.	
≅ ∥	one) 3 MEDICAL EXAMINE												a) and manner as	stated
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 10		- 1	N -	_	29c. LICE		BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	TVVITATION	1 CHM H	5 (0 30)	Butt	In	C.	D-27	348			- 2	7 A	w 93	
	30. NAME AND ADDRESS OF PERSON WH													
	Howard M. Haft, N	1.D., 4F	Industri	al F	ark	Driv	ro W	aldo	rf	Marvl:	and	2060	٦/،	
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE			DIII	C, 11	aruo	,,,	, , , , , ,	3114	2000	J4	



TO THE HOSPITAL OH ALTENDING PITYSICANT: The taw requires that the dean centricate be executed within 24 mours after death. Page b may be treathed by the strong to THE FUNESTALD INSECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 27 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cernation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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		CER				_				
1. DECEDENT'S NAME (First, Middle, Last) RITA SHERW	OOD RALS	TO N				2. OATE O	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birl		R t YEAR		7. DATE 0	13	19		1:00 AM
341-18-2028			YRS. MONTHS	-	HOURS MIN.	(Month,	Day: Year)	17	Country	inois
9e. FACILITY NAME (If not institution, give a					LOCATION OF I	DEATH			ITY OF DE	
Meridian-The P				asto			Talbot			
	Talbot	10	East		ON					10d. INSIDE CITY LIMITS? YES 2 NO
768 Port Stree	et				21601			10g. CITI		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	VER IN U.S. ARMED YES 2 NO OR DATES	13	If yes, specify Cuban, Mexican, Puerlo Ricen, etc.)					14. RACE Black, Specify	- American Indian, White, atc. : White
15. DECEDENT'S EDU (Specify only highes) grade	CATION completed)	16a. DECEO (Give k	ENT'S USUAL (and of work done NOT use retired.)	OCCUPATION during most	of working	16b. I	(IND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		creta:			"unknown"				
17. FATHER'S NAME (First, Middle, Last)		1 50	or o ca.	-	16. MOTHER'S N	AME (First, Mi				
Russell Harry	Sherwood			9.0		ian I				
19e. INFORMANT'S NAME (Type/Print)					d Number or Rura					
Dorothy H. Tho		P. 20b. PLACE ANI			09, Ea	ston		2160 CATION —		un State
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	of cemetary cre	majory or other	placel		1				ng. PA
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	CFS	- Q 22	Newn	am Fur	eral	Home	, P	.A.	
23. PART i. Enter the diseases, or o	110001			200	S. Har	riso	n St.	, E	asto	n, MD
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	AS A CONSEQUE	NCE OF):	E F	NE	70 1	1-30	~V9		Interval Between Onset and Dea
PART II. Other aignificant condition	d	ath but not resu	ilting in the u	ınderlying	csuse given i	n Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINOING
	100					_	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
						-				1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		Lozus		CE OF OEATH (C	heck only one)			1 YES 2 NO
EXAMINER?	HOSPITAL:			R: ursing Home	5 Residence	6 Other	(Specify)			1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending		URY 2		28c. INJU WOR	5 Residence	6 Other		NJURY OC	CURED	1 TYES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Inpatient 2 EF 28e. DATE OF INJ (Month, Day, 1)	IURY 20 20 IJURY — At home,	Bb. TIME OF INJURY	28c. INJU WOR	5 Residence	6 Other 28d. 0E\$0	(Specify)			
EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	1 inpatient 2 EF 28e. DATE OF IN. (Month, Day. 1) 26a. PLACE OF IN. building, etc. ICIAN: To the best of my	URY — At home, (Specify)	Bb. TIME OF INJURY M farm, street, fa	ER: ursing Home 28c. INJU WOR 1	5 Residence RY AT K? ES 2 NO	28d. OESG	(Specify) PRIBE HOW I	and Number	or Rural R	oute Number,
EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF INJ (Month, Day, 1) 26a. PLACE OF Inbuilding, etc. ICIAN: To the best of my ER: On the basic of exam	URY — At home, (Specify)	Bb. TIME OF INJURY M farm, street, fa	ER: ursing Home 28c. INJU WOR 1	5 Residence RY AT K? ES 2 NO	26d. OE\$4 26f. LOCA City of	(Specify) PRIBE HOW I	and Number	or Rural R led. ne ceuse(e)	oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only orie) 2 MEDICAL EXAMINE	28e. DATE OF IN. (Month, Day, 1 28e. PLACE OF IN. building, etc. ICIAN: To the best of my ER: On the basic of exam	JURY — At home, (Specify) knowledge, desth instion end/or inve	DOA 4 The OF INJURY M farm, street, fa occurred at the stigstion, in my	ER: ursing Home 28c. INJU WOR 1	5 Residence RY AT IC? ES 2 NO end place, end de ath occured et th 29c. LICENSE NI D01.22	26f. LOCA City of the to the cause time, date of	(Specify) RIBE HOW I TION (Street or Town, State) te(e) and main ord place, and place, and place ord pl	nner as started due to the	ted.	oute Number, end manner ee stated.

THE BETTE

	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	0 13929
	1. DECEDENT'S NAME (First, Middle, Last)	/ 0	1 1		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	Paul	E. R		Son	4 11 19	93 8:40 A
	4. SOCIAL SECURITY NUMBER 219-56-0274		aux.	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give s		4 4	CITY, TOWN OR LOCATION OF		Wash.,D.C.
٣	Southern Mar	yland Hosp	oital "	Clinton		ice Georges
ی	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT					100 000 700
DIRECTOR	Md.	Charles		own or Location andywine		10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER		DI	101. ZIP CODE	10a CITIZI	1 X YES 2 NO EN OF WHAT COUNTRY?
ER/	14118 So.	Springfield	d Rd.	206	1.0	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yee or No	4. RACE — American Indian.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA		If yee, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Ricen, etc.)	Specify: Black
	15. DECEDENT'S EDU	I ICATION	18e. OECEOENT'S USU	IAL OCCUPATION	16b. KIND OF BUSINESS/INDU	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of working ired.)	TOO. KIND OF BUSINESS/INDU	SIRY
M M	11th		Truck I	Driver	Fence Comp	any
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maiden Surneme)	
BE	James H. 190. INFORMANT'S NAME (Type/Print)	Robertson		Mary	J. Tolson	
2	Mary J. Robert	son			Route Number, City or Town, State, Zip of Cap. Hgts., Md.	
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF O	SPOSITION /Nama of	OATE 20c. LOCATION - CI	
	1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State came	etery, crematory or other to the terms of th	em. Park 4/	16/93 Landove	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF	ACH ITY	
	· Xany	st. En	att		ngton & Sons, oughs Ave., N.	
	23. PART I. Entar the diseases, or a shock, or heart failure.	compilcations that ceusad List only ona cause on ea	tha death. Do not a ch lina.	inter the moda of dying, au	ch aa cardiac or respiratory arre-	Approximata
	IMMEDIATE CAUSE (Final disease or condition	Ac gri	ING TO		Limer Co	Onset and Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	mune Ne	gracing 87h	arme
Z		b	1			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):			
SE SE	CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):	And the state of t		
E	resulting in death) LAST	d	,		*	į
2	PART II. Other significant condition	a contribution to death by	4			+
S S	PART II. Other aignificant condition	s contributing to daeth bu	it not reaulting in th	a underlying cause given i	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED					1 □ YES \$\\$\\$\NO	OF DEATH?
₹						1 YES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)	
Sic				HER:		
. >-	EXAMINER?	HOSPITAL: 1X Inpetient 2 ER/Outpe		Nursing Home 5 - Rasidence	8 Other (Specify)	
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			Nursing Home 5 - Rasidence	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCU	RED
ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1X Inpetient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Rasidence 28c, INJURY AT WORK? 1 YES 2 NO	7	RED
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ☐ ER/Outpa 28e. DATE OF INJURY	28b. TIME OF INJURY	Nursing Home 5 Rasidence 28c, INJURY AT WORK? 1 YES 2 NO	7	
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1X Inpetient 2 ☐ ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specific	28b. TIME OF INJURY Af home, farm, street	Nursing Home 5 Residence 28c; INJURY AT WORK? M 1 YES 2 NO , factory, office	28d. DESCRIBE HOW INJURY OCCU 281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL CONTROL OF THE CONTRO	1X Inpetient 2 ☐ ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specificials)	28b. TIME OF INJURY Af home, farm, street	Nursing Home 5 Residence 28c; INJURY AT WORK? I VES 2 NO , factory, office	28d. DEŞCRIBE HOW INJURY OCCU 281. LOCATION (Street and Number or	Rural Route Number,
E COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL CONTROL OF THE CONTRO	1X Inpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specificials) CIAN: To the best of my knowle R: On the basic of axamination	28b. TIME OF INJURY Af home, farm, street	Nursing Home 5 Residence 28c; INJURY AT WORK? I VES 2 NO , factory, office	28d. DESCRIBE HOW INJURY OCCU 28f. LOCATION (Street and Number or City or Town, State) e to the cause(e) and manner ee stated e time, date end place, and due to the	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME OF INJURY Af home, farm, street odge, death occurred at end/or investigation, in	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office the time, data end placa, and du my opinion, death occured at the 29c. LICENSE NU D 16	28d. DESCRIBE HOW INJURY OCCU 28f. LOCATION (Street and Number or City or Town, State) e to the cause(e) and manner ee stated e time, date end place, and due to the	Rural Route Number,
E COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WHI	1X Inpetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specificials) CIAN: To the best of my knowle R: On the basic of axamination	28b. TIME OF INJURY Af home, farm, street odge, death occurred at end/or investigation, in	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office the time, data end placa, and du my opinion, death occured at the 29c. LICENSE NU D 16	28d. DESCRIBE HOW INJURY OCCU 281. LOCATION (Street and Number or City or Town, State) e to the cause(e) and manner ee stated e time, date end placa, and due to that IMBER 29d. DATE 5	Rural Route Number,

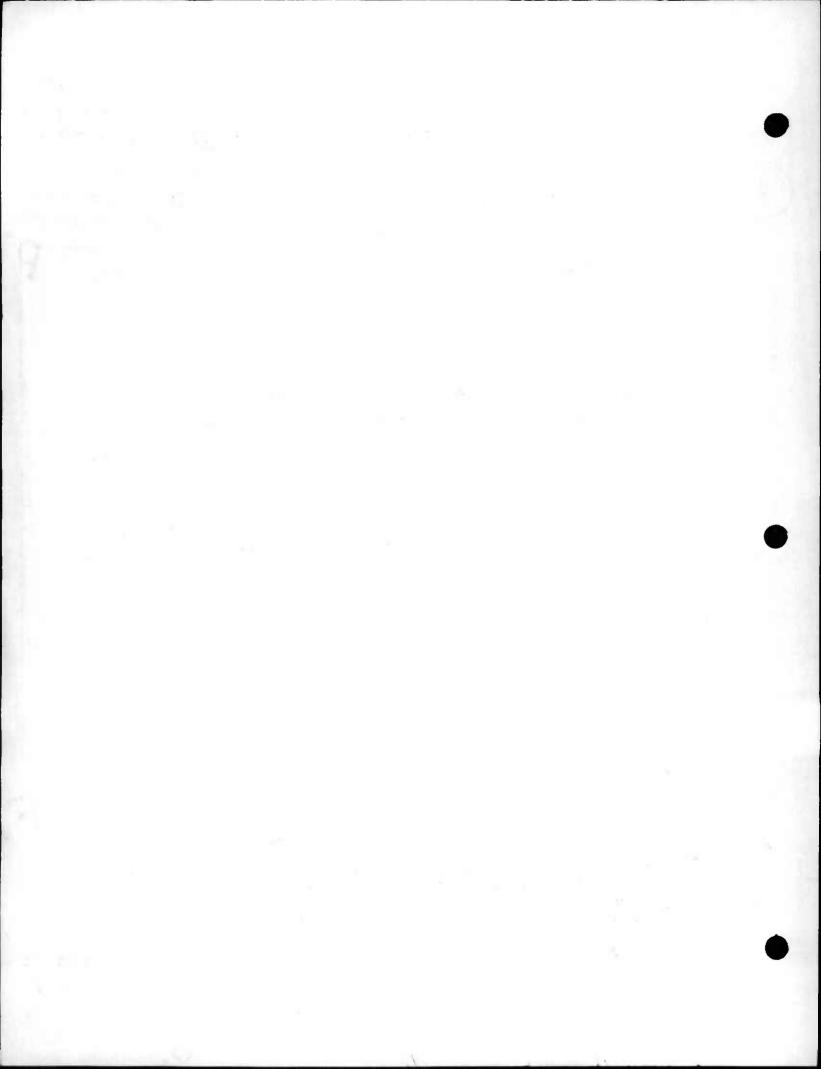
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 16 mile within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

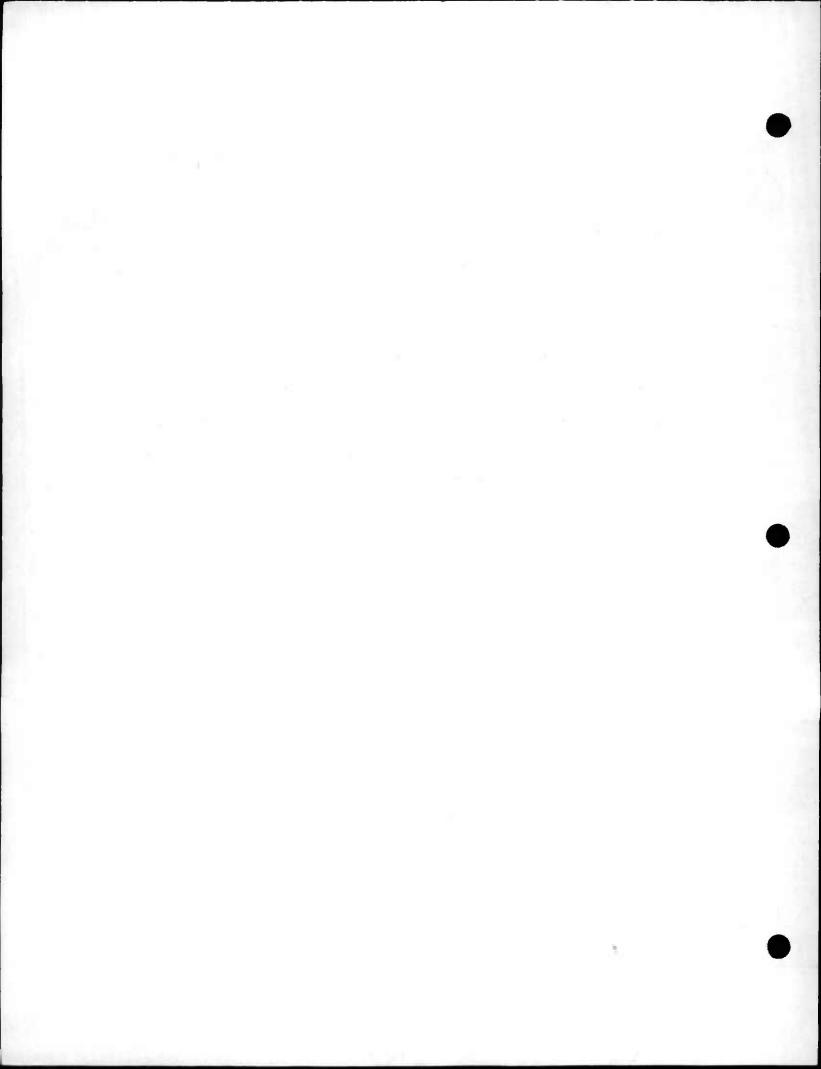
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
2	2	2	Σ
_	_	_	

	1 - STATE REGISTRAR	SIAIE UF A	MARYLAND	/ DEPAR	ICAT	T OF H E OF	DEAT	AND	MENT	TAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)								2. D/	TE OF DEATH			3. TIME OF DEATH	
	SEAN	T.	R	OCHE	Ε					10 h	AY 1	993	2:37 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		A BIRTH	IPLACE (State or Foreign	
	215-06-8792	1 💢 M 2 🗌 F	25	YRS.	MONTHS	DAYS	HOURS	MIN.	Αű	g 24 1	967	Was	h.D.C.	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b, CITY	. TOWN C	R LOCATION	ON OF D				INTY OF D		
Œ.	10671 GREEN M	OTINT'A TN	CIRC	T.F			LUME				30.000		ARD	
5	RESIDENCE OF DECEDENT	OUNTAIN	CINC	1111		- 00	LOM	TY			<u> </u>	пои	ARD	
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN		ION					10d. INSIDE CITY		
	Maryland Ho	ward		Co	olum	ıbia							LIMITS?	
AL	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?	
5	10671 Green Mo	utain C	ircle				2104	14-2	242	3	1	J.S.	A .	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N							or No—	No. 14. RACE — American Indian					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2X	™ O		If yes, sp	2 . NO	n, Maxica	ın, Puar	to Rican, etc.)		Speci	, White, etc.	
							X		•			Opoco.	Black	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. I	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N st of workin	ıa		16b. KIND OF BUS	SINESS/IN			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +		ife. Do NOT us	se retired.)	_								
울		5		Stud	lent					Colle	ge			
8	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Malden				
	Arthur S. Roch	ee					I	ori	LS .	L. Rob	erts	3		
2	19a. INFORMANT'S NAME (Type/Print)									umber, City or Town				
٦	Arthur S. Roch	ee		10671	L Gr	een	Mou	inta	lin	Cir.C	ol.I	/Id.2	1044	
- 1	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove	and down David	20b. PLAC	EANDDATE	OF DISPOS	ITION (Na	me of		D	ATE 20c. LO	CATION -	City or To	wn, Stata	
	4 Donation 5 Other (Specify)	vai from Stata	Rive:	remetory or o	ther place) Pa	rk (Crem	ato) TrV	4/21 R	ive	dal	e Md	
i	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	4-		22.	NAME AN	D ADDRES	S OF FA	CILITY	Hunt F	inei	al	Home	
	>+ 180 · 11	1 Atan	21			280	1 7+	:h S	: t: 1	N.E.Wa	gh I) (20017	
_	23. PART I. Enter the diseesea, or co	1 PVII	VU	_									20017	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONS		F):					-			Onset end Death	
HILL	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE OF	F):									
	PART II. Other significent conditions	contribution to	doeth hut oo		I - 4b									
PHTSICIAN: MEDICAL	ogmicon conditions	CONTRIBUTING TO	uestii but not	resulting	in the un	Iderlying	ceuse g	iven in	Part 1.	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Y I	25. WAS CASE REFERRED TO MEDICAL					26 81	ACE OF C	ATU 40:	and:	1				
ا ڏِ	EXAMINER?	HOSPITAL:			OTHER	1 :	ACE OF DE				_			
<u>"</u>	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		_				sidence		her (Specify)				
	1 Netural 5 Pending	(Month, Da		28b. TIM	E OF URY	28c. INJU WOI	RK?		28d. D	EŞCRIBE HOW II	JURY OC	CURED		
6	2 Accident Investigation		an all and a second		M .		ES 2	NO						
ובר	3 Suicide 8 Could not be detarmined	building,	FINJURY — At I	nome, larm, a	itreet, fact	ory, office			28f. LC	OCATION (Street a ty or Town, State)	nd Number	or Aurai A	oute Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:												and manner as stated.	
u II	296. SIGNATURE AND TITLE OF CERTIFIER	1 (29c. LICE	NSE NUN	IBER	1	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	Maht COMPLETED CAUS	MD E OF DEATH (IT	EM 27) (Type:	Print)		(OCM:	E		14	10	1993	
	DONALD G. WRIGHT 31. DATE FILED (MORTH, Day, Year)	MD	111	Pen	n St	ree	t, 1	3al	tim	ore, M	lary	land	21201	
	APR 2 1 199	32. REGISTRAT	ia Davids	on-Ran	dell									



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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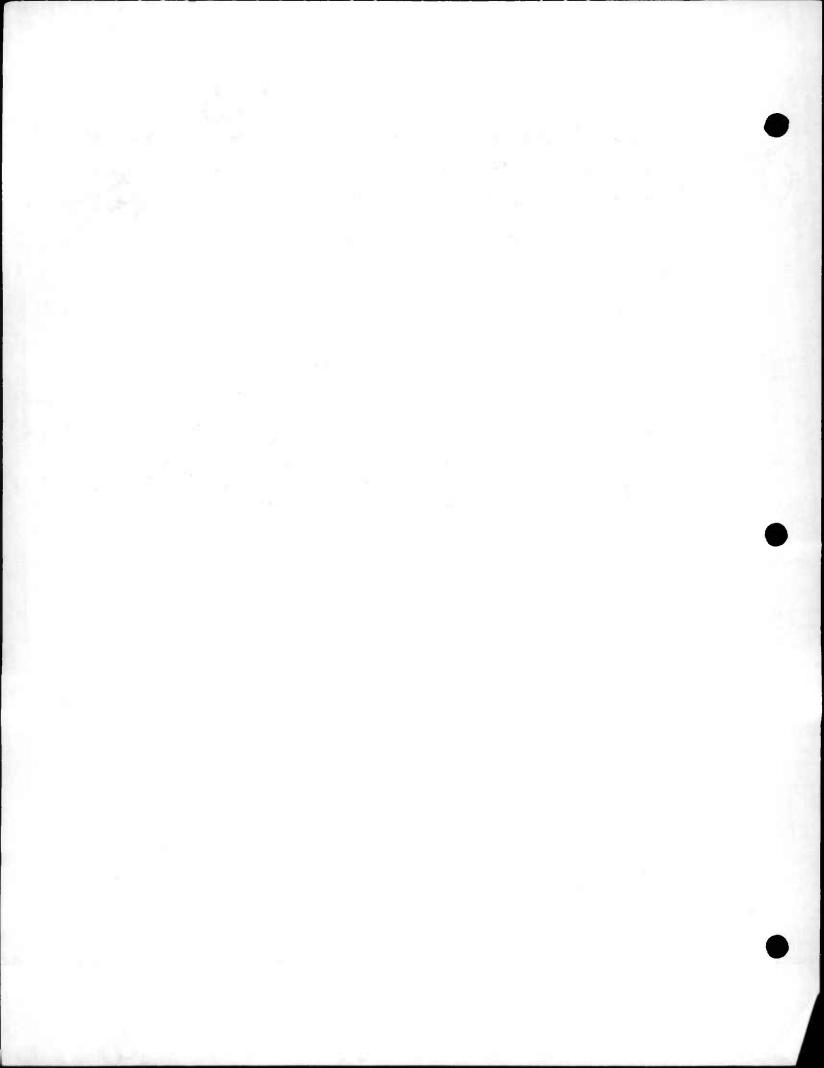
MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

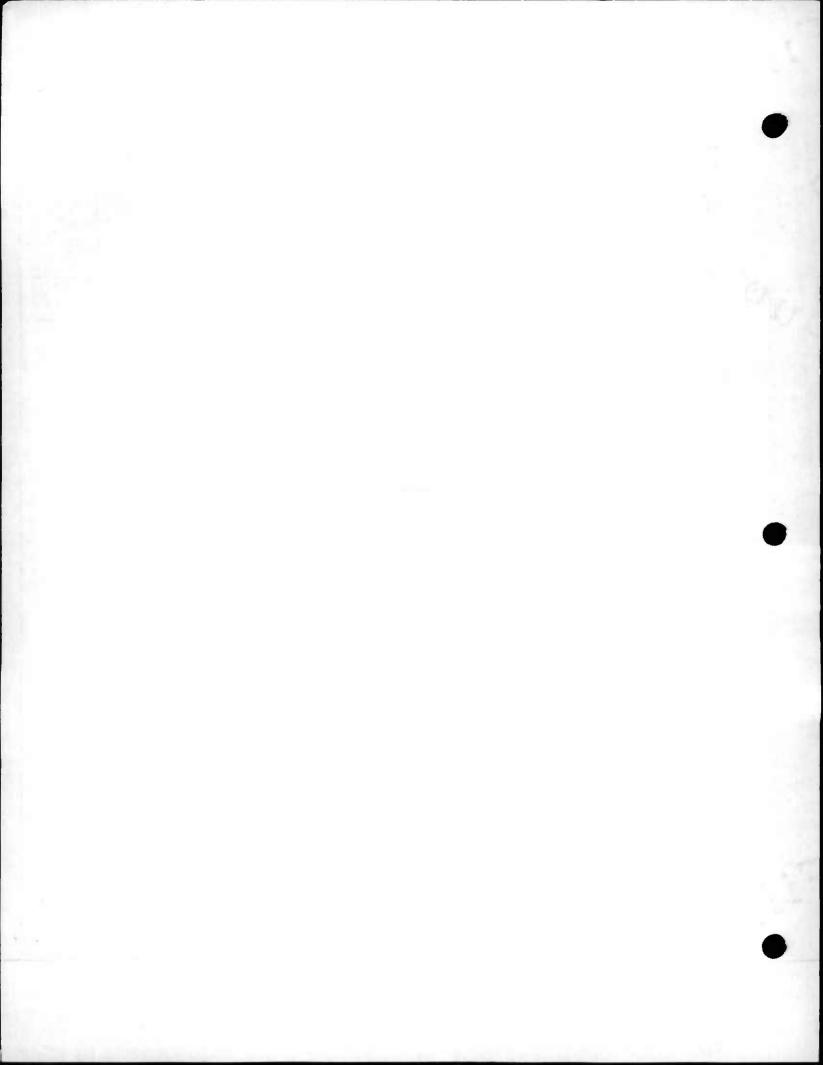
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIFIC	ALE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	HY V.	RUSSEL	11		2. DATE OF DEATH DO NOTH	4 93	3. TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER 578-24-6697 9a. FACILITY NAME (If not inatitution, give str	1 M 2 12	81 YRS.	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 6 - 12	Vi:	rginia	
TOR	SOUTHERN MARYLANDHOSPITAL CLINTON, Md PRINCE								
DIRECTOR	Md. Prin	ce George		adbury		te		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1823 Dewitt Av	/OCT 11 - 11 -		101.	ZIP CODE	LS		WHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DECE	20743	IIC ORIGIN? (Specify Yes	US		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES		If yes, spe 1 TYES	CE — American Indian, ck, White, atc. city: White				
E	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of work	done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 10 10. Division of Printing D.C. Gov't 17. FATHER'S NAME (First, Middle, Last) Population 18. KIND OF BUSINESS/INDUSTRY 18. KIND OF BUSINESS/INDUSTRY 18. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Last)									
8	17. FATHER'S NAME (First, Middle, Last)			0.000	16. MOTHER'S NAM	ME (First, Middle, Maiden			
BE	Benjamin F. Du	ınn				Adams			
5	Warren A. Russ		2100 B	rooks	Dr.,#4		tville,	Md.20747 -	
	20a. METHOD OF DISPOSITION 1	val from Stata cen	b. PLACE AND DATE OF E metery, crematory or other Cedar Hi	place) 11 Cem	4-17- neterv	- 93 Su:	cation - city or To	own, State 1013 Md •	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735								
	23. PART i. Enter the diseases, or co shock, or heart fellure. L	int only one course on	d the death. Do not	enter the mod	le of dying, such	as cerdiec or respi	retory errest,	Approximate	
	IMMEDIATE CAUSE (Finel	and only one cause on a	sacri iiire.					interval Between Onset and Death	
	disease or condition resulting in death)	DOE TO (OR AS	aNA /SE	FP(1/					
			,			· · · · · · · · · · · · · · · · · · ·			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS /	STIVE HEA	NOT FA	ILUNG				
PA	cause. Enter UNDERLYING								
Ė	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):						
H	resulting in deeth) LAST								
	PART II. Other eignificent conditions	contributing to death it	out not resulting in t	he underlying	ceuse given in i	Part I. 24a, WAS AN	AUTOPSY 246	b. WERE AUTOPSY FINDINGS	
EDICAL	DIATETE (ME	ELLITO/			A 10 10 10	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME	CORONARY DR	TERY DIVE	FA (IS			T T TES 2	- NO	OF DEATH? 1 ☐ YES 2 M NO	
ž			-7.13			_		1 769 2 9 110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
YSI	1 ☐ YES 2 ▼ NO	1 Vinpatient 2 - ER/Outp		THER: Nursing Home	5 - Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WOR	IRY AT IK? ES 2 NO	28d. OESCRIBE HOW IF	JURY OCCURED		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree city)	et, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
2 1	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, death occurred a	t the time, data a	and place, and due t	to the ceuse(a) and man	ner as stated.		
8		: On the besis of examination						e) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	20			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)	D381	29	4-13	5-97	
		7 ROAS, # 32. REGISTRAR'S SIGN 93 Fulia D			1 MD 2	25775			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 1	. 00					
	APR 2 0 199	JR Guhar	audson-nana	UC-					



	cian.	-transit permit.	
DALIIMORE, MARTLAND ZIZIS-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
LAND A	by the hospital or	be detached for	af once
IE, MAH	ay be retained	page 5 should	I he notified
AL INC	Jeath. Page 6 m	funeral director.	xaminer mus
	24 hours after (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If tem 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
,00700	executed within	and completely burial, cremat	natic event.
500.0	h certificate be	nding physician Hygiene prior to	or other traur
Division of VII At hecones, r.O. Box 50160,	s that the deatl	afth and Mental	any injury.
7111	The law require	ate Dept. of He	em 23 show
	NG PHYSICIAN:	fter this certificates at the State of the S	marked, or it
	AL OR ATTENDI	L DIRECTOR: AI 2 hours after de	f Item 28 is a
	TIYE HOSPITA	TO THE FUNERA	MPORTANT

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT OF H		NTAL HYGIENE REG. NO.	93	13932
	1. DECEDENT'S NAME (First, Middle, Last) James Cay Cay Rus			DATE OF DEATH	26 93	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3-78-3468 1 □ M 2 □ F 34		MOUTH NAME	DATE OF BIRTH (Month, Day, Year)	S. BIRT	NPLACE (State or Foreign try)
OR	9a. FACILITY NAME (If not institution, give street and number) 6618 Dam # 4 Rd.	96. CITY, TOWN C	OR LOCATION OF DEATI		9c. COUNTY OF I	DEATN
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	TON			10d. INSIDE CITY
	Maryland Washington 100. STREET AND NUMBER	Williams	OOTT		10g. CITIZEN OF	1 YES 2 NO
FUNERAL	6618 Dam # 4 Rd.		21795		USA	
B	11. MARITAL STATUS 1 \(\times\) Never Merried 2 \(\times\) Married 3 \(\times\) Widowed 4 \(\times\) Divorced 12. WAS DECEDENT EVER IN U.S. ARR FORCES? 1 \(\times\) YES 2 \(\times\) N IF YES, GIVE WAR OR DATES	O If yes, spi	ENDENT OF HISPANIC ocity Cuban, Mexican, F 2 X NO Specify:	ORIGIN? (Specify Yes (verto Rican, etc.)	or No— 14. RAC Blac Spec	E — American Indian, k, Whita, atc. White
COMPLETED	(Specify only highest grade completed) (GA	CEDENT'S USUAL OCCUPATION we kind of work done during mo Do NOT use retired.)	ON st of working	16b. KIND OF BUSI	INESS/INDUSTRY	
OMPL	17. FATHER'S NAME (First, Middle, Last)	Mechanic	Fra superior status		ling Pla	ant
BE C	James Cay Russe	ell,Sr.	Barba		ence S	Sanford
10	19ь. INFORMANT'S NAME (ТурьФРілік) James C.Russell,Sr.	7875 Fairpla				-
	1 △ Buriel 2 □ Cremation 3 □ Removal from State cemetery crem	ND DATE OF DISPOSITION (Na	me of	DATE 20c. LOC	ATION — City or To	The state of the s
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lawn Memorial P 22 NAME AN USBORN P.O.Bo	ark Apr.301 DADORESS OF FACILITY SE FUNERAL OX # 348 W	HOME		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desabed or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	TWOUND THE OFFIC		a cardiac or respira	atory arrest,	Approximate Interval Between Onset and Death
MEDICAL	PART II. Other significant conditions contributing to death but not re	esulting in the underlying	g cause given in Par	t I. 24e. WAS AN A PERFORM	ÆD?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? PS YES 2 NO NO SPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	ACE OF DEATH (Check			
B	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. DATE OF INJURY (Month, Day, Year) 4 26 PLACE OF INJURY — At hon building, etc. (Specify)	28b. TIME OF INJURY WO 1 U VO	URY AT 28 RK? /ES 2 X NO	d. DESCRIBE NOW IN. SELF 14 // I. LOCATION (Street an City or, Town, State)	icted gun	Shot wound Route Number, Wesh Co.
COMPLETED	29a. CERTIFIER (Check only bne) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deal medical examiner: On the basis of examination and/or in	ith occurred at the time, date				
H	296. SIGNATURE AND TITLE OF CERTIFIER L. 2004		29c. LICENSE NUMBER	R	29d. DATE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM H. N. Warls 58° No VILLA	Type, Print) Hue Hy	900 STOWN	1 red	1	
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE APR 28 1993 Lin Services Revocation					



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LTIMORE, MARYLAND 21215-0020	ath. Page 6 may be retained by the hospital or attending p	6
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DIRECTOR

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must be notified at once. examiner this certificate has been signed by the attending physician and completely filted in by the fur with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. medical the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 traumatic event, other t 6 any injury, shows : 23 Hem 6 marked, DIRECTOR: After the hours after death w 49 28 The III FUNERAL I MPORTANT 로프 223

CERTIFICATION

MEDICAL

PHYSICIAN:

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 26 Ruth 1993 Russell 4.00 Apr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or For DAYS HOURS 1 | M 2 | F 69 Mary land YRS. 217-26-1455 19 - 1929e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Towson Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington Maryland Hagerstown 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 716 Orchard Road 21740 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 YES 2 NO Specify: 3 Wildowed 4 Divorced white 15. DECEOENT'S EOUCATION (Specify only highest grade complete 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 Vears College (1-4 or 5 +) years years attorney law 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Hollinsworth Startzman Mildred Ella Sheelev 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susan Russell Walters 2636 N. Calvert Street Baltimore, Maryland 21218 20e. METHOD OF OISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Cedar Lawn Memorial Park 4/29 Donation 8 Other (Specify) Hagerstown, Maryland 21. STANATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART i. Enter the diseesea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate interval Between ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO Investigation 28e. PLACE OF INJURY — Al home, Ierm, street, lectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Dunareur 3066 26 93 30. NAME AND ADDRESS OF PERSON WEST SEASON OF THE SEASON O ERIRURANSKI, M.D. 5670 - B The Alameda 732. REGISTRATIMONE, MD 21239 APR 28 1993

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SIREESH K. TRIPURAMENI, M.D.
5670 - B The Alameda
BALTIMORE, MD 21230

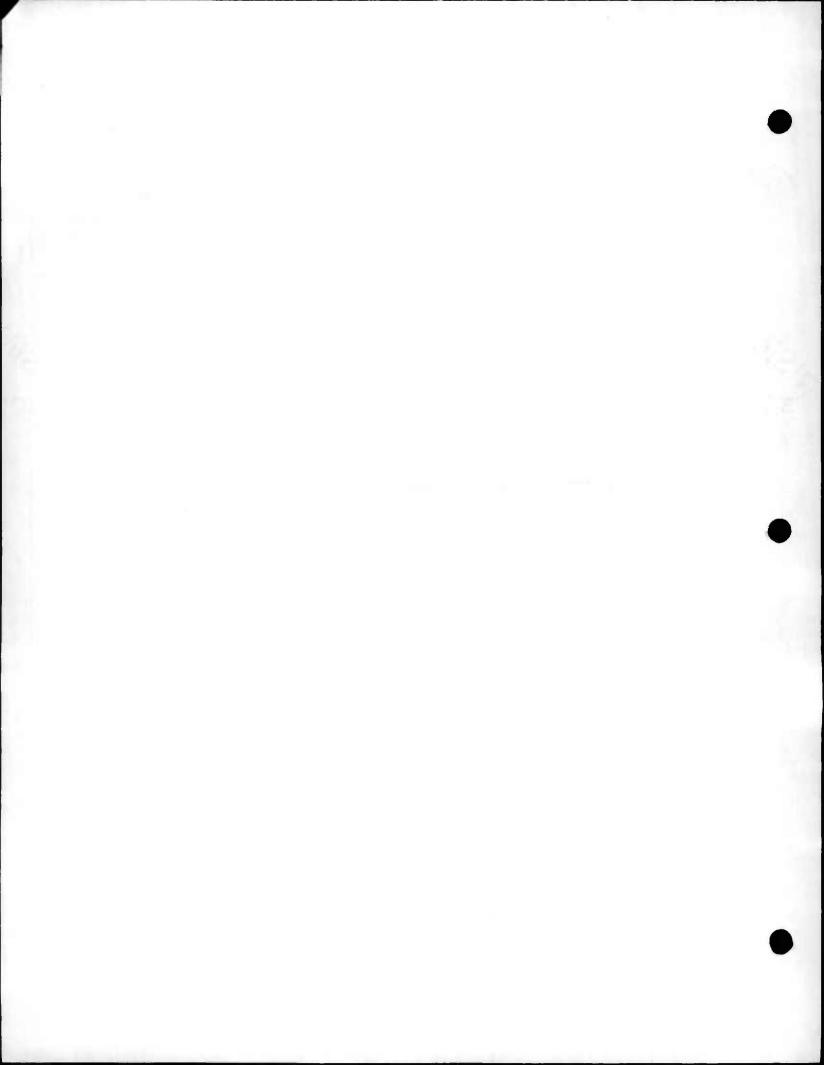
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, M	doid, Caloty	naror	u Leck	ron RO	ULKEK			MONTH	OF DEATH D	W	YEAR	3. TIME OF DEAT	~
	Hand		oh ter						64	_ 2	6	731	6:10	FM
	4. SOCIAL SECURITY NUMBER			AGE (In yrs. I		IF UNDER 1 Y		IF UNDER 24 HRS.		OF BIRTH , Day, Year)		8. BIRTHE	LACE (State or For	eign
ı	172-05-0854		1 📈 M 2 🗆 F	76 7	YRS.	MONTHS D	AYS	HOURS MIN.		0/16	- 1		yland	
	9a. FACILITY NAME (If not institu	ution, give stre	et and number)			9b. CITY, TO	O NW	R LOCATION OF DE			9c. COUN	ITY OF DE	ATH	
٣ ا	Western Maryl	land C	enter			Hager	st	own, MD	2174	2-3194	Wash	ninat	on.	- 1
5	RESIDENCE OF DECE	DENT									, mabi	11119		
#		Ob. COUNTY			10c, CITY,	TOWN OR U							10d. INSIDE CITY LIMITS? V	
۵	Maryland	wasn	ington			nage	_	town					1 YES 2	NO
₹ I	10e. STREET AND NUMBER						10f.	ZIP CODE			10g. CITIZ		HAT COUNTRY?	- 1
FUNERAL DIRECTOR	20320 Young	-					L	21742				USA		
5	11. MARITAL STATUS 1 Never Merried 2 Am		12. WAS DECEDENT FORCES? 1					ENDENT OF HISPAN			or No-	14. RACE Black,	 American India Whita, atc. 	n,
BY	3 Wildowed 4 Divorce		IF YES, GIVE WA	R OR DATES		1 [YES	2 NO Specify	<i>/</i> :			Specify	 hite	- 1
	16 DECED	ENT'S EDUCA	TION	140.5	DECEDENT'S L	ISUAL OCC	IDATIO	MA .	185	KIND OF BU	PINESS/IND		пте	
	(Specify only h	ighest grade co	ompleted)	100.0	Give kind of we	ork done duri	ng mos	st of working	1	KIND OF DO	SINCOS/IND	001111		- 1
7	Elamentary/Secondary (0-12	")	College (1-4 or 5+)		Sales					Busine	ee F	orme		- 1
COMPLETED	17. FATHER'S NAME (First, Midd	fle. Last)			bales	Siliaii		18. MOTHER'S NAI				OLIIIS		
	John W. Roh								Lec	_	,			- 1
B	19a. INFORMANT'S NAME (Type			1	96. MAILING	ADDRESS (S	treet a	nd Number or Rural F			n, State, Zip	Code)		$\overline{}$
2	Mary Ellen		-					un Ct. A					n. Md. 2	21742
				20b. PLAC				netery, crematory or	·F		CATION —			
	20a, METHOD OF DISPOSITION 1 ABurlal 2 Cremation 4 Donation 5 Other (S)	3 Remov	val from State	ROS	e Hil]	Ceme	ete	rv		Ная	erst	own.	Marylar	ıd
	21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE				_	D ADDRESS OF FA	CILITY				1 Home	
	1-2.	X/-	nn	44	1	/ 1	E 17	17/1						7/0
	000	11/	11/1	m			_	. Wilson		`				
	23. PART I. Enter the disc shock, or has		implications that lat only ona caus			ot enter th	e mo	de of dying, suci	h as card	liac or resp	iratory arr	est,	Approximation Interval B	
- 1	IMMEDIATE CAUSE (Final			1 2		2							Onset and	Death
- 1	disease or condition		-	1+0	64 C	120	40	c. 1 1/2	305	2			1	
- 1	reaulting in death)	a.	End	31-		_		<u>~</u>	-					
	reaulting in death)	a.	DUE TO (C	OR AS A CONS	EQUENCE OF			1 6	1					
NO			CU TO (C	OR AS A CONS	EQUENCE OF			r fei	- Lu					
ATION	Sequentially list condition	ns, b.	DUE TO (C	OR AS A CONS	EQUENCE OF	Hec		+ fei	-	· Dai	200			
FICATION	Sequentisily list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	ns, b.	DUE TO (OR AS A CONS	EGUENCE OF	Hec c	/ C_	t fei	lex	12	>ce	28 -		
TIFICATION	Sequentisily list condition if any, laading to immedicause. Enter UNDERLYIN	ns, b.	DUE TO (AS A CONS	EGUENCE OF	Hec c	/ C	t fei	lex	12	x	28 -		
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AL CERTIFICATION	Sequentisily list condition if any, leading to immedicause. Enter UNDERLYIN. CAUSE (Disease or injury that initiated events	ns, ate G c.	DUE TO (I	OR AS A CONS	EQUENCE OF	Hec c C				24a. WAS AF	AUTOPSY		WERE AUTOPSY F	
SICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G c.	DUE TO (I	OR AS A CONS	EQUENCE OF	Hec c C					AUTOPSY RMEO?		AVAILABLE PRIOR COMPLETION DF	то
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G c.	DUE TO (I	OR AS A CONS	EQUENCE OF	Hec c C				24s. WAS AF	AUTOPSY RMEO?		AVAILABLE PRIOR	TO
V: MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate G c.	DUE TO (I	OR AS A CONS	EQUENCE OF	Hec c C				24s. WAS AF	AUTOPSY RMEO?		AVAILABLE PRIOR COMPLETION DF (TO
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46	cuted within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	d completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,
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DIVISION OF VITAL RECORDS, F.O. BOX 13146,	BALLIMORE, MARTLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hos	leath. Page 6 may be retained by the hos
TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detach
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	xaminer must be notified at once.

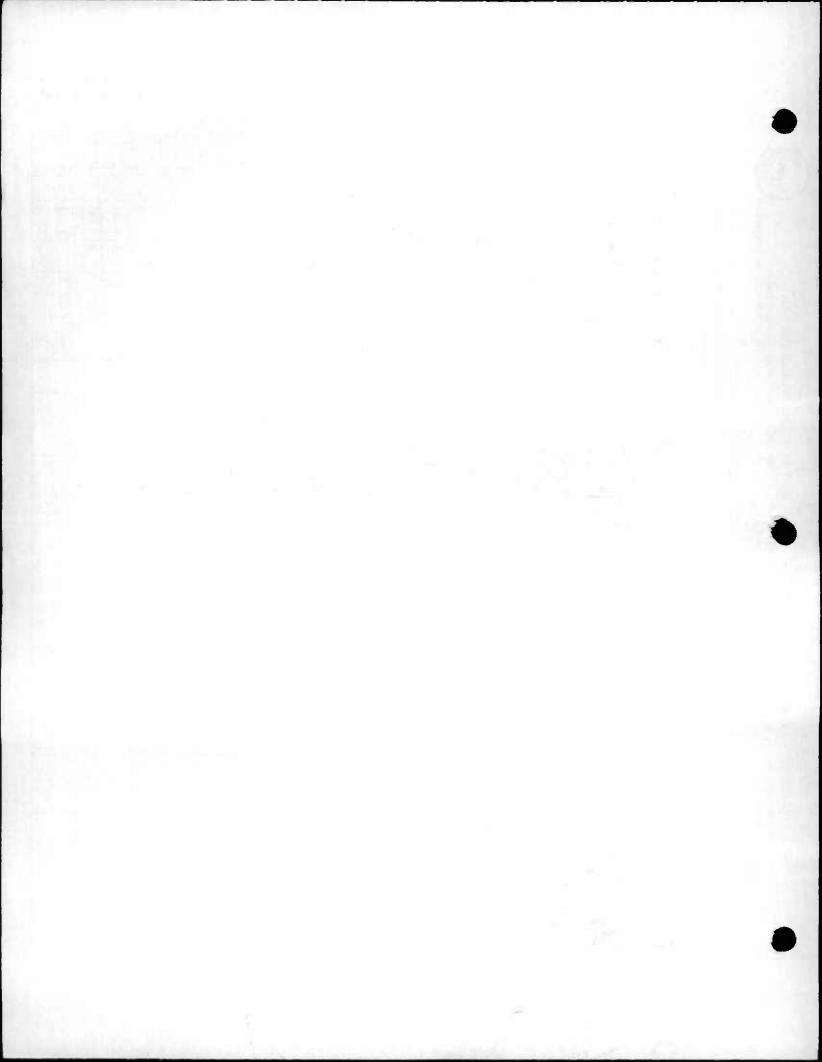
Michael

31. DATE FILED (Month, Day, Year) APR 26 1993

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10e. STREET AND NUMB							ZIP CODE			10g. CI1	IZEN OF	WHAT COU	ITRY?	_
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17. FATHER'S NAME (Firs							18. MOTHER'S NA			Sumame)				
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19a. INFORMANT'S NAM			1	96. MAILING	ADDRESS	S (Street an	d Number or Rural	Route Numbe	r, City or Tow	n, State, Zi	p Code)			
Robert H.	. Rolli	rs,II		19307	⁷ Man	ion C	hurch R	d. Boo	onsbo.	ro, MI	21:	713		
20a. METHOD OF DISPO	SITION		20b. PLACE	E OF DISPO	SITION (Ne	me of cem	etery, crematory or		20c. LC	CATION -	City or T	own, Stata		
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29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) Michael J. Milanust

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 041667 93 McCorneck Ho we MP. 217 1799

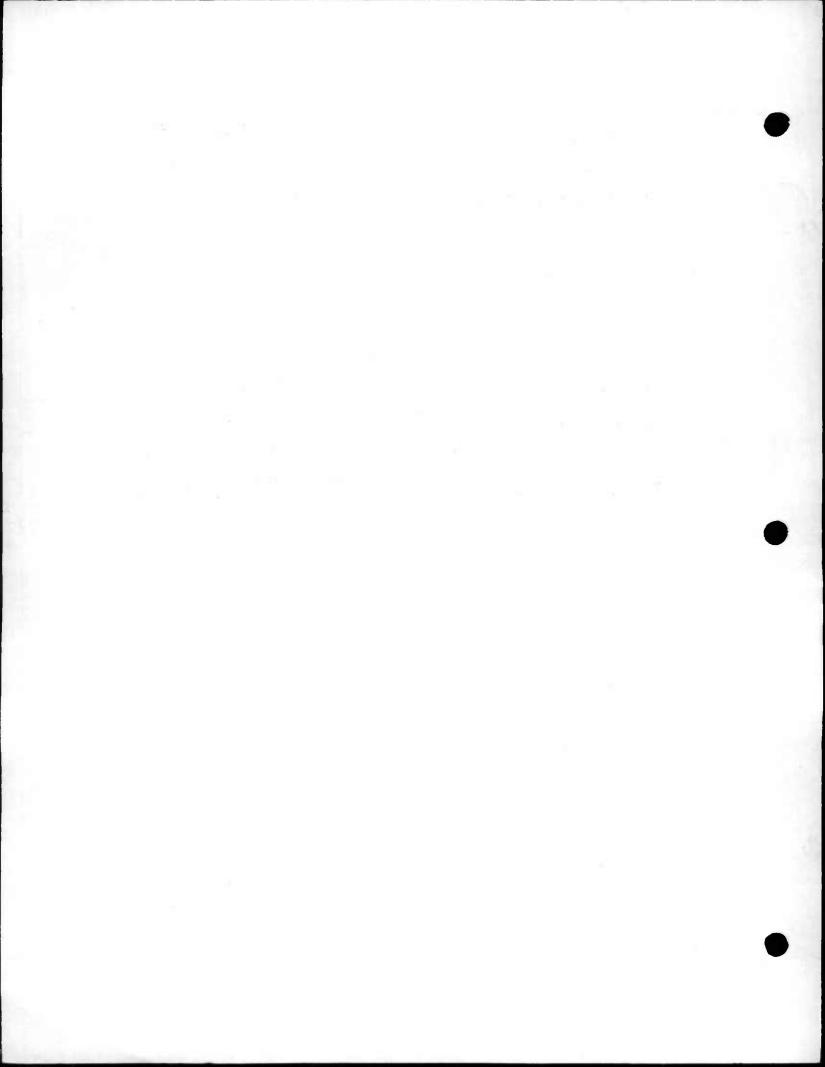


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

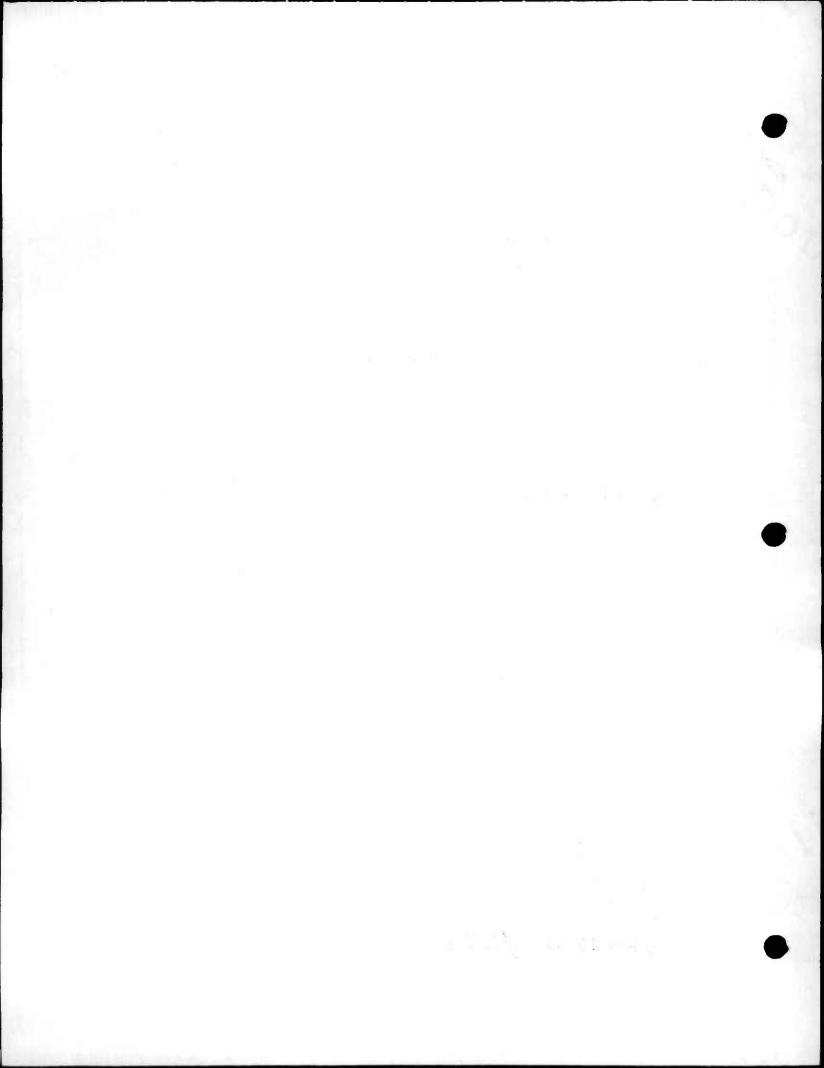
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, Leel) 2. DATE OF DEATH MONTHIL 19 ^{AY} , 1993 YEAR 11:59 P.												
	4. SOCIAL SECURITY NUMBER 152-54-918	31	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIT (Month, Day, May 2	TTH (6, 1909	B. BIRTHPLACE (State Country), 1909 New Jerse	
TOR	90. FACILITY NAME (If not in Washington RESIDENCE OF DEC			tal		l		or location stown			9c. C	OUNTY OF	oeath ngton
FUNERAL DIRECTOR	MD	Wash	ington			ry, town on Location agers town							10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 21136 Leit	tersbw					101. ZIP CODE 10g. CITIZEN OF W USA					WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced					If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:					E — American Indian, ik, White, etc. :://y: :::::::::::::::::::::::::::::::		
COMPLETED	(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) HOMEMO					S USUAL OCCUPATION Work done during most of working see relified.) 16b. KIND OF BUSINESS/INDUSTRY HOME					WIDEC	
BE CON	17. FATNER'S NAME (First, Middle, Last) HOWARD F. DOLLOW 18. MOTHER'S NAME (First, Middle, Melden Surneme) Sadie W. Lloyd												
TO E	190. INFORMANT'S NAME (TyperFrint) Joan R. Working 190. MAILING ADDRESS (Street and Number or Aural Advise Number, City or Town, State, Zip Code) 21136 Leitersburg Pike Hagerstown, MD 21742												
	20a. METNOD OF DISPOSITI 1 Burlel 2 Crematio 4 Donation 5 Other 21. Signature of FunERA	(Specify)		20b. PLACE A Cametery, ore Smith	MD DATE	thar place)	emat	ory a		-93	Smiths		
	ton	nis /	Ento	in		22.				al Home wry Ave		hs bur	g,MD 21783
	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	mart fallura.	complications the List only one cau	t caused the da se on each line MONION (OR AS A CONSEC	ouence of	not antar	tha mo	da of dyl	ing, aucl	h as cardiac o	r reapiratory	arreat,	Approximate interval Between Onset and Deatl
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting DIABETES MELLITUS HYPERTENSION						dariyin	g causa g	given in		MAS AN AUTOPS PERFORMED? YES 2 100	24k	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	EB/Outputies 2		OTHER	t:			ock only one)			
ву РНУ:	27. MANNER OF DEATN 1 Netural 5	Pending Investigation	28e. DATE OF (Month, D.	INJURY	28b. TIM		28c. INJ WO			8 Other (Special Speci		OCCUREO	
- 10	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, st building, stc. (Specify)					treet, fect	ory, offic			28t. LOCATION City or Town	OCATION (Street and Number or Rural Route Number, Play or Town, State)		
COMPLETED			CIAN: To the best of R: On the basic of as										e) end manner se stated.
TO BE (Panch V	0P1	Brady	Sd. n)		29c, LICE	NSE NUM	18ER 792	29d. D	ATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF 1799 HOW 31. DAYE FILEO (Month, Day,)	ELI /	25.	HAGE	27) (Type,	Print) 7	Ar N	TELK	TAR	SK BR	ANFO	ORD,	MD
	APR 16 199	33	Jan Dande	R'S SIGNATURE	-				-				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR			:KIII	CALL	: UF	DEAL	H	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	CATHERINE SIMMON	S ROPER							APRIL			10:00 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthdey)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8 BIRT	HPI ACE (State or Foreign	
	579-48-7169	1 🗌 M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCH" IO	,1903	1903 WASHINGTON, DC		
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
NO.	9910 DERBYSHIRE	LANE			BETHESDA MONTGOMERY						MERY		
5	RESIDENCE OF DECEDENT												
E	10a. STATE 10b. COUNTY			, TOWN O		TION					10d. INSIDE CITY LIMITS?		
0	MARYLAND MONTGOMERY				BETHESDA							1 YES 2 NO	
3AL	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CITIZEN OF WHAT			WHAT COUNTRY?	
ij	9910 DERBYSHIRE						2	0817	.7 USA				
5	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	ARMED 13. WAS DECENDENT OF HISPAN				NIC ORIGIN? (Specify Yea or No - 14. RA			E — American Indian, k, Whita, etc.		
BY FUNERAL DIRECTOR	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES ZX☐ NO Specify: Speci						elfy:		
	21											WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(GA	CEDENT'S	ork done d	CUPATIO	ON ast of working	g	16b. KIND OF E	USINESS/IN	IDUSTRY		
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)			T use retired.)								
Σ	12		HOL	TEMAN	EMAKER								
	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Middle, Maid	n Sumame)			
BE	BENJAMIN S.	SIMMO							RINE R.		RPHY		
6	19a. INFORMANT'S NAME (Type/Print)								loute Number, City or 1				
		PER	9	9910	DERB	YSH	IRE I	ANE	, BETHESD	A, MD	208	17	
	20a. METHOD OF DISPOSITION 1 M Burlat 2 □ Cremation 3 □ Ramo	val from State	20b. PLACE A							OCATION -	- City or To	own, State	
	GATE OF HEAVEN CEMETERY 4/30 SILVER SPRING, MD												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD									HUTY	DAT II	OME	TNC	
									P. MD 20901				
23. PART Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiec or respiratory errest,													
	anock, or neart failure. L	ist only one cause	on each line.		ot officer	110 1110	da oi dyii	ny, auci	I de Calolec of les	buatory e	rrest,	Approximata Intarval Batween	
	IMMEDIATE CAUSE (Fine) disease or condition												
	resulting in death) - a. MCOVIVE (BAR) TA)(UPR												
	DUE TO (OR AS A CONSEQUENCE OF):												
O	Sequentially list conditions, Is Ischemic Heart Deserve												
CERTIFICATION	of any, leading to immediate cause. Enter UNDERLYING												
일	CAUSE (Disease or Injury C.	DHE TO (O	DUE TO (OR AS A CONSEQUENCE OF):										
Ē	thet initiated events resulting in death) LAST	DOE 10 (0	H AS A CONSEC	UENCE OF):								
5	d												
1	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
EDICAL	PERFORMED? AMILABLE PRIOR TO ONLY EXPRESS OF THE PRIOR TO ONLY EXPRESS OF												
									1 □ YES	2 📑 110		OF DEATH?	
Σ	ASPIRATION PAULEMONIA												
AN	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ck only one)				
YS.		1 Inpatient 2 E		DOA	4 - Nursi	ng Hom		idence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Neturet 5 Pending	28a. DATE OF IN (Month, Day,	IJURY Year)	26b. TIME INJU		28c. INJ WO	URY AT RK?		28d. DESCRIBE HOY	INJURY O	CCURED		
B	2 Accident Investigation				M		'ES 2 🗌	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF 1 building, etc	INJURY - At horr c. (Specify)	ne, term, st	reef, facto	ry, offici			281. LOCATION (Street City or Town, State	t and Numbe	or Rural I	Route Number,	
	4 Homicide determined								,	-,			
2	29a. CERTIFIER Check only	IAN: To the best of m	y knowledge, desi	th occurred	st the tin	ne, deta	and place,	end due	to the cause(a) and m	anner aa st	ited.		
COMPLETED) and manner as stated.	
	250. SIGNATURE AND TITLE OF CERTIFIED	/											
BE	1 /////	1100.					29c. LICE	TOE NUM	DEN A	29d. DA	IE SIGNED	(Month, Day, Year)	
유	AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH ATOM	27) /5	Ourine)			160/	0		4	8-73	
	/_ /_ /									_			
	THOMAS J. MCNAMAR 31. DATE FILED (Month, Day, Year)	A MD 56	bUZ SHI	ELDS	DRIV	Έ,	BETHE	ESDA	, MD 2081	/			
	APR 3 0 1993	Julia J	avidson-	Produce	2_								
1	V 11 11 V V 199	11 /	(ACD) \	- land									



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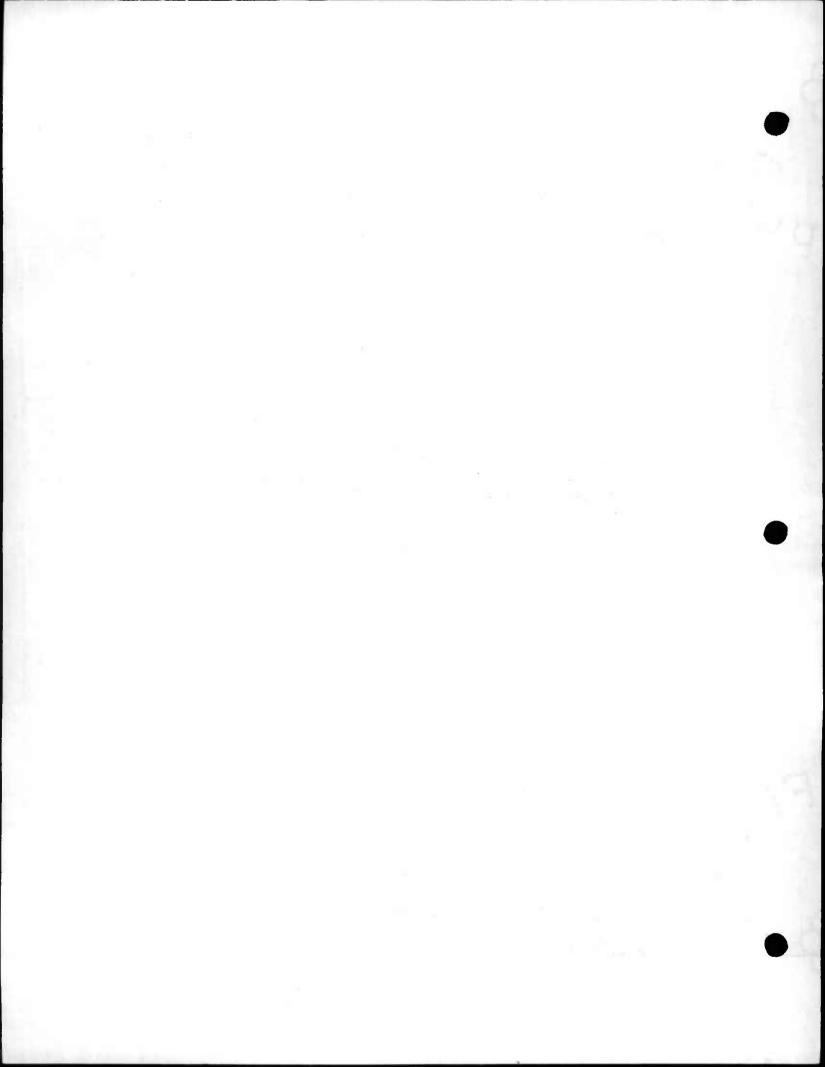
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
Dorothy M. Rose	ncrafice				APRIL 22						
			UNDER ! YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign				
578-50-9644 9a. FACILITY NAME (If not institution, give stre		54 YRS.		R LOCATION OF OE	August 2,1		hington, D.C.				
PRINCE GEORGE'S HO	SPITAL CENT	ER	CHEVER	LY		PRINCE	GEORGE'S				
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON		tod. INSIDE CITY					
Maryland Prince	Georges	Cheve		ZIP CODE		40- OTITEN O	LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
2308 Cheverly Ave	nue			00000							
	12. WAS DECEDENT EVER IN	U.S. ARMEO	13, WAS DEC	20785	IC ORIGIN? (Specity Yea	US Or No. 14 B4	ACE — American Indian,				
1 Never Married 2 X Married	FORCES? 1 YES	2.6. NO	If yes, spe	city Cuben, Mexican 2 NO Specify.	n, Puerto Rican, atc.)	Bi	ack, White, etc.				
3 Wildowed 4 Divorced				· A no openy.		, sp	White				
15. DECEOENT'S EDUCA (Specify only highest grade or	TION empleted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATIO	N It of working	16b. KIND OF BUS	SINESS/INDUSTRY					
	College (1-4 or 5+)			•							
12. 17. FATHER'S NAME (First, Middle, Lest)		Office M	lanager			ance Bu	siness				
Llewellyn Price					ME (First, Middle, Maiden	Sumame)					
19a. INFORMANT'S NAME (Type/Print)					McDonald						
Danny Rosencrance					Ola case and		7.0.5				
20a. METHOD OF DISPOSITION				everly Avenue Cheverly, MD. 20785							
1 M Buriel 2 Cremation 3 Removal from State Commercial Control of the place 20c. Location - City or Town, State											
21. SIGNATURE OF FUNERAL SERVICE-LICES	4 /	ate of Hea	22 NAME AN	D ACCORDED OF FAC	HITV	-	ring, MD.				
► X/6,0, N	4.0.1.		Hines-	-Rinaldi	Funeral H		20904				
/ nuly NX	maan		11800	New Hamp	oshire Ave	. Silve	r Spring, MD.				
23. PART i. Entar the diseases, or co ehock or haert failure. Li	mplications that caused at only one cause on ea	the death. Do not sch line.	anter tha mod	ia of dying, such	ss cardlec or respi	ratory srrest,	Approximate Interval Batween				
IMMEDIATE CAUSE (Final disease or condition	0.	n.	. 1	1			Onset and Daath				
resulting in death) a.	pran	CONSEQUENCE OF:	nk	~							
	mill	PONSEGUENCE OF):	40	0-		0					
Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF);	110	1000	any	-					
cause. Enter UNDERLYING CAUSE (Disease or injury							1				
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
resulting in death) LAST											
PART II. Other eignificent conditions	contributing to death be	ut not resulting in t	he underlying	cause given in I	Part I. 24a, WAS AN	ALITOBEY 1	4b. WERE AUTOPSY FINDINGS				
			underlying	Cadae given in r	PERFOR	MED?	AMRABLE PRIOR TO COMPLETION OF CAUSE				
					1 YES 2	□ NO	OF DEATH?				
					-		1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26 PL	CE OF DEATH (Che	ck only one)						
	IOSPITAL:		THER:	5 Residence							
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	F 28c. INJU	RY AT	28d. DESCRIBE HOW II	JURY OCCURED					
1 Natural 5 Pending 2 Accident Investigation	M 1 VES 2 NO										
3 Suickée 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number											
4 Homicide determined	Something, stat (Spoot	.,,,			City or Town, Stele)						
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA											
							e(a) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Marrie Date Signed (Marrie Date										
Valeren M.D. D30318 1 1/13/93											
30. NAME AND ADDRESS OF PERSON WHO	1/4 \/ 1										
1. P.G. 1	tospe	las				(7)	*				
31. DATE FILED (Month, Day, Jear) 32. BEGISTRAR'S SIGNATURE											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

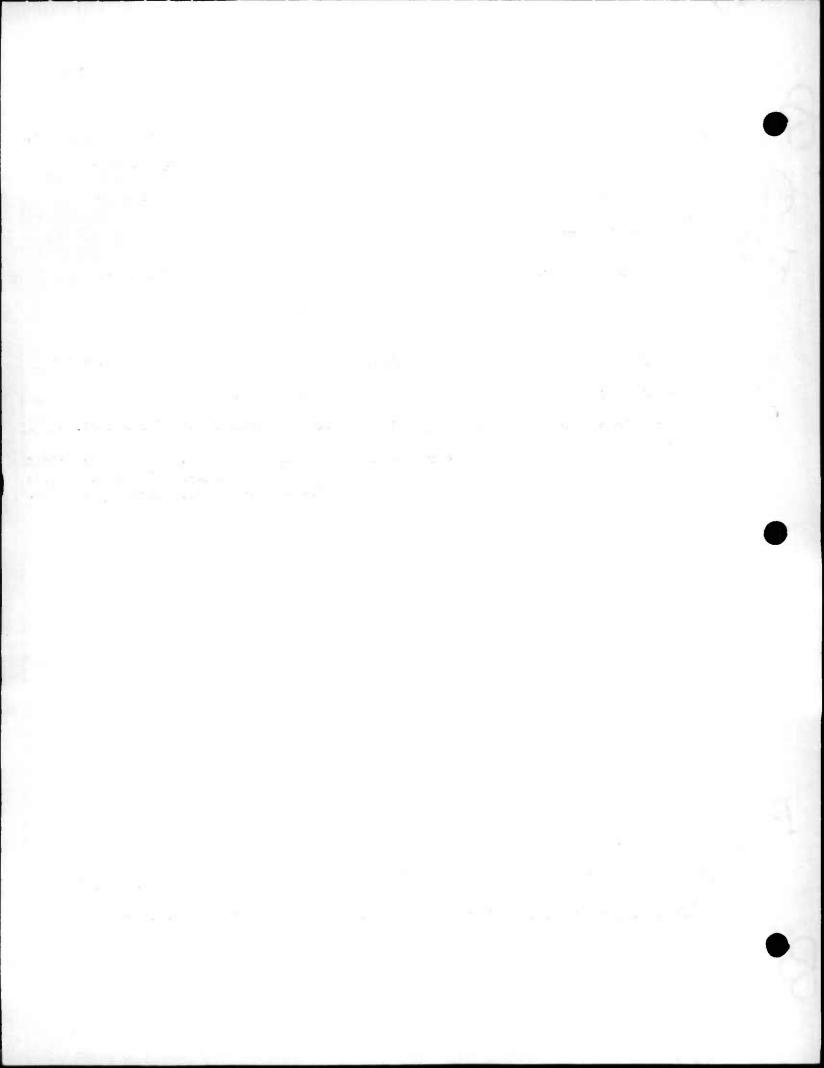
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-trans removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

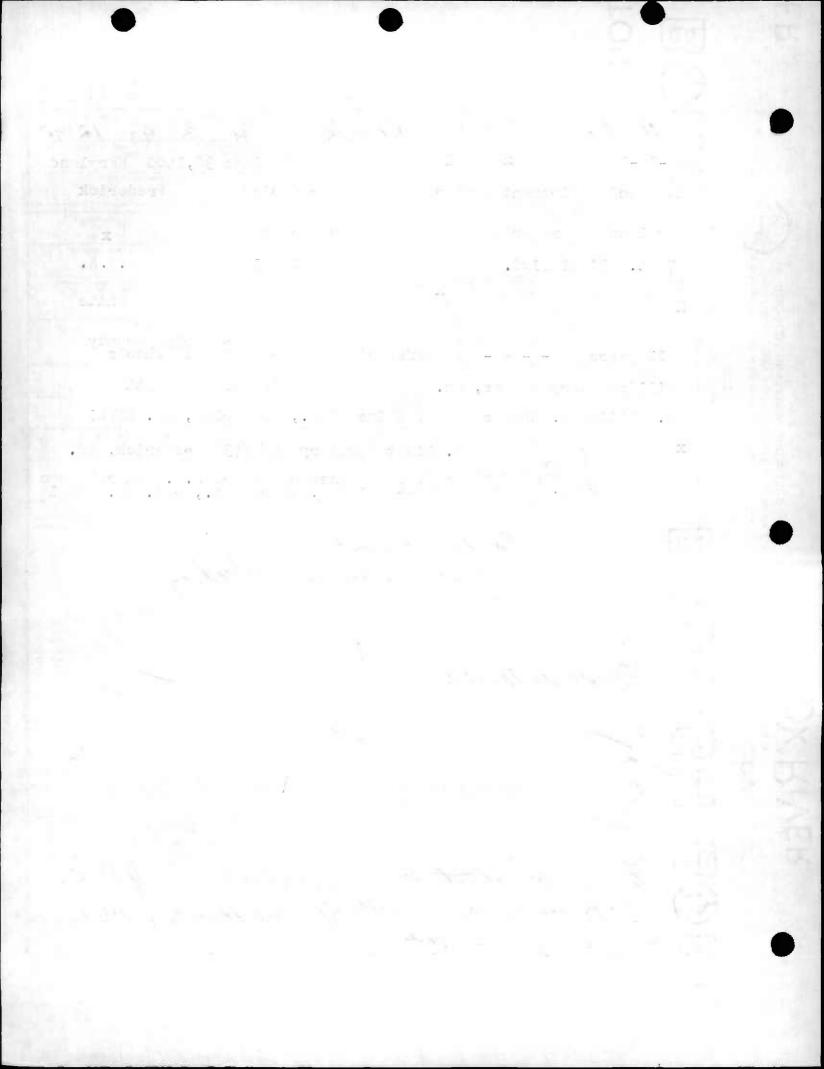
	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				0. 02.		2. DATE OF DEATH		3.	TIME OF DEATN	4	
į,	Mary	Kathryn I	Ritger				April 22		YEAR 1	11:45	A _M	
10	4. SOCIAL SECURITY NUMBER	1 1	GE (In yrs. lest birthday				7. DATE OF BIRTH (Month, Day, Year)			CE (State or Fore		
- 1	313-05-7743	1 🗆 M 2 🔀 F	78 YRS.	MONTHS	DAYS HOURS	MIN.	Dec. 1, 1		Illin			
œ	96. FACILITY NAME (If not institution, give				TOWN OR LOCATI		EATH	9c. COUNT	TY OF DEATH	4		
5	9703 Merwood Lai	1e		Si	lver Spi	ring		Mont	Montgomery			
DIRECTOR	Maryland Monts	y gomery			R LOCATION Spring			10d. INSIDE CITY LIMITS? 1 YES 2 M NO			40	
	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?				
띮	9703 Merwood Lar	ie			20901			United Stat				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES 2 W IF YES, GIVE WAR OR DATES			IED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify.)					re or No— 14. RACE — American Indian, Black, White, atc. Specify: Caucasian			
	15. DECEOENT'S EDU	15. DECEDENT'S EDUCATION 16e. DEC					CEDENT'S USUAL OCCUPATION 16b. KIND OF BI					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Give kind o	work done of	furing most of worki	Legal	SINESS/INDO	SIRI					
鱼	12	College (1-4 or 5+)	Secre	tarv			Vetera	ns Adm	inist	ration		
8	17. FATHER'S NAME (First, Middle, Last)	18. MOTNER'S NAME (First)								Lacion		
BE (Charles Hyde						lpin					
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	Anne Ritger Doug	lass (Daug	hter)	9806	Cottrel1	Ter	race Silv	er Spr	ing,	Md. 20	903	
	20a. METNOD OF DISPOSITION 1 September 2 □ Cremation 3 □ Rem	TION (Neme of	emetery 4-26-93 E. Orange, New Jersey									
	4 Donation 5 Other (Specify)	CENSEE	<u>Holy Sep</u>	ulchr	e Cemete	ry 4	<u>-126−93</u> E	. Oran	ge. N	ew Jer	sey	
	11/15	2/					Hines-	Rinald	i Fun	eral H	ome	
	· 40)	Me	_				shire Ave			ring,	Md.	
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause or List only one ceuse or	sed the deeth. Do seech line.	not anter	the mode of dy	ing, suci	h as cerdiac or resp	iratory arres	st,	Approximet		
	IMMEDIATE CAUSE (Final disease or condition		- 0.	- 1 -	_ (2	0		[Onset and		
	disease or condition resulting in death) e. Cler dis bos culer De Seave											
_	The second of th											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								-		-	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
TE	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE	OF):								
Ä	resoluting in death) CAST	d										
CAL	PART II. Other algnificent condition	ne contributing to death	but not resulting	in the un	derlying ceuse	given in	Part I. 24s. WAS AN		24b. WEF	RE AUTOPSY FINE	DINGS	
							1 TYES :	1000000	COM	ILABLE PRIOR TO PLETION OF CA		
Ä								M III		DEATH?		
ä										, , , , , , , , , , , , , , , , , , , ,		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. PLACE OF D	EATN (Che	ock only one)					
YS	1 YES 2 NO	1 Inpatient 2 ER/O	utpatient 3 🗆 DOA	4 Nurs		sidence	6 Other (Specify)					
표	27. MANNER OF DEATH XX Natural 5 Pending	26e. DATE OF INJUR (Month, Day, Year		ME OF	28c. INJURY AT WORK?		28d, OEŞCRIBE HOW	NJURY OCCU	RED		\neg	
B∀	2 Accident Investigation			М	1 YES 2	NO						
TED	3 Suicide 6 Could not be 4 Nomicide determined	building, atc. (S	RY — Al home, ferm pecify)	streat, facto	ry, office		281. LOCATION (Street City or Town, State)	end Number or	Rural Route	Number,		
COMPLET	29e. CERTIFIER (Check only	ICIAN: To the best of my kn	owledge, death occur	red at the tir	me, date end place	, and dua	to the ceuse(a) end me	nner se stated	V			
O		R: On the basis of examina								manner ee stel	ted.	
	296. SIGNATURE AND TITLE OF CERTIFIC					ENSE NUM	IBER (C			nth, Day, Year)		
D BE	son o	Sall	- m	>	Di	8	546			, 1993	- 1	
5	30. NAME AND ADDRESS OF PERSON WH										\dashv	
	John F. Tauber, M		isconsin	Ave.	Suite#3	18 B	ethesda, N	1d. 20	814			
	31. DATE FILED (Month, Day, Year)	Jul 32 JEGISTON SI	ganne						-		\neg	
	APR 27 1993	1									- 1	



31. DATE FILED (Month,

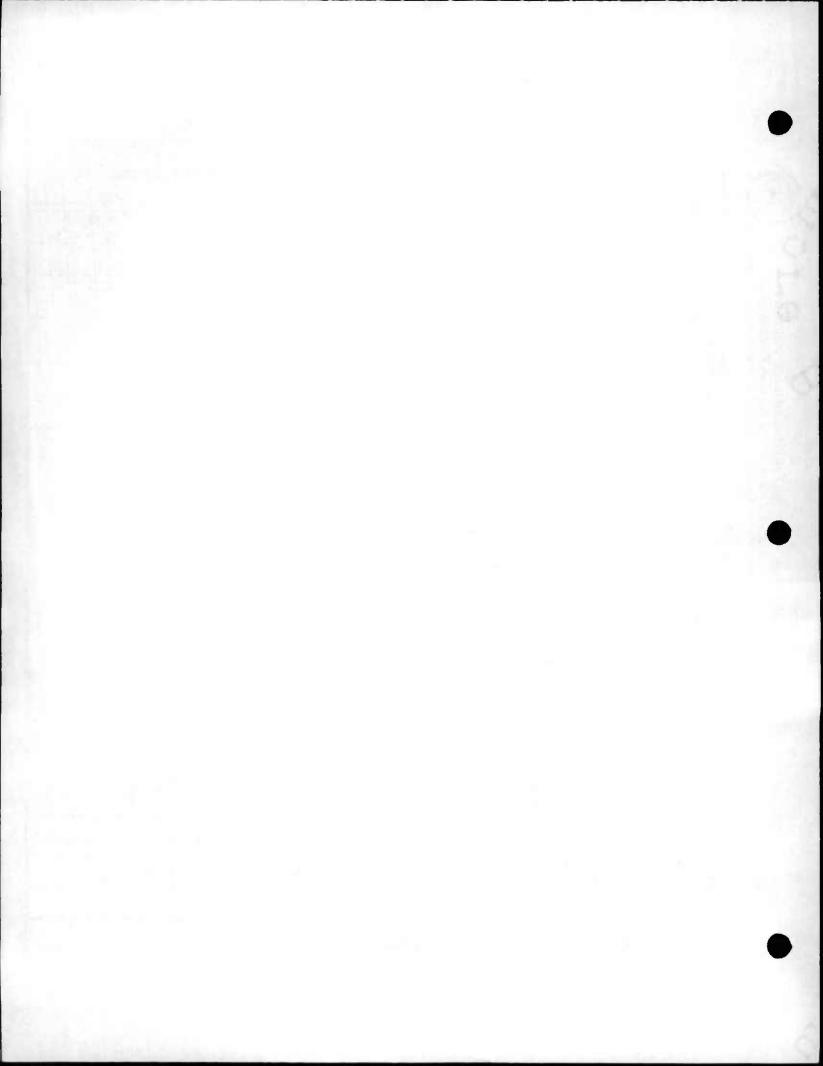
1993 Dey,

ł	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFIC				GIENE G. NO.	93 13940			
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas	R	hoad	5	2. DATE OF DE	DAY	YEAR 3. TIME OF DEATH			
	0 - 10	SEX 9 AGE (In)		UNDER 1 YEAR	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, June	30,1900	BIRTHPLACE (State or Foreign Country) Maryland			
E C	9a. FACILITY NAME (If not institution, give stree Homewood Retire		o. CITY, TOWN	Freder:	ATH	9c. COUN	9c. COUNTY OF DEATH Frederick				
DIRECTOR	10a. STATE 10b. COUNTY	ederick	10c. CITY, T	OWN OR LOCA	rederick	\$		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	7 Mt. Olivet H	Blvd.		10	217	01	10g. CITIZI	U.S.A.			
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2. NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxican 2 NO Specify	olfy Yea or No 1	as or No— 14. RACE — American Indian, Black, White, atc. Specific 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
APLEIED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12) 11 years	Give kind of work life. Do NOT use re Cafet	done during me etired.)			of Business/INDU derick lic Sch					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Henry	William Henry Thomas, Sr. Effie Susan Hargett									
2	Mr. William S.	Rhoads	8 K1	ine B	and Number or Rural F	Route Number, City rederi	or Town, State, Zip o	21701			
	20s. METHOD OF DISPOSITION 1 Burlel 2 Greenation 3 Name of 4 Donation 5 Other (State)	of from State 20b. F	PLACE AND DATE OF	other place)	tery 4,	Ale A	Freder	ity or Town, State			
	21. SIGNATURE OF FUNGAL REPVICE LICEN ROBERT W	Heren	100652	Keer		asford		uneral Home Md. 21701			
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		h lina.	enter the mo	ode of dying, suci	h as cerdiec o	reepiratory erre	Approximate interval Batween Onset end Death			
HILLCALION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE. Disease or injury.										
ш	that initiated eventa resulting in daeth) LAST	DUE TO (OR AS A C	ONSECUENCE OF):								
N: MEDICAL C	PART II. Other significent conditions Step a	contributing to deeth but	not resulting in	the underlyin	g cause given in		MAS AN AUTOPSY PERFORMED? YES 2 HO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN		HOSPITAL:		THER:	LACE OF DEATH (Ch		M)				
РНУ	27. MANNER OF DEATH 1 Autural 5 Pending	28n. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN	JURY AT DRK? YES 2 NO		HOW INJURY OCC	URED			
TED BY	2 Accident A	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, atre	et, factory, offi	D0	28f. LOCATION City or Town		or Rural Route Number,			
COMPLE	anal anal	AN: To the best of my knowled On the besia of axamination						od. o cause(a) and manner as stated.			
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	fronte	Lini)	29c. LICENSE NUI	783	29d. DATE	4/3/53			
-	30. NAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type Pr	rint)				///			



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The second secon	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the contract of the transmission of the medical available mission to
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	1 - STATE REGISTRAR	SIAIE UF I	WARYLAND / CE	RTIF	ICATE (OF DEA	TH		REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Leat) Thelma. L. Rood 2. Date of Oeath MONTH DAY 8 19							199	VEAR	3. TIME OF DEATH 3:050 M			
- 5	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les		birthday)	IF UNDER 1 Y	EAR IF UND	R 24 HRS.	7. DATE OF	BIRTH	a. BIRTHPL Country)		PLACE (State or Foreign
	440-14-7050A	1 🗆 M 2 💢 F	80	80 YRS. MONTHS		WB HOURS	MIN.	(Month, I	8-12	1		homa
	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
DIRECTOR	Citizens Nursing Home Frederick Frederick											ick
E C	10e. STATE 10b. COUNTY			10c. CI1	Y, TOWN OR I	OCATION			_		$\neg \tau$	10d. INSIDE CITY LIMITS?
붑	Maryland Frederick				Fred	erick						1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6794 Sunnybrook	Dr.		101. ZIP CODE 21702					10g. CITIZEN OF WHAT COUN			HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 □ YES 2 □ IF YES, GIVE WAR OR DATES			MED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yea, specify Cuben, Mexicen, Puerto Rican, atc.) 1 7 YES 2 NO Specify:						14. RACE Black, Specify	- American Indian, White, etc.
	3				CEDENT'S USUAL OCCUPATION 16b. KII					S/NESS/IND	USTRY	
ETE	(Specify only highest grade Elementary/Secondery (0-12)		(Gi	live kind of work done during most of working L. Do NOT use retired.)								
1PL					er				P	ublic	Sch	.00l
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Ira Lovell				18. MOTHER'S NAME (First, Middle, Melden Surneme)							
BE	19a. INFORMANT'S NAME (Type/Print)		100	Minnie Ash b. MAILING AGGRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code)								
2	Mr. Frank E. 1	Rood	194								,	02
	200 METHOD OF DISPOSITION 200 PLACE OF DISPOSITION //Jame of complete complete complete Compl											
	1 XBuriel 2 Cremation 3 Removal from State of the place of the p									MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		22. NA S.T.	me and addition	ESS OF F	eral t	lomes	. P.A		
	Handa	LX	emma	w		O. Box						788
	23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final				,		lying, suc	ch as cardie	oc or reap	iratory ari	reat,	Approximate interval Between Onset and Death
	disease or condition a. Sulfillia (Sumbria) a. Due TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, OUE TO GOM AND A CONSEQUENCE OF:											
CERTIFICATION	if eny, leeding to immediata cause. Enter UNDERLYING											
LIFIC	CAUSE (Disease or injury that initiated events	nts DUE TO (OR AS A CONSEQUENCE OF):										
ERI	reaulting in death) LAST											
		resulting in the underlying cause given in Pa						N AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
DICAL	14.	Callerne	is als						PERFO	RMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?
MED		/										1 YES 2 NO
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER!	26 PLACE OF	DEATH (C	heck only one				
YS	1 TES 2 TANO	1 🗆 Inpatient 2	☐ ER/Outpetient 3		4 4 Nursin	g Home 5 🗆	Residence	_				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	_	Day, Year)	28b. Ti	ME OF 2:	IC. INJURY AT WORK?	□ NO	28d. DE\$C	RIBE HOW	INJURY OC	CUREO	
0	2 Accident 3 Suicide 8 Could not be determined	28e. PLACE	OF INJURY — At ho g, atc. (Specify)	ome, farm	street, factor	, office			TION (Street Town, Stete		r or Rural F	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS											s) and manner ea stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIED AND ALL OF CE	Thurso	5%			20c. L	ICENSE NI	UMBER A		29d. DA1	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CA	USE OF DEATH (ITE	M 27) (7y)	oe, Print)	\mathcal{V}	71			1 7	1719	
	24 DATE EN ED Aleman Day Mani	20 00000	RAR'S SIGNATURE									
	31. DATE FILED (MONTH, Day, Year) APR 1 2 19		Lawydson-D	Pande	88_							
	- 11 11 11 12	77 /										DUM 10 Day 1/0



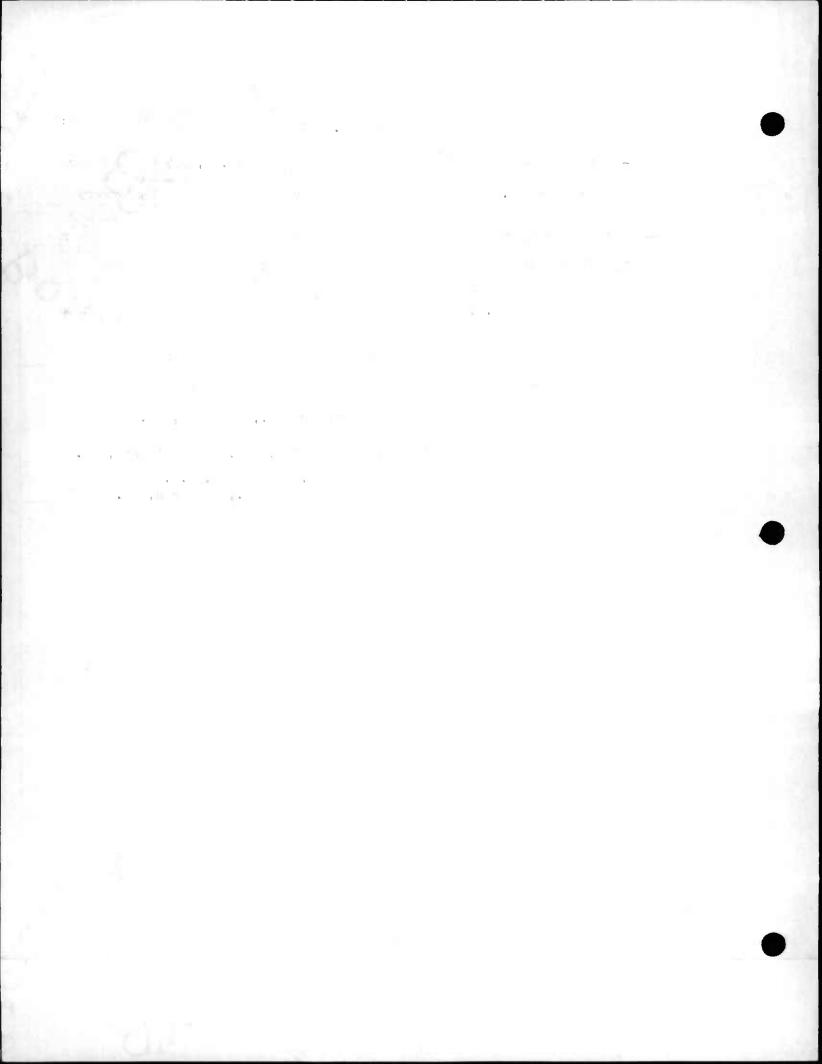
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE FILED (Morith, Dey, Year)

APR 1 2

	1 - STATE REGISTRAR	STATE OF MARYL	CE	DEPARTI	CATE OF	DEATH	MENIAL	REG. NO.	E 93	13942	
	1. DECEDENT'S RAME (First, Middle, Last)	RAC	E	Pat		RACE	2. DATE OF MONTH			3. TIME OF DEATHS PA	
	4. SOCIAL SECURITY NUMBER 112-12-3491	1 M 2 □ F	76		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	7,19		BIRTHPLACE (State or Foreign Country) New York	
TOR	9a. FACILITY NAME (If not institution, give 28311 Clarksbu			9	_	Mascus	EATH			of DEATH atgomery	
DIRECTOR	Maryland Mon	tgomery		10c. CITY, 1	TOWN OR LOCATION Damascus					10d, INSIDE CITY LIMITS? 1 YES AND NO	
FUNERAL	10a. STREET AND NUMBER 28311 Clarks	0				20872			100	USA	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 2 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO If YES, GIVE WAR OR DATES 1 YES 2 NO						or No- 14	RACE — American Indian, Black, White, etc. Specify: White	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gh	ive kind of won Do NOT use r	sual occupation to during more tenance	st of working			iness/Mous		
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Frank R	ace		hari	Itenano	18. MOTHER'S NA	_	kille, Malden S		lahala	
TO B	19a. INFORMANT'S NAME (Type/Print) Sandra Jane Thom	pson				nd Number or Aural burg Rd.					
examiner must be notified at once. TO BE COM	20a, METHOD OF DISPOSITION 1 Burlal 2A Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State cen	metary, crer	matory or other	y Crema	torium,				or Town, State	
	Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872										
event, the medical	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate Interval Betwee Onset and Death Cause (Final disease or condition as a consequence on):										
TION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
RTIFICA	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	al	C	`					2 400	
any injury, or other traumatic event,	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A	a (A CONSEO	DUENCE OF):	ancer			4a. WAS AN A PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition	c. DUE TO (OR AS A	a (A CONSEO	DUENCE OF):	ANCE (g cause given in	_ '	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
Item 23 snows any injury.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A	A CONSEO	DUENCE OF):	THER:	g cause given in	eck only one)	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Item 23 snows any injury.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEO	DUENCE OF):	the underlying 26. PL OTHER: Nursing Hom OF 28c. INI-INI-INI-INI-INI-INI-INI-INI-INI-INI	g cause given in ACE OF DEATH (Ch	eck only one) 8 □ Other (5	PERFORI	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Item 23 snows any injury.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined	DUE TO (OR AS A DUE TO (OR AS	but not re	DUENCE OF): esulting in the second of the s	the underlying 26. PL OTHER: Nursing Hom	ACE OF DEATH (Ch	8 Other (S	PERFORI YES 2 Specify) RIBE HOW IN	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Item 23 snows any injury.	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (OR AS A C C C C C C C C C C C C C C C C C	but not re	DUENCE OF): esulting in the control of the course of the	the underlying 26. PL THER: Nursing Hom OF Nursing Hom 1	ACE OF DEATH (Ch	8 Other (S 28d. DESCF 28f. LOCATI City or	PERFORM YES 2 Specify) NIBE HOW IN ION (Street at Town, State)	MED? NO NO NO NURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
MARKEL, OF ITEM 23 SHOWS any Injury. BY PHYSICIAN: MEDICAL CI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	DUE TO (OR AS A RECY TO	but not rebut not respect to the construction of the construction	DUENCE OF): esulting in the second of the s	the underlying 28. PL OTHER: Nursing Hom OF 28c. INJ WO M 1 V eet, factory, office at the time, dete In my opinion, de	ACE OF DEATH (Ch	8 Other (S 28d. DESCE 28f. LOCATI City or to the cause time, date an	PERFORM YES 2 Specify) NIBE HOW IN ION (Street at Town, State)	MED? NO NO NURY OCCUR No Number or in the control of the contr	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

Julie Saudson-Randalle



	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT (MENTAL HYGIEN REG. NO	E	3 13943		
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	Rim-	Hoda	dor)		2. DATE OF DEATH	AY Y	3. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 206-60-3251	1 - M 2 V F	(In yrs. lest birthday)	MONTHS C	AYS HOURS		(March Co. March				
TOR	90. FACILITY NAME (If not institution, give Stella Mar RESIDENCE OF DECEDENT		aica.	9c. COUNTY OF DEATH Toward Md. 9c. COUNTY OF DEATH Bout							
DIRECTOR		r derick	1	TY, TOWN OR					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	201 Watersville	· · · · · · · · · · · · · · · · · · ·				771		us	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	IN U.S. ARMED 3 2 XNO DATES	If y	S DECENDENT se, specify Cut YES 2 N	en, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14	RACE — American Indian, Black, White, stc, Specify: White			
冒	15. DECEDENT'S EDU (Specify only highest grade	16e. DECEOENT	work done duri	JPATION ng most of work	ding	16b. KIND OF BUS	SINESS/INDUS	TRY			
PE	Elementary/Secondary (0-12)	Maten	ials M	aл		Intoll	us Com	puter Softw			
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Galen Rim			ME (First, Middle, Maiden ia A. Wall	Sumame)	pacer Solitar					
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Scott Hodgd	on	19b. MAILIN 201	o AODRESS (S Waters	treet and Numb	Rd.	al Aloute Number, City or Town, State, Zip Code) - Apt. #1, Mt. Airy, MD 2177				
	20e. METHOD OF DISPOSITION 1 \(\mathbb{D}\) Buriel 2 \(\mathred\) Cremetion 3 \(\mathred\) Rem 4 \(\mathred\) Donation 5 \(\mathred\) Other (Specify)	noval trom State	bb. PLACE AND DATE Imetery, crematory or STNAVEN	other place) Memor	ial Ga	rden	5 4/14/93	Frede	or Town, State Tick. MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Sta	ME ANO ADDR	ESS OF FACE	ral Homes,	P. A.			
	23. PART I. Epfar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only Dna cause Dn asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Brack Concern metastatic disease. Due to (or as a consequence of):										
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
E	PART if Other significant can date	d									
PHYSICIAN: MEDICAL	PART II. Other aignificent condition	ia contributing to seeth	but not reauting	In the unde	riying cause	given in i	Part I. 24a. WAS AN PERFOR 1 ☐ YES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W			-)			-		1 TYES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	OTHER:	28. PLACE OF	DEATH (Che	ock only one)				
E H	1 YES 2 NO 27. MANNER OF CEATH	1 Inpetient 2 ER/Out	-	4 - Nursing	Home 8 - F	tesidence (6 Other (Specify) 28d. DESCRIBE HOW IF	405	rice		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M	WORK?	□ NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (See	At Nome, term,	street, factory,	office		28t. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,		
COMPLETED		ICIAN: To the best of my see							euse(s) and menner se stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIE					PHSE NUM			GNEO (Month, Day, Year)		
٥	30. NAME AND ADDRESS OF ERSON WH	O COMPLETEO CAUSE OF O	2300	e, Prings	(Nie)	0/1/2	es Ret	90000	on 21206.		

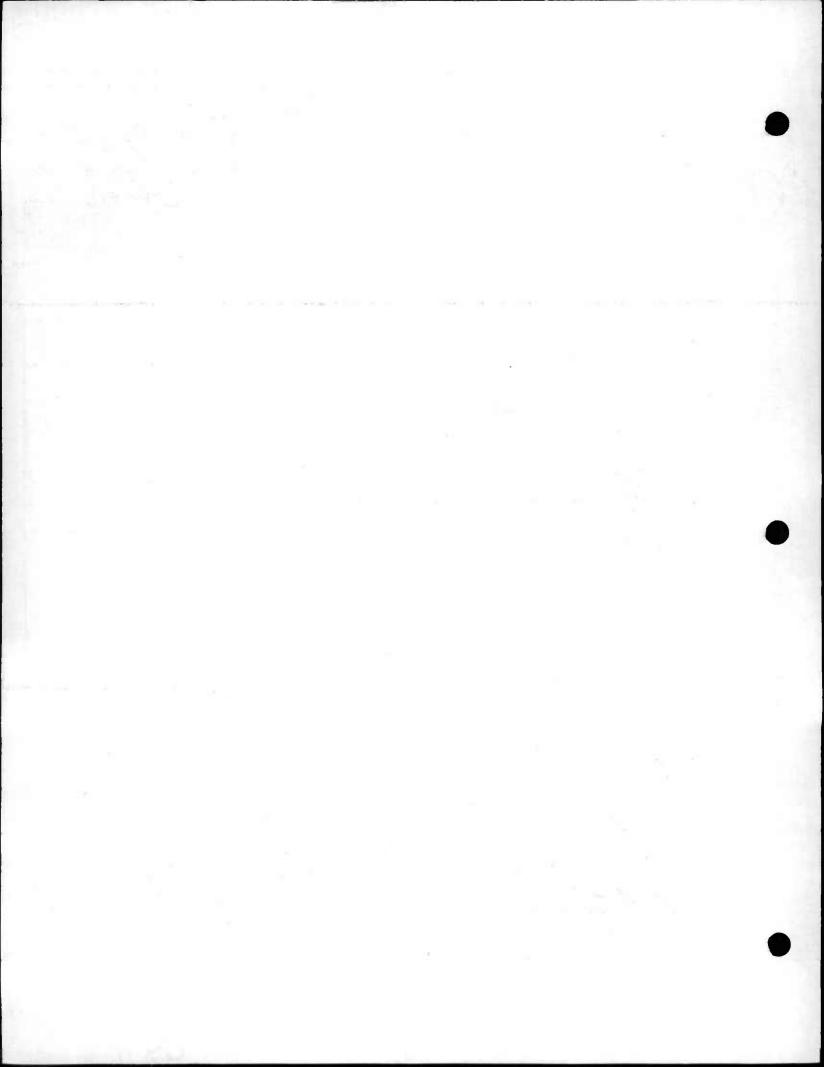
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MOOTH, Day, Ye ^{76er)} 1993

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

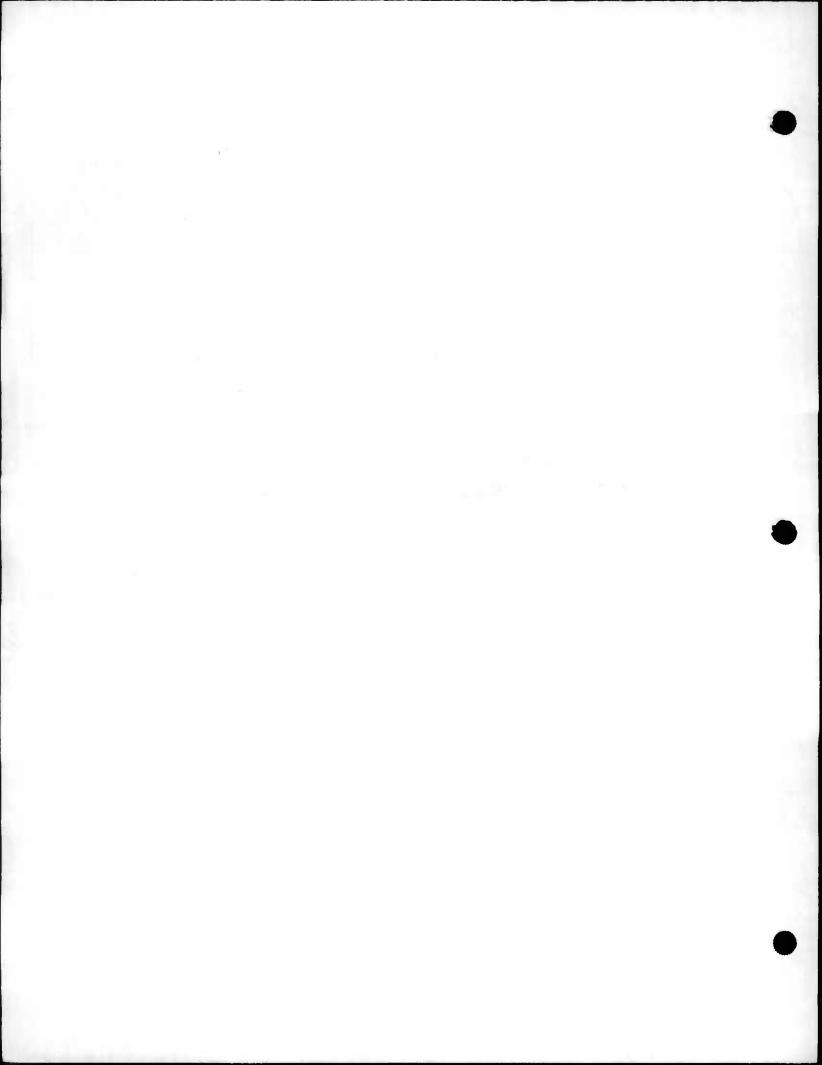


BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attenting physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	ENTIF	CALE	L DEVI	п	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	ELD F	RICE			2. DATE OF DEATH	W	YEAR 3. TIME OF DEATH				
	MADIEN W. RICE							93 1:30 PM				
	4. SOCIAL SECURITY NUMBER 212-24-0882 S. SEX 8. AGE (In yrs. In Security Number 212-24-0882	st birthday)	IF UNDER 1 YEAR		4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)				
	212-24-6882 18M20F 89	YRS.	- CHING CHI	HOURS		10-12-190	3	Maryland				
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATIO	N OF OEAT	тн	9c. COUN	TY OF OEATH				
OR	Frederick Health Care Center		Frede	rick			Fred	erick				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	140.000	, TOWN OR LO	0477011				I as a manual manu				
2								10d. INSIDE CITY LIMITS?				
9	Maryland Frederick 10e. STREET AND NUMBER	111	urmont	101, ZIP CODE			Table and	1 YES 2 NO				
RAI								EN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	6317 Mountaindale Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			21788			U.S					
3	1 Namer Married 2 Married FORCES? 1 YES 2 X		If yes,	specify Cuben,	, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.				
BY	3 X Widowed 4 Olyorced IF YES, GIVE WAR OR DATES		יםי	ES 2 XNO	Specify:			Specify: White				
	15. DECEOENT'S EDUCATION 16e. D		USUAL OCCUP			16b. KINO OF BUS	SINESS/IND					
E	(Specify only highest grade completed) ((Etementary/Secondary (0-12) Coffege (1-4 or 5 +)	Give kind of w le. Do NOT us	rork done during e retired.)	most of working	,							
4		erint	endent	of Pa	rks	City o	f Fre	derick				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden						
BEC	George W. Rice			Ann	ice	Wiles						
	19a. INFORMANT'S NAME (Type/Print)	9b. MAILING	ADDRESS (Stre	et and Number o	or Rural Ro	ute Number, City or Tow	n, State, Zip	Code)				
2	Audrey L. Demarais	6338	Mounta	indale	Roa	d Thurmon	t, Ma	ryland 21788				
		E OF DISPOS	SITION (Name of					City or Town, State				
			n Cemetery 4/13 Lewistown, Maryland									
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE			AND ADDRES			CHAILE	AT HOMEC DA				
	* Lette Long							AL HOMES, P.A. T, MD 21788				
	23. PART I. Enter the diseases, or complications that caused the d	leath. Do n										
	shock, or heert failure. List only one cause on each line.											
	disease or condition											
	resulting in deeth) a DUE TO (OR AS A CONSEQUENCE OF):											
_	Atherselecte Induspoint the ene											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
¥	cause. Enter UNDERLYING											
Ĕ	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
	PART II. Other aignificant conditions contributing to death but not	peculting I	n the underh	dag cours of	lump in D	art I. 24s, WAS AN	AIFTORCY	24b. WERE AUTOPSY FINDINGS				
MEDICAL	4	resuring i	in the directi	ynig cause gi	IVON IN P	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ă	break					1 🗀 YES 2	1 TES 2 NO OF D					
M						_		1 TYES 2 NO				
ÿ												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF OE	ATH (Chec	k only one)						
IYS	1 YES 2 PROUTPETENT 2 ER/OUTPETENT 2. MANNER OF OEATH 28s. DATE OF INJURY		-		· ·	Other (Specify)						
	27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	000	28d. DESCRIBE HOW I	NJURY OCC	URED				
BY	2 Accident Investigation			YES 2	7.7							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At It building, etc. (Specify)	vome, term, s	kreet, tactory, t	MIRE		281. LOCATION (Street City or Town, State)	and Number	or nural noute number,				
73												
COMPLETED	29a. CERTIFIER 1 Check only (Check only one)							Market and the control of the contro				
Š	MEDICAL EXAMINER: On the basis of examination and/or	r investigatio	n, in my opinio	n, death occure	ed at the ti	ime, date and place, ar	nd due to the	e ceuse(a) and menner as stated.				
w	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE	NSE NUME	BER	29d. DATE	SIGNED (Month, Day, Year)				
0 8	lieu 1. toola	- Sondy		0	18	191		4/983				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TT	EM 27) (Type,	Print)									
	187 Thomas Johnson 19. 9	me	weit	and.	٥.	2170	حيح					
	31. DATE FILED MONTH POR 1807 1993 32. REGISTRAR'S SIGNATURE	randell	-									
- 1	LILLY POOL TOWN	1										



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

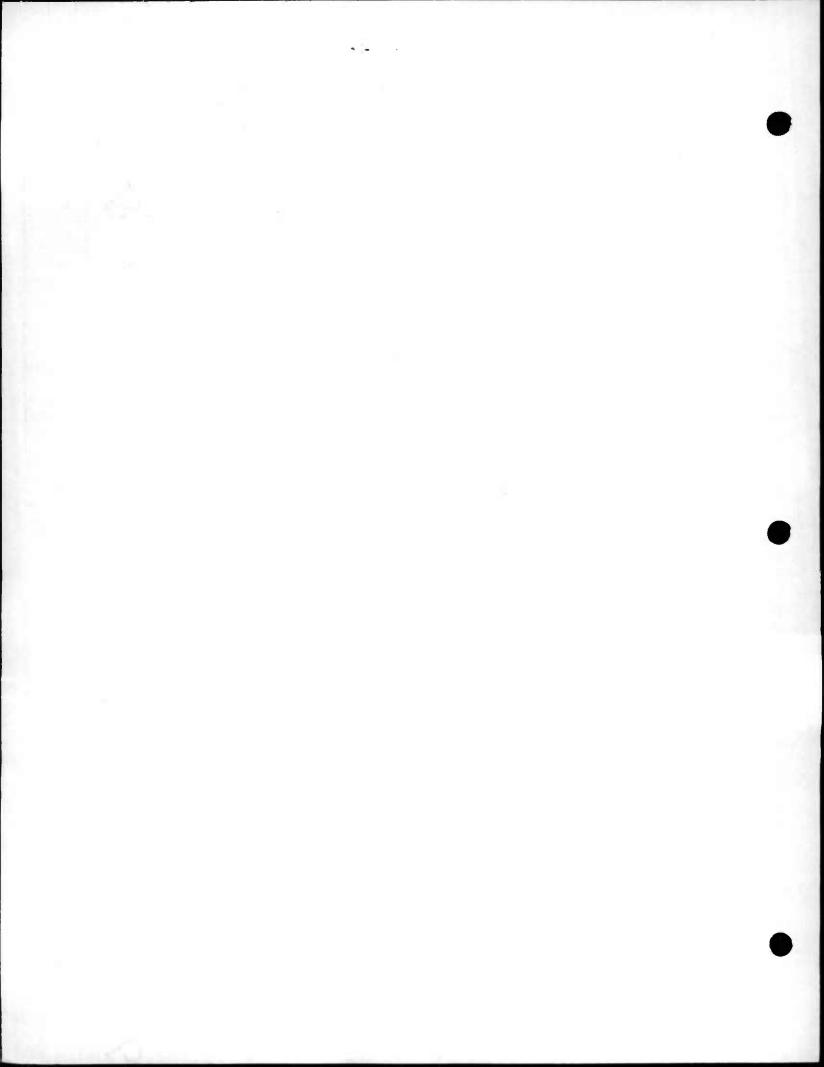
1	•	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	1 - STATE REGISTRAR	OTHE OF MA	CERT	IFICA	TE OF	DEATH	MENT	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH	
	HERMAN	DENN	1A		ROI	₹.	MON			93	10:37 PM	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign	
	218 - 48 - 7422	1 🖾 M 2 🗆 F	44 YR	S. MONT	THE DAYS	HOURS MIN.	Aug. 6, 1948		Mar	yland		
	9e. FACILITY NAME (If not institution, give :	street and number)		9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COL	INTY OF DE	EATH	
DIRECTOR	EASTON MEMORIA	AL HOSPIT	AL		EAST	ron				TALE	ВОТ	
H.	10a. STATE 10b. COUNT				WN OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
	Florida Beva	rd		Coc	oa						1 YES 2 NO	
FUNERAL	703 Harvey Way				101	32926					HAT COUNTRY? 1 States	
5	11. MARITAL STATUS	VER IN U.S. ARMED		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGI	N? (Specify Yea	or No-	14. RACE	- American Indian,		
<u>M</u>	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 T			1 Tyes, sp	ecify Cuben, Maxics 2 NO Specif	n, Puerto y:	Rican, etc.)			, White, etc.	
	15. DECEDENT'S EDU	Vietr									ite	
	(Specify only highest grade	completed)	16a. DECEOEN (Give kind	IT'S USUA I of work d	NL OCCUPATION Ione during mo ad.)	ON st of working		b. KIND OF BUS			,	
ا 🚡	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)			. '		1	Vascar	касе	Car,	/	
COMPLETED	Auto											
	17. FATHER'S NAME (First, Middle, Maiden Surmame) Herman Denny Roe, Jr. Sallie Elizabeth Whitby											
BE	19s. INFORMANT'S NAME (Type/Print)	Sister	19b. MAIL	ING ADDI	RESS (Street a	and Number or Rural	Route Nun	aber City or Town	State Zi	n Codel		
임	Helen Ann Cameron		432	3 Vi	enna F	Henry Cro	ssr	oads Rd	., V	ienna	a, MD 21869	
	20a. METHOD OF DISPOSITION		20b. PLACE ANO DA	TEOFDIS	POSITION (Ne	ame of	OAT	TE 20c. LOC	ATION —	City or Tow	vn, State	
	1 Donation 5 Other (Specify)	oval from State	Capitol	or other pl	atory	Services	4/2	27 Dov		Delav		
Į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Morris T. Barton 22. NAME AND ADDRESS OF FACILITY Barton Funeral Home											
	P.O. Box 222, Centreville, MD 21617											
	23. PART I. Enter the diseased, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, Approximate											
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. OUE TO (OR AS A COMPEQUENCE OF):											
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST d											
	PART II. Other significant condition	a contributing to dea	th but not resulting	ng In the	undarlying	cause given in	Part I.	24a. WAS AN A	WTOPSY	24b. 1	WERE AUTOPSY FINGINGS	
DICAL								PERFORI			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
								1 X YES 2	□ NO	- [OF DEATH?	
-										1	1 PYES 2 NO	
Ž I	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only o	ne)				
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	/Outpatient 3 🗆 DO	OTA	HER:	e 6 🗆 Residence						
È	27. MANNER OF OEATH	28a. DATE OF INJU	JRY 28b.	TIME OF	28c, INJ	URY AT			JURY OC	CURED		
2	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y		30A	wo	RK? 'ES 2 -NO	DRI	VER O	F M	OTOR	CYCLE/	
- 0	3 Suicide 6 Could not be	28e. PLACE OF IN.	JURY — At home, far		factory, office		28f. LOC	CATION (Street at	nd Number	or Rumi Bo	oute Number	
<u> </u>	4 Homicide determined	building, etc.	PUBL	IC I	ROADW	AY	ROW	POLINE	$\frac{13}{3}$	GREE	NSBORO	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I	knowledge, death occ	urred at t	he time, data	and place, and due	to the ca	use(s) and many	ner ea stat	ted.	MARYLAN	
	29b. SIGNATURE AND TITLE OF CERTIFIER		d		, opinion, di			arru prace, and				
崩	290. SIGNATURE AND TITLE OF CERTIFIER	1. 11.	L			29c. LICENSE NUN	HER		29d. DAT	E SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	y Cu	ute mo			O.C.M.	E			14/2	6/1993	
	30. HAME ARD ADDRESS OF PERSON WH	J COMPLETED CAUSE O										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	111 Pe	nn S	Stree	t. Balt	imo	re. M	ary	land	21201	
	Ann 29 °02		SIGNATURE	inde 80					_			



DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 may after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEOENT'S NAME (First, Middle, Last) Pauline A. Seravage 4. Social security number 5. Sex 6. Age (In yrs. last birthday) Funder 1 year Funder 24 hrs. T. Date of Birth Company	
Pauline A. Seravage 4-26-93 4. Social security Number 5. Sex 6. AGE (In yrs. last birthday) F UNDER t YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State	DEATH
6. AGE (III yrs. less birtinday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State	м
193-16-9139 1 \square M 2 \boxtimes F 81 YRS. MONTHS DAYS HOURS MIN. (Month, Dey. Year) 11-7-1911 Pennsylva	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
Merridian Nursing Home Severna Park Anne Arunde	1
RESIDENCE OF DECEDENT	
Maryland Anne Arundel Severna Park	\$?
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNT	TRY?
114 Amesbury Court 21146 U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO If yes, apecify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 14. RACE — American Black, White, atc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 16. Yes 2 X NO Specify: 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.)	
15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS (INDUCTOR)	an
(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of working most of working life. Do NOT use retired.]	
6 Homemaker Home	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)	
Adam Krasauskas Anna Juekaitis 19e. INFORMANT'S NAME (Type/Print)	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) Mary Kendzior Same as # 10	
20a. METHOD OF DISPOSITION 1	
4 Donation 5 Other (Specify) St Casimir's Cem. 4-29 Muhlenburg, PA	
BARRANCO & SOLK FH.	
23. PAHT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,	16
inten	oximate vel Between it and Deeth
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):	
PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOF AMALABLE PERFORMED? 1 YES 2 NO 1 YES 2	PRIOR TO N OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)	
1 PES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED	
3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, larm, street, factory, office 28s. LOCATION (Street and Number or Bural Route Number, Specific)	
4 Homicide detarmined City or Town, Stete)	
4 Homicide detarmined City or Town, Stete) 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner.	as stated.
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day.	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER	
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day.	

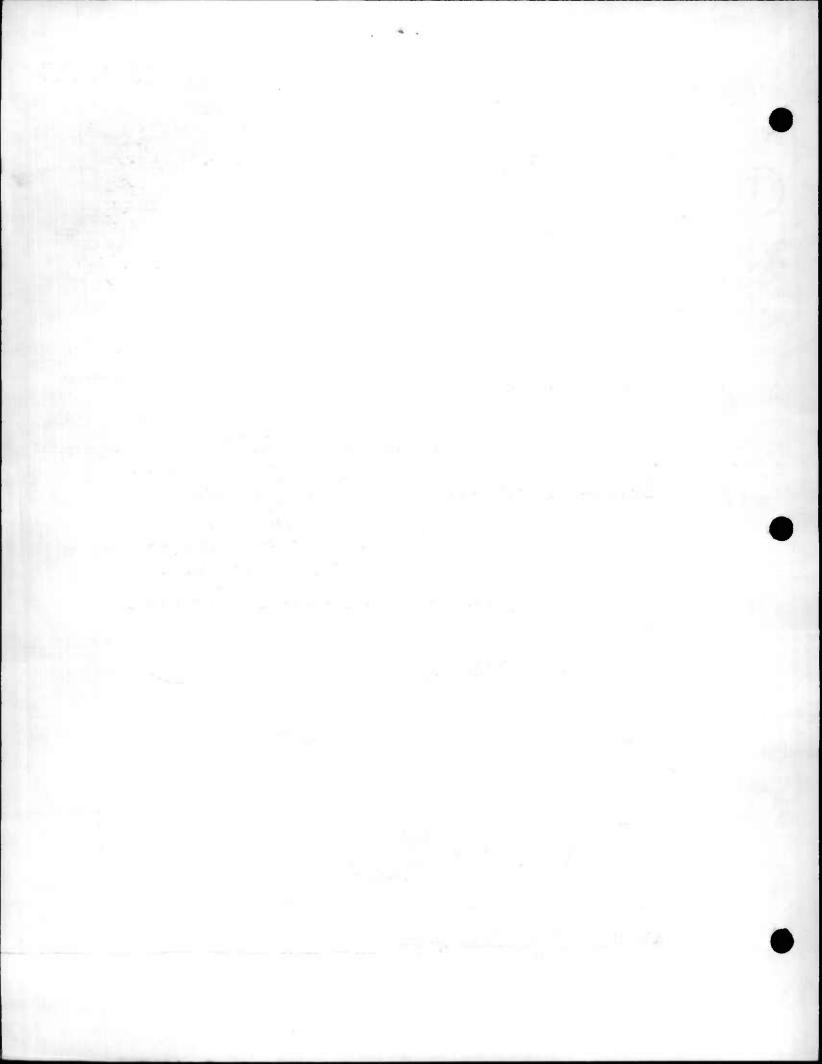
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a most after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

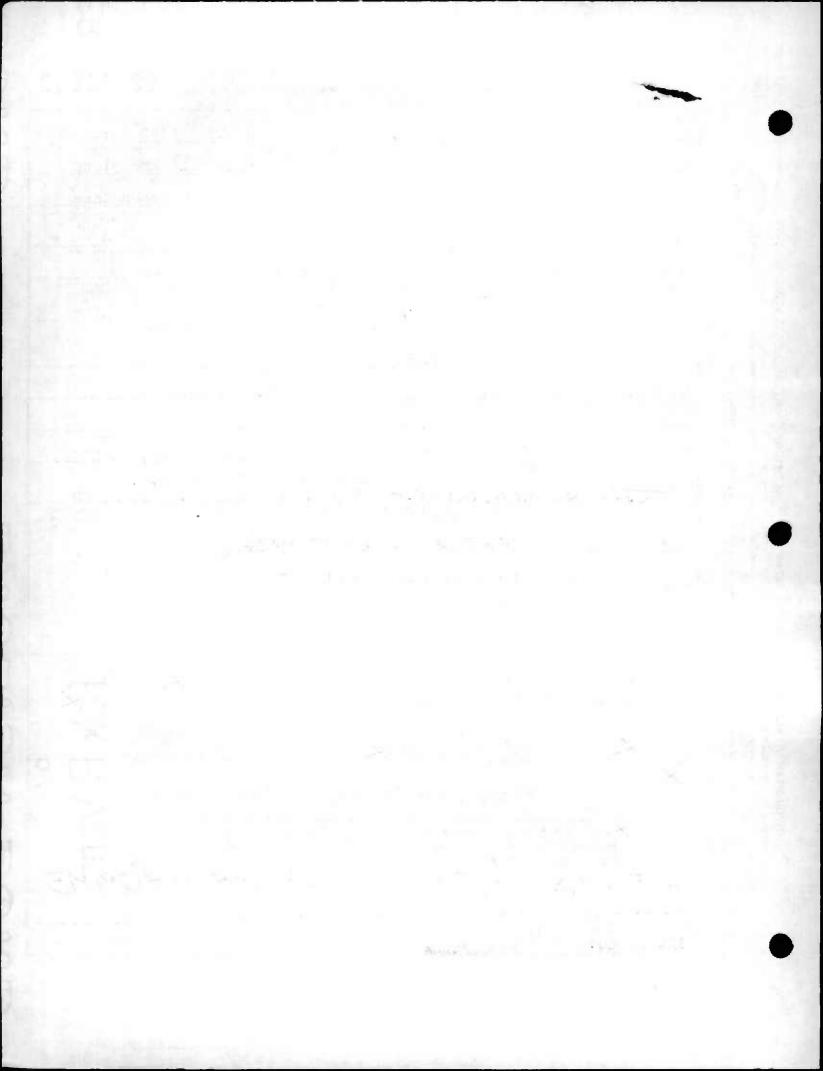
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

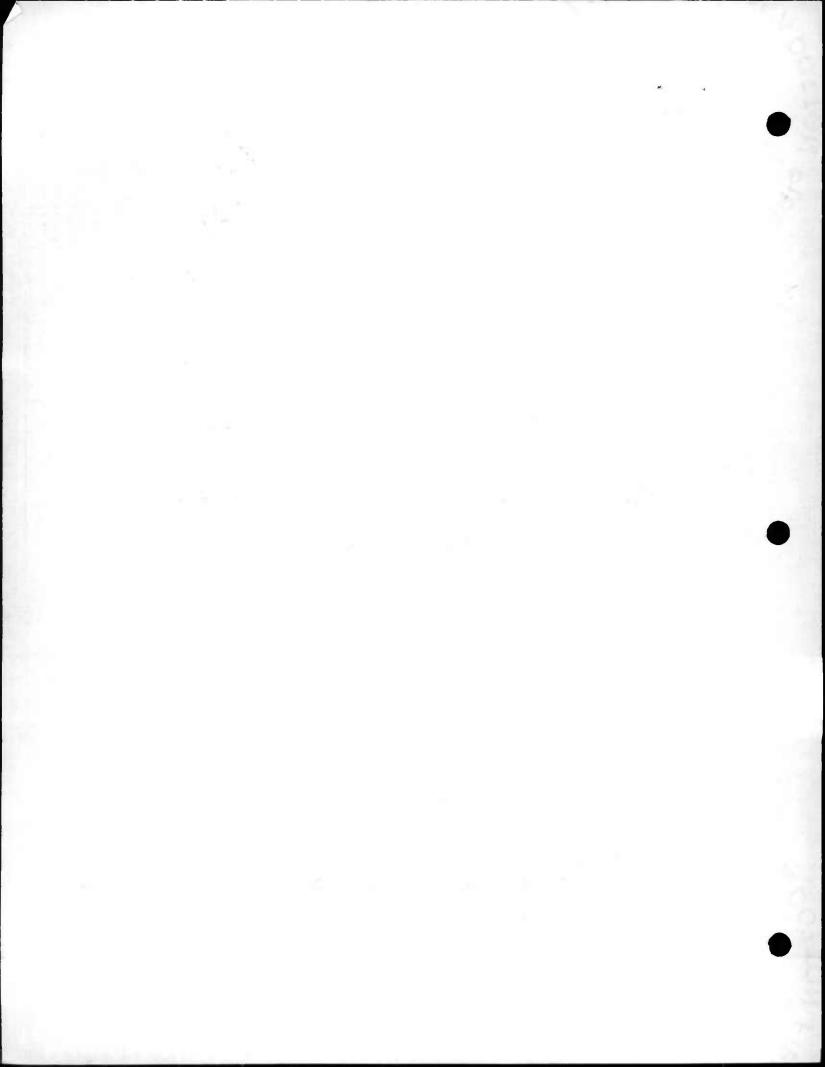
	REGISTRAR		CE	RTIF	ICATI	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Leonard	Lewis	Spr	att			MON	TE OF DEATH	, 19	993	3. TIME OF OEATH 1415 M
	4. SOCIAL SECURITY NUMBER 214-01-0374	5. SEX 1 XM 2 F	6. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH nth, Day, Year) 25, 1	902	Countr	PLACE (State or Foreign y) Yland
	9e. FACILITY NAME (If not institution, give a				ah CITY	TOWN (OR LOCATION OF DI		. 23, 1		NTY OF D	-
œ	471 Elk Mills Ro	111			Sta. Cit	Elkt		LAIN				CAIN
2	RESIDENCE OF DECEDENT	au				EIKU	On			Ce	cil	
	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
- DIRECTOR	Maryland Ceci	.1		E	lkto							1 YES 2 NO
₹	10e. STREET AND NUMBER					10	. ZIP CODE					WHAT COUNTRY?
崱	471 Elk Mills Ro	ad					21921			U.	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced .	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 XN			If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	en, Puert		or No	14. RACE Black Speci	E — American Indian, c, White, etc. //y: White
	-										WILLE	
	15. DECEDENT'S EDU (Specify only highest grade	(Gi	re kind of	Work done	during mo	ON est of working	1	8b. KIND OF BUS	INESS/IN	DUSTRY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)			se retired.)							
P	7		F	ish	Cult	uris	st		Wildlif	e Ad	mini	stration
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (Firs	, Middle, Malden	Surneme)			
BEC	Richard I	. Spratt]	An	nie Kei	thle	У	
	19a. INFORMANT'S NAME (Type/Print)		191	MAILING	ADDRES	S (Street a	and Number or Rural	Route Nu	mber, City or Town	, State, Zij	Code)	
2	Grace Pursley			471	Elk	Mil1	s Road -	- El	kton, M	D 2	1921	
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO							City or To	wn, State
	20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemeter); crematory 91-28-93 cherry Hill Methodist Cemetery Cherry Hill, Maryla											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HICKS HOME FOR Funerals, P.A.											
	Donald S. Hecks 103 West Stockton Street Elkton, MD 21921-5521											
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahock, or heart fellure. List only one cause on each line.											
										Onset and Death		
	DUE TO OR AS ACONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF): ()											
A	cause. Enter UNDERLYING	. (0	nala	~			culc	,	1ks	10-	9	
F	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
EDICAL	PART II. Other algnificant condition	na contributing to	death but not r	esulting	In the u	nderlyln	g ceuse given in	Part I.	24a. WAS AN PERFOR		242	AWAILABLE PRIOR TO
용	Α	1	Work	1 U YE				1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
												1 YES 2 NO
. ×					_							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C	heck only	one)			
SIC	EXAMINER?	HOSPITAL:	EB/Outnotlant 2	□ DO 4	OTHE			• 🗆 •				
14.5	27. MANNER OF DEATH	28s. DATE OF		28b. Til		_	JURY AT	-	ther (Specify) DESCRIBE HOW I	N III DV O	CHRED	
BY PH	1 Natural 5 Pending Pending Investigation	(Month, Da		IN	JURY	W	YES 2 NO	200.1	DESCRIBE HOW I	NJUNY OC	CONED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, o	FINJURY — At he arc. (Specify)	me, farm,	street, fa	ctory, offi	De .		OCATION (Street a ity or Town, State)	and Numbe	or or Aural	Route Number,
E	29a. CERTIFIER	MOLANI, To the heat of		()								
COMPLETED		ER: On the basis of an										(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	/	1	/		_	29t. LICENSE NU					3 (Month: Day West)
BE		ml	11	774	u	-	D0618				/28	
5	30. NAME AND ADDRESS OF PERSON W			W 27) (Typ	o, Print)							
	Joseph G. Lanzi,			ge S	tree	t -	Elkton,	MD	21921			
	31. DATE PILED (Month, Day, Year)		R'S SIGNATURE									
	APR 30'93	Freia Day	idron-Ran	dell								
		11 /										CHARLES 40 CO 40



1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF	DEATH	YEAR	3. TIME OF OEATH
WILLIAM	GEORG	SE SHEE	RWOOD,	SR.					1993	4:20 PM M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	BIRTH IV. Year)	6. BIR	THPLACE (State or Foreign intry)
220-28-08	52	1 X M 2 □ F	81	YRS.	WORTHS DATS	HOURS MIN.	1-22-	-1912		ryland
9s. FACILITY NAME (If not in:	stitution, give s	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9	c. COUNTY OF	DEATH
Corsica	EDENT		ng Cent	er	Cent	reville			Quee	n Anne
10a. STATE	10b. COUNT				r, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
Maryland	Car	coline		Ri	dgely					1 X YES 2 NO
100. STREET AND NUMBER 208 Centr	al Av	enue			1	of. ZIP CODE 2166	0	16	USA	WHAT COUNTRY?
11, MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED		CENDENT OF HISPA	NIC ORIGIN? (S			ICE — American Indian, ack, White, etc.
1 Never Married 2 🗶			X YES 2 1	NO		S 2 X NO Speci		n, atc.)		eck, Whits, etc.
3 Widowed 4 Divo	rced									White
	EDENT'S EDU		(G	ive idnd of w	USUAL OCCUPAT	ION nost of working	16b. KIN	ID OF BUSINE	ESS/INOUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	. Do NOT us	e retired.)					
8			F	arme	er					
17. FATHER'S NAME (First, M						18. MOTHER'S N				
William T		Sherwo					r. Far			
19a. INFORMANT'S NAME (7						and Number or Rural				
Nettie Sh		od				A, Ridge	ely, N	1D 21	660	
20a, METHOD OF DISPOSITI	n 3 🗆 Rem	noval from Stata	of cemetary	crematory	or other place)		1		ION City or	
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		0511055	Wood	llawn	1 Memor	rial Pa	rk 5-1	Eas	ton,	MD 21660
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				nam Fundament		lome.	P.A.	
JOHN	R.	MERC	FRON 9	FSF) S. Ha				on MD
23. PART i, Enter the di shock, or h			it caused the de	eath. Do n						Approximate interval Between
IMMEDIATE CAUSE (FIR	nal									Onset and Death
disease or condition resulting in death)	→	. 17	TJOR	jA	RRH	MHUM	DA			
		DUE TO	(OR AS A CONSE	OUENCE OF	F):	1 1				
Sequentially list conditi	ions (a PE	-RIU	otc	A	NEAT				
if any, laading to imme	diata	DUE TO	(OR AS A CONSE	OUENCE OF	F):					
cause. Enter UNDERLY		c. R	(OR AS A CONSE	OUENCE OF	D.					
that initiated events resulting in death) LAS	т	00E 10	(On AS A CONSE	OUENCE OF	r):					
		d								
PART ii. Other significa	nt conditio	ns contributing to	daath but not	resulting i	in the undariyi	ng cause given in	Part i. 24	a. WAS AN AU		46. WERE AUTOPSY FINDINGS
DE	ME	MITA					1	TES 2	,	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
(-f-	-P	F-RAC"	TUES	3						1 TYES NO
25. WAS CASE REFERRED T	O MEDICAL				26.	PLACE OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER:	me 5 🗆 Residence	8 Other (Si	pecify)		- 1
27. MANNER OF OEATH		26a. DATE O	FINJURY	28b. TIM	E OF 26c. I	NJURY AT			JRY OCCURED	
	Pending Investigation	(Month, I	Day, Year)	INJ		YORK? YES 2 NO				
2 Outside	Could not be	26s. PLACE	OF INJURY — At h	ome, ferm, s	street, factory, of	fice			Number or Run	al Route Number,
	determined	bunding	, atc. (Specify)				City or T	own, State)		
29s. CERTIFIER 1 KEEP	DEVING PHYS	ICIAN: To the heat o	f my knowledge d	anth accurr	ad at the time de	its and place, and du	o to the source	a) and manna	n an elekad	
one)		ALL TOP AND A STATE OF								e(s) and manner as stated.
										en entering research
296. SIGNATURE AND TITLE	OF CENTIFIE	/_	m 1			29c. LICENSE NO	TO LL L		ed. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS O	G/V)	Me K	ISE OF DEATH OF) H 270 G	(Defeat)	レフラ	070		71	0,115
		M.D.,				St.,	Centr	evil	le, M	D
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE							
APR 3 0 199	3.	La Some	Prode &							



_	1 - STATE REGISTRAR	ATE UP MARYLAND	CERTIF	ICATE (F HEALTH	AND M TH	REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	CORDELIA		WARTZ				April 24,	1993	7:20 р. м
	4. SOCIAL SECURITY NUMBER 5. SE			IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-74-7244 1 \square 9a. FACILITY NAME (If not institution, give street and	M 2 □X 99	YRS.				Feb. 9, 18		Maryland
œ			••		WN OR LOCATION				Y OF DEATH
6	William Hill Health	Care Center	ľ	Laste	n, Mar	yran	1	Tal	DOL
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
	Maryland Talbot 100. STREET AND NUMBER			St. Mi	chaels				1 TYES 2 XXNO
FUNERAL	24047 Porters Cree	l- Town			101. ZIP CODE				N OF WHAT COUNTRY?
NS I		AS DECEDENT EVER IN U.S.	ARMED	13. WAS	216		ORIGIN? (Specify Yes	U.S.	A. RACE — American Indian.
BY	1 Never Married 2 Married PO	PRCES? 1 YES 2 YES, GIVE WAR OR DATES	NO	If ye	s, specify Cube YES 2 X NO	n, Mexican,	Puerto Rican, etc.)	OF 140	Black, White, atc. Specify: White
田	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) 16s.	(Give kind of s	USUAL OCCU	PATION g most of working	og .	16b. KIND OF BUS	INESS/INDUS	TRY
الإ	Elementary/Secondary (0-12) College 1 2	ge (1-4 or 5 +)	me. Do NOT us	e retired.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		lousew	11e	40 14077		Home		
	William A. Smitl	h					E (First, Middle, Malden : eth Hiltz	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (St	reet and Number	or Rural Ro	ute Number, City or Town	State. Zip Co	St. Michaels
2	Rudolph W. Gleichr	nan 2	24047	Porter	s Cree	k Lar	e P.O. Bo	x 1085	7 Md. 21663
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal fro	20b. PLAC	CEANDDATE	OF DISPOSITIO	N (Name of				y or Town, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Wood	llawn	Cemete	ry Ap	ril 2	8, 1993 W	oodlav	vn, Maryland
	In some of Pomente Service Eleanse	> 1	1	Har	rison	E. Le	onard Fun	eral F	Home
	Tamsone.	Jeanen	w	312	S. Ta	lbot	St. St. M	ichael	ls, Md. 21663
	23. PART i. Enter the diseeses, or compile shock, or heert fellure. List on	stions that caused the ly one cause on each if	desth. Do r ine.	not enter the	mode of dyi	ng, such	es cerdiec or respir	atory arres	t, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	1 (1	. 0	00				Onset and Death
	resulting in death)	DUE TO (OR AS A CONS	SEQUENCE OF	D: 10	0	0-0			
Z				,					į
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONS	SEOUENCE OF	F):					
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONS	SECUENCE O	FI-					
E	resulting in desth) LAST			,					İ
DICAL CERTIFICATION	PART II. Other significent conditions contr	dhutles to death but as	A101						
8	The significant conditions condi	locking to death but no	ot resulting	in the under	lying ceuse g	iven in Pa	art i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 YES 27	NO	COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEI							-		1 TYES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF O	EATH (Checi	k only one)		
SIC		PITAL: patient 2 - ER/Oulpatient	3 DOA	OTHER: 4 Nursing	Home 5 □ Re	sidence 6	Other (Specify)		
E		8a. OATE OF INJURY (Month, Day, Year)	28b. TIM		. INJURY AT WORK?		28d. OESCRIBE HOW IN	JURY OCCUP	RED
B	1 X Natural 5 Pending Investigation			M 1	YES 2	NO			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	8e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, s	treet, factory,	office	1	28f. LOCATION (Street a: City or Town, State)	nd Number or	Rural Route Number,
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	the best of my knowledge,	death occurre	ed at the time,	data and place,	and due to	the cause(a) and men	ner as stated.	
ŏ	one) 2 MEDICAL EXAMINER: On th	e basis of examination and/	or investigatio	n, in my opini	on, death occur	ed at the H	me, data and place, and	due to the c	ause(s) and menner sa stated.
BE C	296. SIGNATORE AND TITLE OF CERTIFIER	(4)	1)	111	29c. LICE	NSE NUMB	ER	29d. DATE S	IGNED (Month, Day, Year)
5	1 stranger	Kend	۷_	M	101	153	37	104	(2693)
	30. NAME AND ADDRESS OF PERSON WHO COMP					-			
	P. Gregg Rhodes, M 31. DATE FILED (Month, Day, Year) 32	REGISTRAR'S SIGNATURE	utchma	n's La	ine, E	assto	on Maryl	and	21601
	APR 97 1993	"a Navidson Par							



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First, Middle, Last)						2. OATE OF	DAY	YEAR	3. TIME OF DEATH	
EMMA N. S	SPENCE					4		1993	10:48 AM	
4. SOCIAL SECURITY NUMBER 214-32-5999	1 □ M 2 🏋 F	AGE (In yrs. lest b		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF 1 (Month, Da 7-20	BIRTH by, Year) 0-1902	Count	HPLACE (State or Foreign try) 1551a	
9a. FACILITY NAME (If not institution, give: William Hill M RESIDENCE OF DECEDENT				Bast	R LOCATION OF DE	EATH	2.50	Calbo		
10a. STATE 10b. COUNT Maryland Talk				TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
10a STREET AND NUMBER 29945 Rabbit F	Hill Road				ZIP CODE 21601			CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 XNO	0	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	n, Puerto Rica	pecify Yes or No-	- 14, RAC	E — American Indian, ik, White, atc. White	
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)							ID OF BUSINESS			
4 Paper Hanger Interior Decorating 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
Julius Naber		405	MAII IIAN	DDDESS (Charles	Rosa]		egert	The Control		
Edith A. Roe										
20a. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	20b. PLACE All of cemetary, co	P.O. Box 152, Preston, MD 21655 PLACE AND DATE OF DISPOSITION (Name netary, crematory or other place) DATE 20c. LOCATION — City or Town, State								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. E. Dewyceym GCFSP Newnam Funeral Home, P.A. 200 S. Harrison St., Easton										
IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEOU	US ENCE OF):						
PART II. Other significant condition	a.	eeth but not red	oulting in	the underlyin	g ceuse given in		a. WAS AN AUTOF PERFORMED?	W	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	ACE OF DEATH (C)	neck only one)				
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetiant 2 E	JURY		4 Nursing Hon OF 28c. IN.	URY AT PRK?		Decily) BE HOW INJURY	OCCUREO		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF 6 building, at	INJURY — At home c. (Specify)	e, ferm, si	treet, factory, offic	•	281. LOCATION (Street and Number or Rural Route Numb City or Yours, State)			Route Number,	
one)	SICIAN: To the best of m								(a) and menner as stated.	
290. GIONATURE AND TITLE OF CERTIFIE					29c. LICENSE NU	MBER		OATE SIGNE	O (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON W	rry, M.D				Avenue	, Eas	ton. M	ID 21	601	

-Av-s

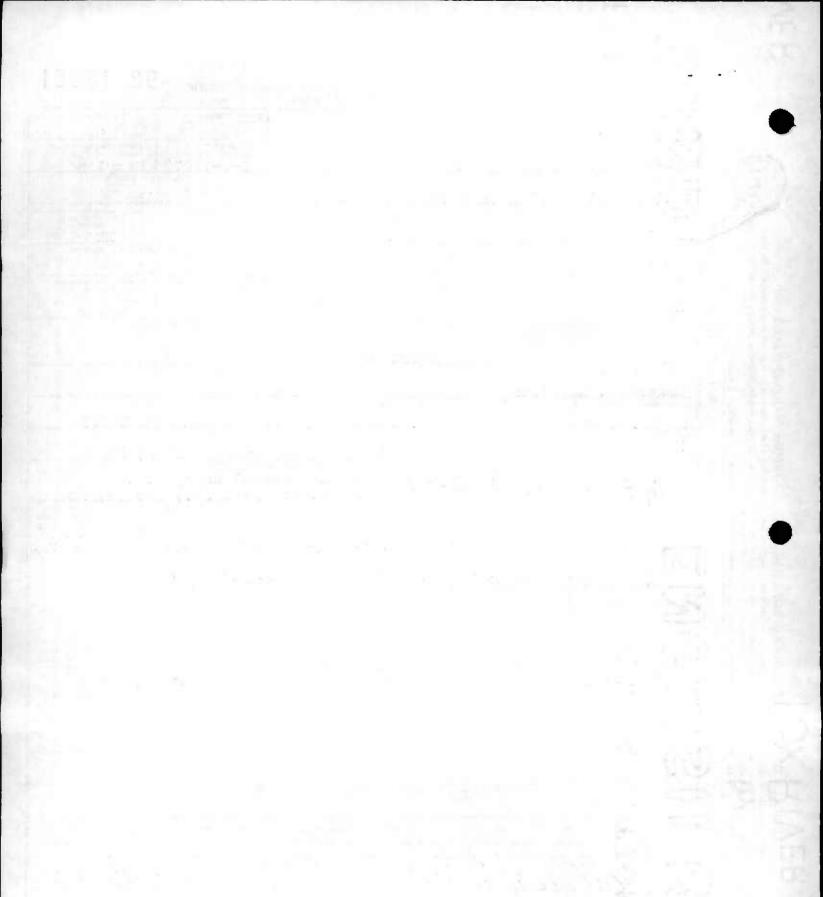
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, removal,	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physical American within 72 hours after death with the State Deot, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. OATE FILED (Month, Day, APR 15 1

1 - STATE REGISTRAR			CI	ERTIF	ICATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEA	TH
Frances A.	Spen	cer					04		2	93	9:15	Ам
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. lea	et birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or I	Foreign
216-09-66				HOURS MIN.		, Day, Year) -8-19(77	Countr	• •			
9a. FACILITY NAME (If not ins		street and number)	0.0		9b. CITY, TOWN	OR LOCATION OF D		0-190	9c. COUN		ryland	
William Hi	11 H	ealth C	are Ce	nter					ARLEEN	lbo		
10e. STATE	10b. COUNT				Y, TOWN OR LOCA	ATION					10d. INSIDE CIT	Y
Maryland	Ta	lbot		St	. Mich	aels					LIMITS?] NO
10e. STREET AND NUMBER				1.00		of, ZIP COOE			10g. CITIZ	ZEN OF V	VHAT COUNTRY?	
Calvert	St.					21663				SA		
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 3 Middwed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Black, White, etc.) 15. Was December of Hispanic Origin? (Specify: Specify: Specify: Specify: Tall 1 +							k, White, etc.	Hen,				
	EDENT'S EDU		16a. DE	ECEDENT'S	USUAL OCCUPAT	ION	16b.	KIND OF BUS	INESS/IND			
Elementary/Secondary (0-		College (1-4 or 5	lite	Do NOT us	work done during n se retired.)	lost or working						
8			_	Seams	stress							
17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S NA	AME (First, A	Aiddle, Maiden	Surname)			
Edmund H.	Har	rison				Nora	w: 1	con				
19a. INFORMANT'S NAME (Ty		13011	19	b. MAILING	ADDRESS (Street	and Number or Rural			, State, Zip	Code)		
Kay H. Hoy	weth			P.O.	Box	296. St.	Mi	chael	s. M	ID 2	1663	
20e. METHOD OF DISPOSITION 1 Serial 2 Cremation	ON n 3 🗆 Rem	noval from State			or other place)	N (Name	DATE	20c. LO	CATION —	City or To	wn, Slate	
4 Donation 5 Other					ill Ce	metery		4 Ea	stor	n, I	MD dN	
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE		0		AND ADDRESS OF FA						
M.E.A	Sew	Marn ?	CF	51		nam Fun S. Har					on. MD	
23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin.	eart failure.	complications the List only one ca									Approximinterval	mate
disease or condition resulting in death)	→	Cer	CON AS A CONSE	11	UXER	MAIL	fle	eset	ess	/	72	4,
MUL	-	Nen	Dert	UL	inor	no de	inl	les !	(le	1		(
Sequentially list condition if any, leading to immediate	diate	plue it	(OR AS A CONSE	QUENCE O	ni C	a constant		6	-			
CAUSE (Disease or Injur											4	
that initiated events		DUE TO	(OR AS A CONSE	EQUENCE O	F):							
reaulting in death) LAST		d										
PART II. Other algolificat	nt conditio	na contributing to	death Chutture	Paulting	an and article	na Auso alum In	Dort I	24s, WAS AN	AUTOBOV	Lan	. WERE AUTOPSY	CINIDANOS
WVIII	1111	1/11		4	10.	ing cause given in	rait i.	PERFOR	MED?	240	AVAILABLE PRIO	A TO
Justin	oper	nifice		un	one	4	—	1 YES 2	NO		OF DEATH?	CAUSE
											1 🗌 YES 2 🗀) NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				PLACE OF DEATH (C	heck only on	16)				
1 TYES 2 NO			☐ ER/Outpatient	3 🗆 DOA	OTHER:	rme 5 🗆 Rasidenca	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	28b. TJN	IE OF 28c. II	NJURY AT	28d. DES	CRIBE HOW I	NJURY OCC	CURED		
	Pending Investigation		,.			YES 2 NO						
2 CALLE	Could not be	28e. PLACE	OF INJURY - At h	ome, farm,	street, factory, of	lice		ATION (Street	and Number	or Aural	Route Number,	
	determined	Dollowing	, etc. (Specify)				City	or Town, State)				
290. CERTIFIER 1 CERT	TEVINO BUYE	MAIAN, To the best of		ARMIN.			100		10 //=			
and 1 20						te and place, and du death occured at the					a) and manner as	staled.
296. SIGNATURE AND TITLE		1 1	11.									
11+101101118AR 410					29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)				Z			
30. NAME AND ADDRESS OF	DEDEON W	HO COMPLETED OF	ICE OF PEARL	EM OT C	- Driet	D1130	8		1	/	77	2
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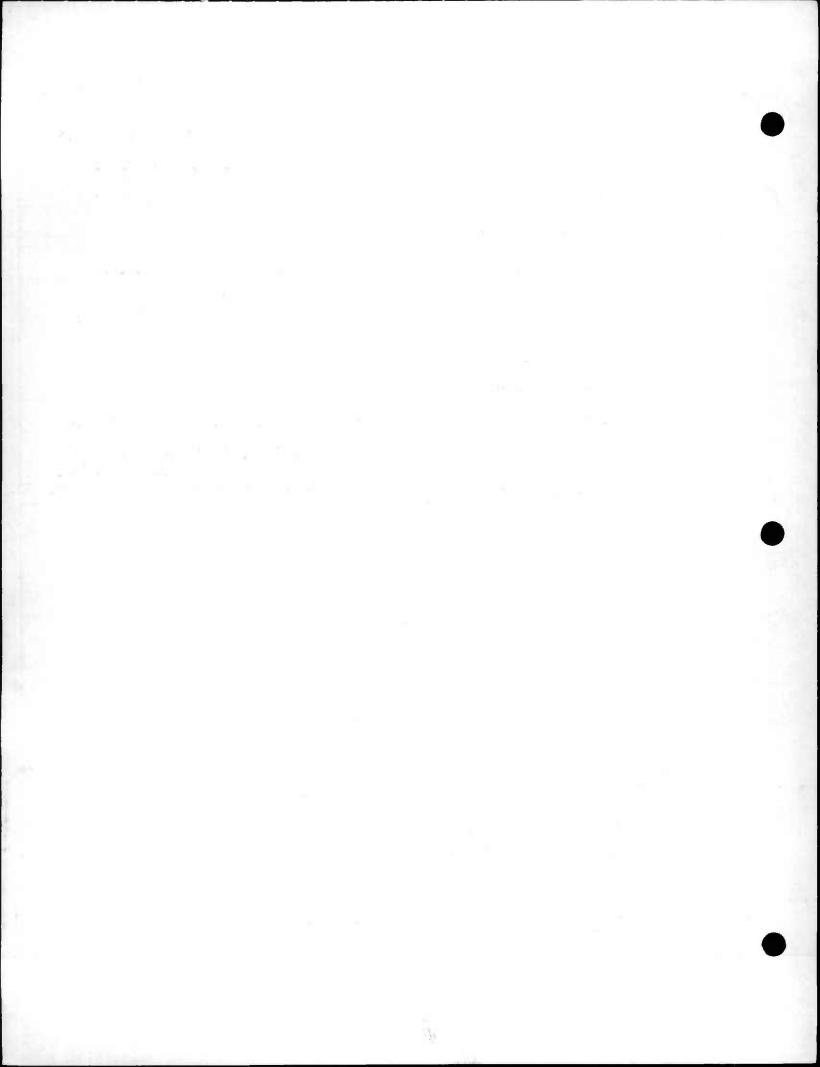
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Dr. Benjamin Pec 31. DATE FILED (Morrit, Day, Year) APR 2 0 1993

	1 - STATE REGISTRAR	STATE OF MARYL					EALTH AND	MEN	ITAL HYGIEN	_	3	139	52
	1. DECEDENT'S NAME (First, Middle, Last)			-					DATE OF DEATH	MY	YEAR	3. TIME OF	OEATH
	MILDRED 4. SOCIAL SECURITY NUMBER		E SCHRAF				L	04 18	_	93	3 00		
1	577 - 84 - 8444		(in yrs. ies 32		MONTHS D	EAR AYS	HOURS MIN.	1 6	Month, Day, Year)	1011	Count		or Foreign
	9s. FACILITY NAME (If not institution, give		02	11111	9h CITY TO	WN O	R LOCATION OF DI		eb. 17,	1911	Per		
DIRECTOR	PRINCE GEORGE'S H		ER				RLY	LAIN		PRINCE GEORGE to			t S
I M	10e. STATE 10b. COUNT			10c. CITY,	TOWN OR L	OCAT	ION	_				10d. INSIDE	CITY
		e George's		Fore	estvi.	11∈	9					LIMITS?	
RAL	100. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF	VHAT COUNTR	177
FUNE	2809 Kirtland A	Venue 12. WAS DECEDENT EVER I			T		2074				J.S.A		
BY FL	1 Never Merried 2 Merried	FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:				Bleck, White, etc. Specify:			Indien,
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION	18e. DE	CEDENT'S U	ISUAL OCCU	PATIO	N		18b. KIND OF BU	SINESS/INI		asian	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	ork done durli retired.)	ng mos	st of working						
MP	12th	N/A	Hc	memal	ker				Ho	ome			
8	17. FATHER'S NAME (First, Middle, Last)						_		irst, Middle, Meiden	Surname)			
BE	James A. Mont	cgomery			Descrip		Maud		rnold				
5	James R. Schrat	F	190				nd Number or Rural I					F 0000	
	20a, NETHOD OF DISPOSITION 1X Skrial 2 Cremetion 3 Ren		PLACE		FDISPOSITIO		Way Davi			CATION -			
	1X Parial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	retery fre	netox or oth	er place)	7et	erans 4 C	22 m.	93 20c. LO			Maryla	ha
	21. SIGNATURE OF FUNEBAL-SERVICE LI	CENSEE			22. NA	AE AN	D ADDRESS OF FA	CILITY	Lee Fur	neral	Hon	e. Inc	in a
	► 18 Kalex				663	33	Old Alex	kan	der Feri	cy Ro	l Cli	nton,	Md20
	23. PART I Enter the diseases, pr	complications that caused	the de	sth. Do no									ximata
	IMMEDIATE CAUSE (Final disease or condition	Clust only one couse on a	ach ilna	lue/	an						,	Interve	al Batween
	resulting in death)	DUE TO COR AS A	CONSEC	UENÇE OF)								_	
z	No. Carlotte Demo	COPD	ley	the	Con	1	neue	u	e			į	
TIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (OR AS A CONSEQUENCE OF): C. Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):												
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S		d	0000									_	
DICAL	PART II. Other significant condition	ns contributing to death b	ut not r	eauiting in	the under	iying	ceuse given in	Part	i. 24a. WAS AN PERFOR	RMED?	24b.	WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH?	HOR TO
: MEDIC												1 TYES 2	□ NO
AN													
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PL/	ACE OF DEATH (Che	eck on	ly one)				
PHYS	1 YES 2 NO	1 2 Inpetient 2 ☐ ER/Outp	atlent 3			_	5 Reeldence						
BY P	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO 26c. PLACE OF INJURY — At home, term, etreet, factory, office				29d. DEŞCRIBE HOW INJURY OCCURED							
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	At hor	ne, term, atr	eet, factory,	office		28t.	LOCATION (Street e City or Town, Stete)	and Number	or Rural F	oute Number,	
COMPLE	29e. CERTIFIER (Check only	ICIAN: To the best of my know	ledge, de	rth occurred	at the time,	date (end place, end due	to the	ceuse(e) and man	ner sa stat	ed.		
COMPL	one) 2 MEDICAL EXAMINE	ER: On the beels of examination	y and/or I	nveetigation,	in my opini	on, de	eth occured at the	time,	dete and place, en	d due to th	as cause(s	end manner	ss steted.
BE C	29b. SIGNATURE AND TITLE OF CENTERE	0110011	0	PAL		T	296 LICENSE NUM	IBER	.10	29d. DAT	E SIGNED	Month Day, Y	bar)
0	30. NAME AND ADDRESS OF PERSON WI	X CCC	4711 /				10 4h	11 ((M)	My	- 6.	61	
- 11	riche and Audicas Ur PenaUN Wh	O COMPLETED CAUSE OF DE	ALM UTEN	271 /Tune P	research .								

son. 6106 Old Silver Hill Rd.
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1 wal.	
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APR 2 0 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transities of the funeral director, page 5 should be detached for use as the burial-transities of the filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	THE FUNER	PORTANT:
8	28	E

93 | 3953 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Sarah C. Souder April 12, 1993 4:05 PM M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2XXF YRS. 579-28-4429 March 1,1927 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 12408 Van Brady Road Upper Marlboro Prince George's 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Upper Marlboro 1 YES 27 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12408 Van Brady Road 20772 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried 1 TES 2 NO Specify: Specify: ВҰ 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9th Meat Wrapper Food Industry 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Bryan Bailey Dorothy Madelyn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Richard B. Souder Same as 10 A-F 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 F 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Lee Crematory 4 Donation 6 Other (Specify) 15 93 Clinton Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF PONERAL SERVICE LICEN 6633 Old Alexander Ferry Rd Clinorn, Md20735 23. PARTA. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death METASTATIC CARCINOMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ANEMIA CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 🖟 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 D. Natural 5 Pending 1 YES 2 NO ВҰ 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.

Julia Davidson-Randall

Raj B. Samtani, 9131 Piscataway Rd, #280, Clinton, Md. 20735

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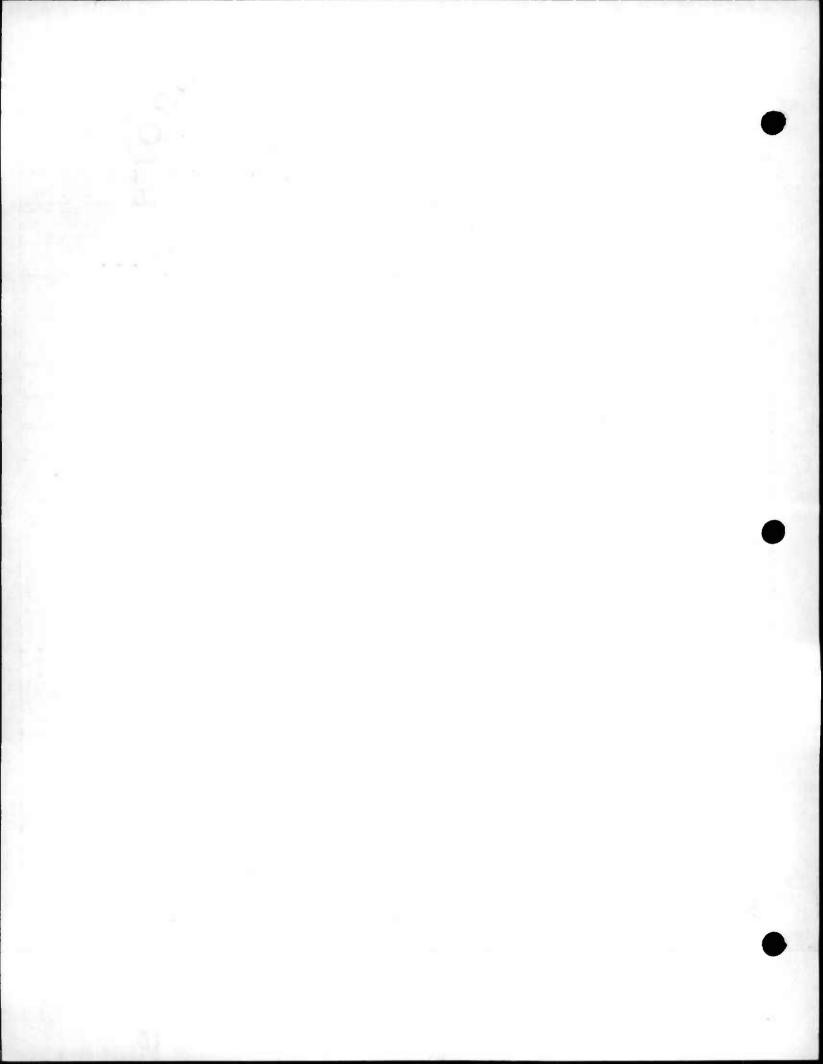
32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

D27744

29d. DATE SIGNED (Month, Day, Year)

► 4-13-93



hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E	
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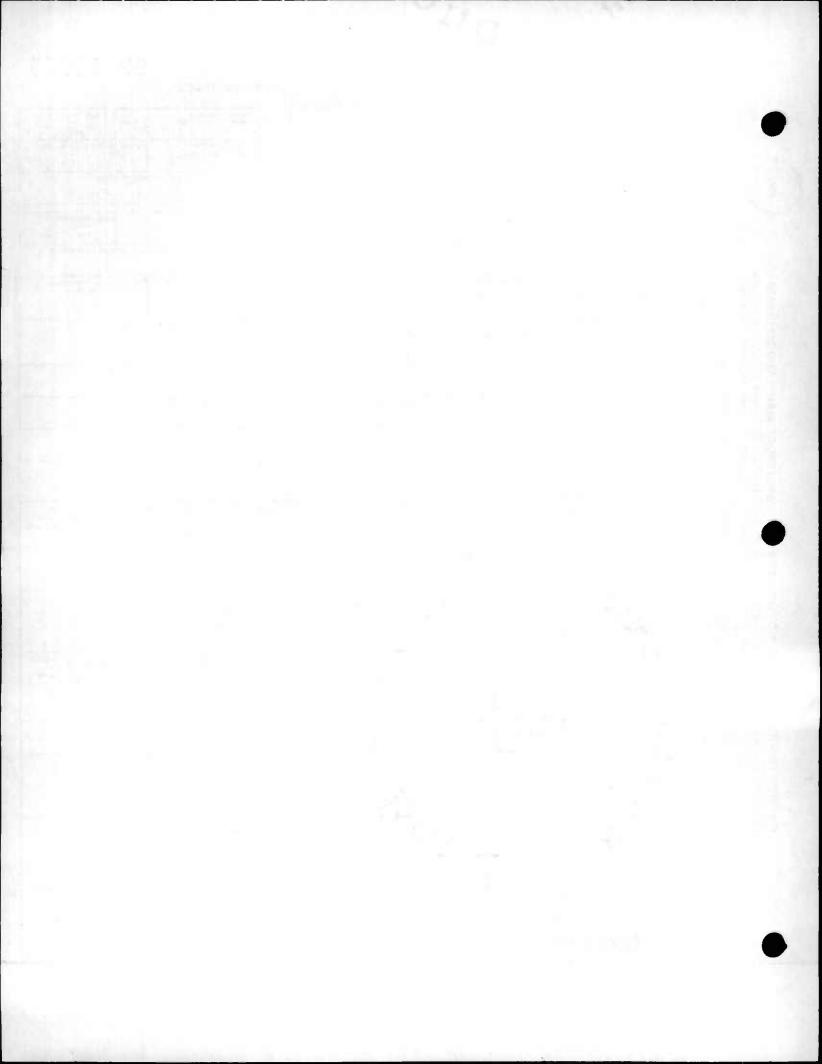
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEN		1030.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Hughie	C. Simons	, Jr.		04 1	100			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTNPLACE (State or Foreign		
	243-30-4781	1 X M 2 D F 82	2 YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) 08/20/19		orth Carolina		
-	9a. FACILITY NAME (If not institution, give a	treet and number)	9b.	CITY, TOWN	OR LOCATION OF D		9c. COUNTY C	OF DEATN		
DIRECTOR	RESIDENCE OF DECEDENT						PRINCE	GEORGES		
2	10a. STATE 10b. COUNT		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY		
		e George's	FORT V	VASHIN				1 TYES 2 NO		
BY FUNERAL								OF WHAT COUNTRY?		
NE	1615 TAYLOR AVE			744			U.S.A.			
교	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2/3/NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.		
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specif		S	pecify:		
0	15, DECEDENT'S EDU	CATION	18a. DECEDENT'S USU	AL OCCUPATION	ON .	16b, KIND OF BUS		aucasian		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo	st of working	TOU. KIND OF BOX	INESS/INDUSTR	ī		
귤	12th	N/A	Grocery	Buyer		Groce	rv			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAME (First, Middle, Maiden Surname)					
BE C	Hughie C. Simons Sr Queen Annie									
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code))		
5	Sheila Schlitter			me as						
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem	201	D. PLACE AND DATE OF DI	SPOSITION (Na	me of	DATE 20c. LO	CATION — City of	r Town, State		
	4 Donation 5 Other (Specify)	Cen	Oakwood Cel	metery	4	17 93 Ral	eigh No	rth Carolina		
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE			ID ADDRESS OF FA	COUTY Lee Fun	eral Ho	me, Inc.		
	20 Satos			6633	Old Alex	ander Ferr	y Rd Cl	inton, Md 207		
	23. PART 1 Enter tha diseasea, or o	complications that cause	d the death. Do not a	ntar tha mo	de of dylno, suc	h as cardiac or mani-	reton, errest	I Ameroulmet		
	anock, or near range.	Liat only one cause on e	each Ilna.		ad or dying, suc	in an cardiac or reapi	etory arrest,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition)									
- 1	resulting in death)	DUE TO (QR AS /		0/19						
z	DUE TO (OR AS A CONSEQUENCE OF):									
은	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	· ·						
CERTIFICATION	reaulting in death) LAST	d								
	PART II. Other significant condition	a contributing to death b	out not resulting in th	e underlying	Carre olyen in	Part I. 24a, WAS AN	urmanev I.			
CAL	H (M)	AlzHer	nes/	150	1 5	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ED	71000	71101101		IIJ VA		1 TYES 2	Ch46	OF DEATH?		
Σ						_		1 TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
22	EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch					
Ĭ	27. MANNER OF DEATN	12 topatient 2 ☐ ER/Outp	28b. TIME OF	Nursing Home		8 Other (Specify)				
-	1 Natural 5 Pending	(Month Day, Year)	YAULNI	wor	RK?	28d. DEŞCRIBE HOW IN	JUNY OCCURED			
B	2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY	— At home, farm, street			200 100 100 100 100				
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
iii	29a. CERTIFIER	CHANGE OF THE SECOND								
COMPLETED		CIAN: To the best of my know R: On the basis of examination								
		R: On the basis of examination		my opinion, de			due to the caus	e(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1-			29c. TICENSE NUM	ABER	29d. DATE SIGN	ED (Monsy, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	DOOMBI ETED ONIOS OF THE	ATLI STELL OF		D17	751	- 4/	11/7-2		
	FAM AC M	OMPLETED CAUSE OF DE	AIH (ITEM 27) (Type, Print)	100111	in 11.	Hay Okan	11/4	10/2000		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI'S SIGN	S. OXIO	XWH	71/16	og Ukan	11111/	Nd 60145		
31. DATE FILED (MONTH, Day, Year) 32. REGISTRAT'S SIGNATURE APR 2 0 1993 Julia Davidson-Randalle										

MARYLAND 21215-0020	al or attending observan
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X 68760, BALTIMORE, MARYLAND 21215-0020	ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages the within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burlat, cremation, or removal.	umatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Item fleed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TOO-09-4974 1 XM 2 F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Was) 9a. FACILITY NAME (If not institution, give street and number) Anne Arundel General Annapolis Anne Arundel General Residence of decedent 10a. STATE 10b. COUNTY Maryland Queen Anne's Stevensville 10c. CITY, TOWN OR LOCATION OF DEATH Maryland Queen Anne's Stevensville 10c. STREET AND NUMBER 211 Bay Drive 11. MARITAL STATUS 1 Nover Married 2 XMarried 3 Wildowed 4 Divorced 12. Was Decedent Ever in U.S. ARMED FORCES? 1 X YES 2 NO 15. YES 2 XMO Specify: 10 YES 2 XMO Specify: 10 Yes 2 XMO Specify: 11 YES 2 XMO Specify:	THPLACE (State or Foreign ashington, DC ashington, DC DEATH Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 [XNO WHAT COUNTRY?								
TOO 19-4974 1 XM 2 F TO YRS. WONTHIS DAYS HOURS MIN. 12/23/1915 Was FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) Anne Arundel General Annapolis Anne	Ashington, DC DEATH Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 [XNO WHAT COUNTRY?								
9a. FACILITY NAME (If not institution, give street and number) Anne Arundel General RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OF DEATH Anne Arundel General RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Stevensville 10c. CITY, TOWN OR LOCATION Stevensville 10c. CITY, TOWN OR LOCATION Stevensville 10d. CITIZEN OF 211 Bay Drive 11. MARITAL STATUS 1 Nover Married 2 Married 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RAC Black 15. 10. / 41 - 1 1/3 / 4.5	DEATH Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 X NO WHAT COUNTRY?								
10e. STREET AND NUMBER 211 Bay Drive 21666 U.S.A. 11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 5/10/41 - 11/3/45	10d. INSIDE CITY LIMITS? 1 YES 2 XNO WHAT COUNTRY?								
10e. STREET AND NUMBER 211 Bay Drive 21666 U.S.A. 11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 5/10/41 - 11/3/45	LIMITS? 1 YES 2 XNO WHAT COUNTRY?								
10e. STREET AND NUMBER 211 Bay Drive 21666 U.S.A. 11. MARITAL STATUS 1 Never Merried 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 5/10/41 - 11/3/45	1 YES 2 NO								
3 Wildowed 4 Divorced 5/10/41 - 11/3/45									
3 Wildowed 4 Divorced 5/10/41 - 11/3/45									
3 Wildowed 4 Divorced 5/10/41 - 11/3/45	CE — American Indian, ick, White, etc.								
	ioffy:								
15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	White								
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 3+ Electrician 16. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) U.S. GOVERNME 17. FATHER'S NAME (First, Middle, Last)									
17. FATHER'S NAME (First, Middle, List) Edward Hermann Schmidt, Sr. Bessie May Vogelson									
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Margaret V. Schmidt 211 Bay Drive, Stevensville, MD 21666									
20s. METHOD OF DISPOSITION 1.V Burila! 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1.V Burila! 2 Cremation 5 Other (Specify) 4 Donation 5 Other (Specify)	206. METHOD OF DISPOSITION 1. A Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of permetery, crematory or other place). 20c. LOCATION — City or Town, State								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
Francis Gasch's Sons Funeral H 4739 Baltimore Avenue, Hyatts									
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate								
immediate Cause (Final disease or condition resulting in death) a. Cerebrarascular Accident	Interval Between Onset and Death								
DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
If any, leading to immediate									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that Initiated events resulting in death) LAST									
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	Ib. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10 10	MAILABLE PRIOR TO COMPLETION OF CAUSE								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10 10	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10 10	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inpatient 2 EN/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. Nursing Home 5 Residence 6 Other (Specify) 29. Nursing Home 5 Residence 6 Other (Specify) 21. Natural 5 Pending	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28e. DATE OF INJURY AT WORK? 29a. CERTIFIER 29a. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 29b. SIGNATURE AND TURLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE WORKS 29d. DATE DATE OF CRE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpution 1 Contribution 1 Inpution 2 Contribution 2 Contribution 2 Contribution 2 Contribution 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28. DATE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE MORE AND ASDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,								
PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. SIGNATURE AND TULE OF CERTIFIER 29e. DATE MANNER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, date and place, end due to the cause(a) 29e. LICENSE NUMBER 29d. DATE MANNER 29d. DA	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,								



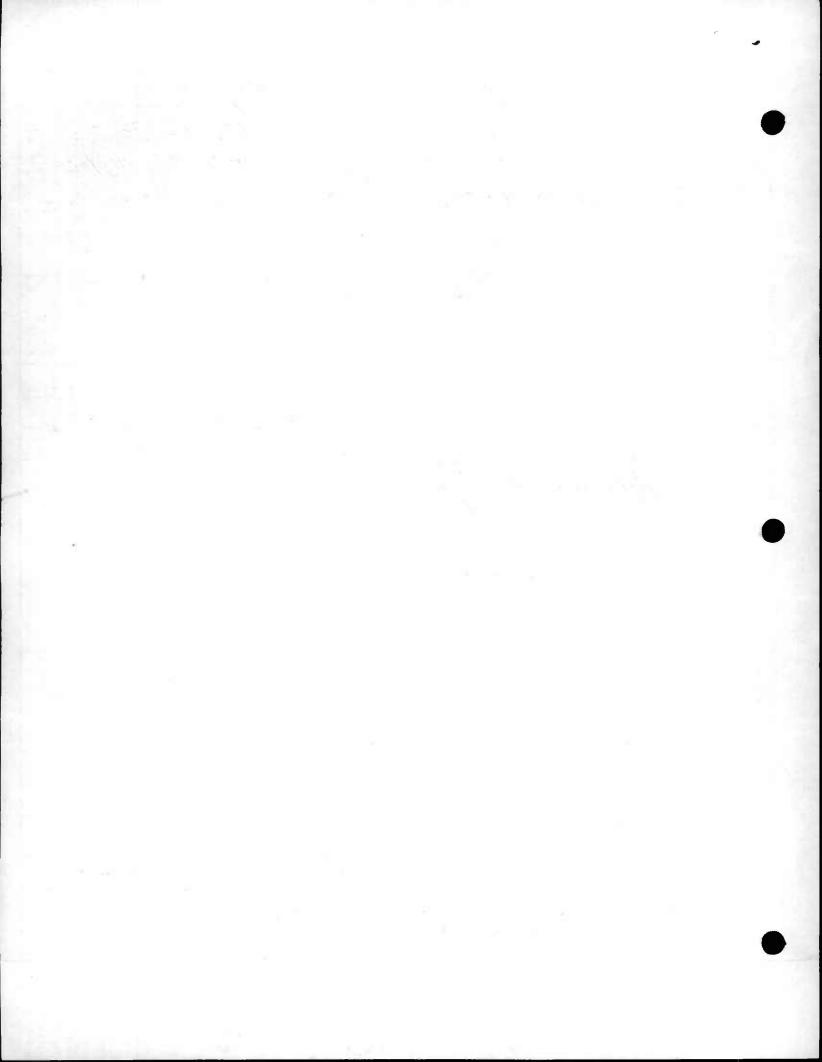
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT	OF HEALTI	I AND	MENTAL	HYGIENE
CE	ERTIFICATE	OF DEA	TH		REG NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) John Nickola					2. DATE O	OF DEATH	199	3. TIME OF DEATH 3. 6.00 A. M
	4. SOCIAL SECURITY NUMBER 212-16-6052	5. SEX 6. AGE (III	6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 2-5-	F BIRTH	B. BI	RTHPLACE (State or Foreign untry) aryland
TOR	99. FACILITY NAME (If not institution, give 2032 East Deep R					EATH	eath 0c. County of Death Carroll		
DIRECTOR	10s. STATE 10b. COUNT	roll		CITY, TOWN OR LOCATION Manchester			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2032 East Deep	Run Rd.		101. ZIP CODE 21102			10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS t Never Married 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 NO TES	13. WAS DEC	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specilly Y II yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 ANO Specify:		(Specify Yea or can, atc.)			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION o completed) College (1-4 or 5 +)	(Give kind of wo	Ind of work done during most of working NOT use retired.)			KINO OF BUSIN	USINESS/INDUSTRY	
OMP	17. FATHER'S NAME (First, Middle, Last)			Mechanic At 18. MOTHER'S NAME (First, Middle, Maide				omobile	е
	John Smith							rname)	
TO BE				Anne Friskey 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
ř	Mildred Smith	<u> </u>			Run Rd				
	20e. METHOD OF DISPOSITION 1	noval from State	PLACE AND DATE OF the ry, cremetory or other etro Crei	ar place)		1993	Bal.	tion — city or	
	21. SIGNATURE OF FUNERAL SERVICE LI	Esland 1			d Aooness of FA		hapel		0. 21102
	23. PART i. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	eDUE TO (OR AS A C	ch line.	ot enter the mo	de of dying, auc	h aa cardi	ec or reepira	tory arrest,	Approximata interval Between Oneat and Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AU PERFORME 1 YES 2						D?	4b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	K.		28. PL	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpet		OTHER:					
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJL	IRY AT		RIBE HOW INJU	JRY OCCURED	
à	1 Netural 5 Pending 2 Accident Investigation 3 Suicide	280. PLACE OF INJURY -		M 1 🗆 Y	ES 2 NO	284 LOCAT	ION (Stmat and	Mumber of Burn	of Route Number,
ETED	4 Homicide determined	building, etc. (Specify	97)			City or	Town, State)	Number or Num	il Houre Number,
COMPLETED	298. CERTIFIER (Check only one) 1 OPENTIFYING PHYSIC OF THE OF T	ICIAN: To the best of my knowled In: On the bests of exemination	dge, death occurred and/or investigation,	at the time, date in my opinion, de	and place, end due ath occured at the	to the cause time, data a	e(s) and <i>m</i> anne	r se stated. lue to the ceus	e(s) and manner as stated.
띪	296. SIGNATURE AND TITLE OF CERTIFIES	- ms			29c. LICENSE NUM	2	2	9d. DATE SIGN	EO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OEAT		vint)		Jak		1195	1,21
	MAY 3 93	32 PEGISTRAN'S, SIGNAT		101	1000	1		4.4	10 67

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND ME	NTAL HYGIE	aut .	0 1000.
_	REGISTRAR		CERTIFIC		DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First, Middle, Last)	Helen	rances	Smith	2.	MONTH 5	b/193 v	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	7	BUTTHPLACE (State or Foreign
	213 40 4033	1 - M 2 X F 84	84 YRS. W.	INTHS DAYS	6	DATE OF BIRTH	708	Charty land
DIRECTOR	9a. FICILITY NAME (If not institution, give afred Drooke, Gr	ove Nursing	Home	OLNE	01ney		MO MO	ntgomery.
3EC	10a, STATE 10b, COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
		e Georges		Landov	er Hills			LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
W	n/a 11. MARITAL STATUS	12. WAS DECEDENT EVER IN		The same and	20784			U.S.A.
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPANIC (polify Cuban, Mexican, P	ORIGIN? (Specify Y verto Rican, etc.)	es or No— 14	. RACE — American Indian, Black, White, etc.
BY	3 🖟 Widowed 4 🗌 Divorced	II TES, GIVE WAN ON DE	(I E S	I I TES	2 X NO Specify:			Specify: White
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	18e. DECEDENT'S US (Give kind of work	done during mo		16b, KIND OF B	JSINESS/INDUS	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	homem				home	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homem	akei	18. MOTHER'S NAME			
ш	Nelson D. Summers	3			Lena Ke		, our land,	
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout	e Number, City or To		
1	Yvonne F. Dwyer		15100 P	each Or	chard Rd.	Silver	Sprin	g, MD 20905
	20e, METHOD OF DISPOSITION 1 △ Burlal 2 □ Cremation 3 □ Remove		PLACE AND DATE OF COLORS			15	OCATION — City	
	4 Donation 5 Other (Specify)		мт. норе			5/5 Wo	odsboro	o, MD
	atharine (0 6 70	lon/		ID ADDRESS OF FACILI	'' D.D. H	artzler	& Sons
	000//	· Nacy			sboro, MD			
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lit	at only one cause on e	ich line.	enter the mo	de ot dying, such a	s cardiac or res	piratory arrest	interval Between
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death	
	disease or condition resulting in death) a. uternal heurorhege (probable) DUE TO (OR AS A CONSEDUENCE OF):						ilus.	
Z	Sequentially list conditions b.	Lever	Heron	1000	, to per	ia		was.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):							G G
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A	CONSEQUENCE OF):	asio	assoc	· CM	1 80min	10,413.
IH	resulting in death) LAST		110001111111111111111111111111111111111					
	PART II. Other significant conditions	contributing to death b	ut not moulting in t	the condition				
MEDICAL	PART II. Other significant conditions	the second seath b	ut not resulting in t	ne underlying	Cause given in Par		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
ED	CONOL	2726	+110	- au	apa	1 TYES	2 NO	OF DEATH?
			0			R I		1 VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check	only one)		
YSIG	1 YES 2-2'NO 1	HOSPITAL:		THER: Nursing Hom	5 🗆 Residence 6 🗆	Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME O	y WO	RK?	d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ	2 Accident Investigation 3 Suicide & Could and be	28e, PLACE OF INJURY	At home form atte		ES 2 NO			
ED	4 Homicide 6 Could not be	building, etc. (Spec	f(y)	et, factory, office	20	City or Town, State		Rurel Route Number,
Ē	29a. CERTIFIER (Check only	M: To the heat of my knowl	adaa daath assumed a	d the time date				
COMPLETED								ause(a) end menner ee stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE			GNED (Month, Day, Year)
00	SNO Kemo	STAFF PH	MERCIAN		24204	حا	15	2/93
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		20050	END	01	. 145	20832
- 4	31. DATE FILED (Month, Day, Year)	B2, REGISTRAR'S SIGNI		-000	・・・・シ	UMP	1 1	1 0000
- 1	MAY 3'93		2.00					



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical e
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	REGISTRAR		CERTIF	FICATE OF	DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA			3. TIME OF DEATH
	CLARA BELLE SMI	TH				April 2	Q 100	YEAR	7:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			HPLACE (State or Foreign
	233-72-0355	1 M 2 F	93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	ear)	Count	'ry)
	9e. FACILITY NAME (If not institution, give at		7.5	1		Oct. 10			Va.
ac l				1	OR LOCATION OF DE	ATH	9c. COL	INTY OF D	DEATH
2	Garrett Co. Memor	ial Hospit	al	0akl	and		Ga	rret	t
입	10a. STATE 19b. COUNTY		100 00	TY, TOWN OR LOCA	7.0				
뜻	W. Va. Gr						10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	tersburg					1 X YES 2 NO		
¥		10	H. ZIP CODE		10g, CIT	ZEN OF Y	WHAT COUNTRY?		
FUNERAL DIRECTOR	111 Grove Street				26847			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Speci	fy Yes or No-	14. RACE	- American Indien,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR			S 2 X NO Specify		c.)	Speci	k, White, atc.
	3 K minomen 4 Divorced							Opac,	White
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND O	F BUSINESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during m ise retired.)	osi or working				
AP.	8		Homema	ker		Own	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S NAI	ME (First, Middle, M	alden Sumame)		
	Lee	Whitmer			Susan	was to dot, missero, m		raudo	erman
BE	19e. INFORMANT'S NAME (Type/Print)		105 MAII IN	C ADDRESS (O	end Number or Rural F				Elman
2	Wayne S. Brown			rove St.					2/7
	200. METHOD OF DISPOSITION					rsburg,			
	1 № Buriel 2 - Cremation 3 - Remo	val from State	20b. PLACE AND DATE cemetery, crematory of	OF DISPOSITION (A	ame of		c. LOCATION —		
	4 Donetion 5 Other (Specify)		Maple Hi	II Cemet	ery	5/1 P	etersb	ırg,	W. Va.
	21. SIGNATURE OF NUMERAL BERNICE LICE	PHISEE .		22. NAME A	ND ADDRESS OF FAC	CILITY	P.Q. 1	Boy '	2/13
	120,1X4 L	hunt	M00167	Dure	t Funoral	l Lomo			Md. 21550
-	23 PART I Enter the diseases as a								nd. 21330
	23. PART I. Enter the diseases, pr ci shock, or heart feliure. L	iet Dniy Dne cause D	n aach ilne.	not enter tha me	ode of dying, auch	n as cerdlec or i	espiratory an	reet,	Approximete interval Batwaan
	IMMEDIATE CAUSE (Final								Onset and Death
	diseese or condition resulting in death)	Uroseps	is						1 week
	DUE TO (OR AS A CONSEQUENCE OF):								
z	Bilateral Renal Calculus								Years
CERTIFICATION	Sequentieity list conditione, if any, leading to immediate	DUE TO (OR							
8	ceuse. Enter UNDERLYING	. Ileus 1 week							
Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO (OR /	S A CONSEQUENCE O	F):					
듄	reaulting in deeth) LAST								İ
빙									+
4	PART ii. Other significant conditions	contributing to deal	h but not resulting	in the underlyin	g ceuse given in I	Part I. 24e, WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Dementia					1	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 U YE	S 2 (NO		OF DEATH?
Σ						_			1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL								
프	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che	ck only one)			
YS	1 TYES 2 NO	1 Ninpellent 2 ER/	Outpatient 3 DOA		e 5 🗆 Residence (■ Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	(Month, Day, Ye	RY 28b. TIM		URY AT	28d. DEŞCRIBE H	OW INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	, , , , , , , , , , , , , , , , , , , ,	, , ,		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJ	JRY — At home, farm,	street, factory, offic		281, LOCATION (St	rest and Number	or Rumi B	oute Number
ED	4 Homicide determined	building, etc. (specify)			City or Town, S	Stete)	0	outo Nonibal,
COMPLET	29e. CERTIFIER								
8	(Check only	AN: To the beat of my ke	lowledge, death occurr	ed at the time, date	end place, end due t	to the ceuse(s) end	menner es atat	ed.	
Ö	2 MEDICAL EXAMINER	On the bests of examin	ntion end/or investigation	on, in my opinion, o	eath occured at the t	lme, date end plec	e, end due to th	e cause(s)	end menner es stated.
	290. MONATURE AND TITLE OF CERTIFIER	1/-			29c, LICENSE NUM	BER	29d DATE	ERIGNED	(Month, Day, Yeer)
BE	1 Mangalot	9/11	1 10		D2665		D. DAII	4/2	9/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 272-Anna	Print)					
	Margaret A. Kaise			akland,	MD 21550				
, 1	31. DATE FILED (Menth Day Year)	32 REGISTRAB'S S			21330				
11	31. DATE FILED MAPPIN DON YOUR 1993	Jane David	con-Randelle						
		0	- Share						

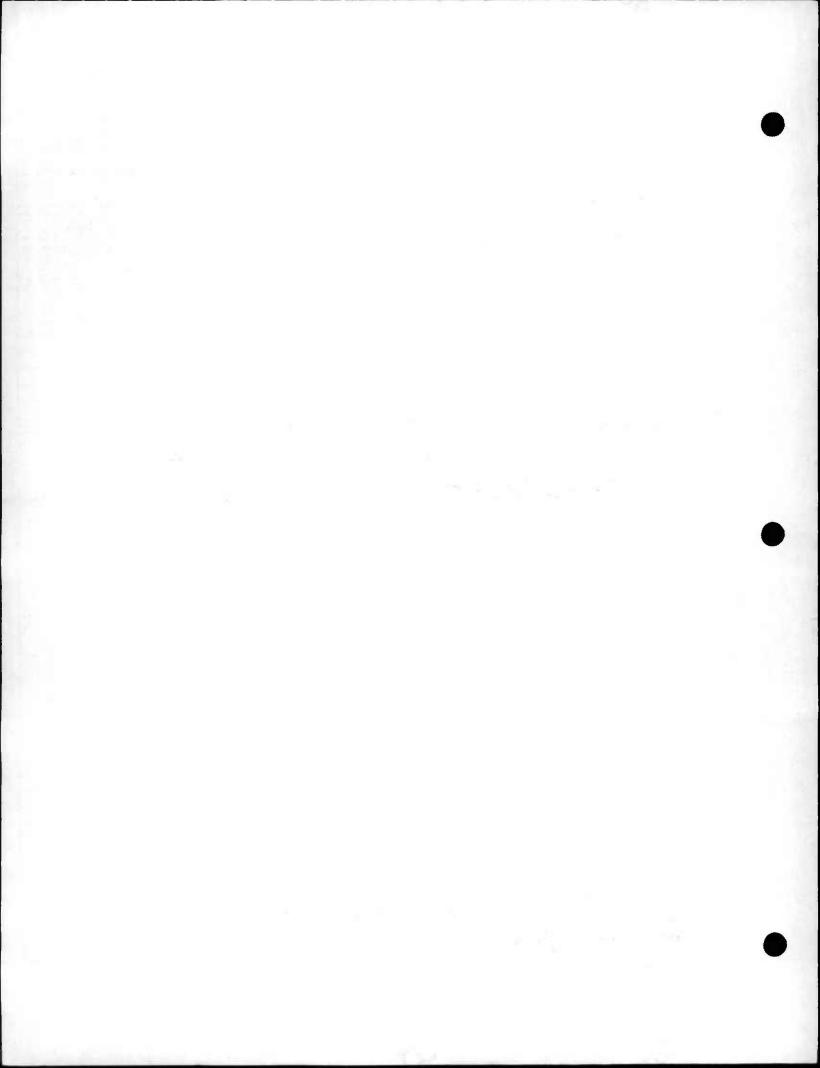
the Hilland

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

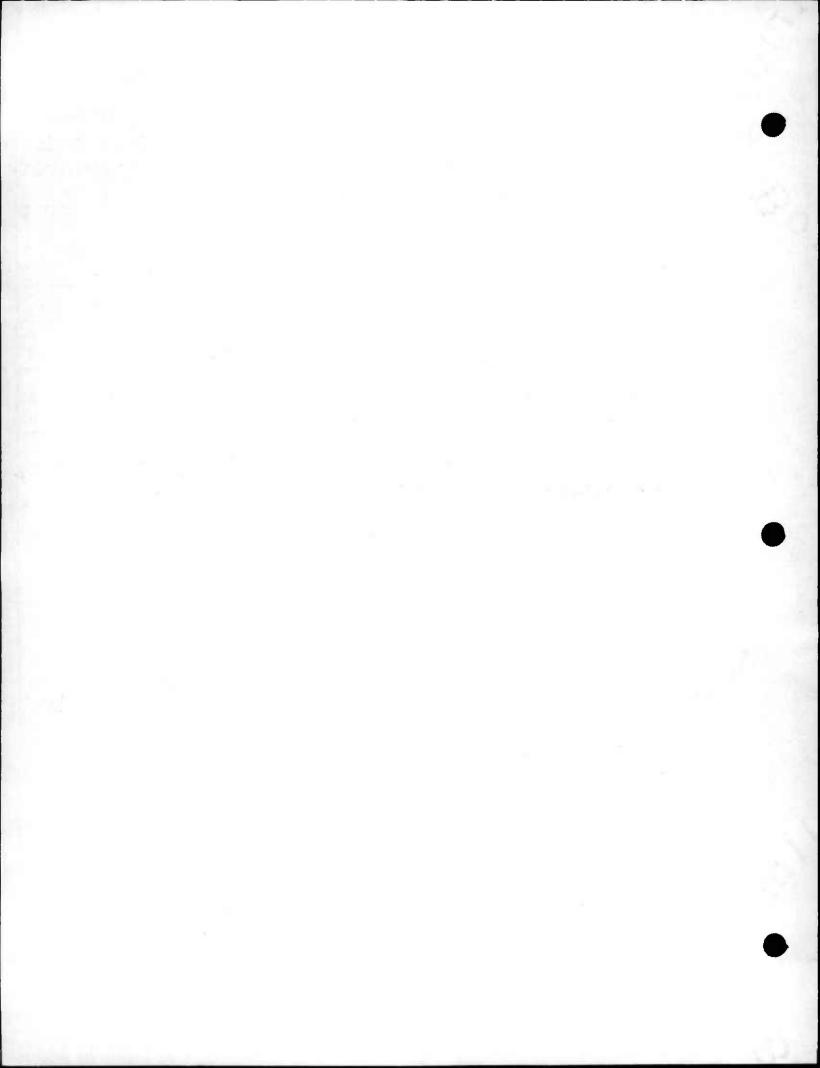
TO THE FINERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the fineral director name 5 should be described for use 30 the broad stands.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIEN		10303
		1. DECEDENT'S NAME (First, Middle, Last) Betty Jar	e SHIPLEY				2. DATE OF DEATH DATE OF DAT	AY YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 217–28–6036		MC MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year)	S. Bill Co	RTNPLACE (State or Foreign untry)
Ď	IE I	99. FACILITY NAME (If not institution, give Washington Count	street and number)		Hagers	R LOCATION OF DE		sc. county of	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT			1	10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER	Vashington		Hagers 101.	ZIP CODE		10g. CITIZEN O	1 X YES 2 NO
	FUNERAL	438 Salem Avenue 11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECI	21740 ENDENT OF HISPANI	IC ORIGIN? (Specify Yes	or No.— 14, R/	S.A. ICE — American Indian, ack, White, etc.
	D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES X	1 TYES	2 X NO Specify:		S¢	white
	COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use n	done during mos	t of working	Facto		
at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Silas Shipley	18. MOTNER'S NAME (First, Middle, Meiden Surname) Martha Dorothy Eaton						
notified	TO B	John W. Cookus				nd Number or Rural R	ta Rosa, (n, State, Zip Code))9
must be		20e. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rent 4 Donation 5 Other (Specify)		PLACE AND DATE OF I	DISPOSITION (Nar	ne of	DATE 20c. LO	cation - city or	Town, State
or removal. medical examiner		21. SIGNATURE OF FUNERAL SERVICE LI	LNISTE			Wilson	Minnio		al Home
hygiene phor to bunal, cremation, or other traumatic event, the	CERTIFICATION	23. PART I. Enter the diseases, or shock, or heer failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A C	hock	anter tha mod	ia of dying, such	avg	ratory arrest,	Approximate Interval Between Onset and Daath
s marked, or item 23 shows any injury,	MEDICAL	PART II. Other significant condition	e contributing to death bu	t not resulting in t	he underlying	couse given in F	Pert I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
or item	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe		THER:	5 Residence			
marked, o	ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME O	M 1 V	RY AT IK? ES 2 NO	26d. DEŞCRIBE NOW II	JURY OCCURED	
28 L	ETED	3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm, atred	nt, factory, office		28f. LOCATION (Street a City or Town, Stelle)	nd Number or Run	l Route Number,
NT: If item	COMPL	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	dge, death occurred a and/or investigation, is	t the fime, date on my opinion, de	and place, and due t	o the cause(a) end man	ner es stated.	s(e) end menner as stated.
IMPORTANT: I	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WIN	D COMPLETED CAUSE OF DEAL	mb	ne)	29c, LICENSE NUME	PS / 21 21 21 21 21 21 21 21 21 21 21 21 21	13/	ED (Month, Day, Year)
		31. DATE FILED (Month, Day, Year) MAY 0 4 1993	39 REGISTRAR'S SIGNA		LI St.	MAG,	MA 21	740	



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1011	traut	
2	other	
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the state of the court of the state of the s	marked, or Item 23 shows any injury, or other traumatic event, the medi-	
-	any	
1	hows	
-	23 8	
2	tem	
2	0	
14100	rked,	
2	Ē	

Γ		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATH
		George		William	n	CM	ITH				MONTH D/		YEAR	
		4. SOCIAL SECURITY NUMB	ER	5. SEX		. last birthday)		DER 1 YEAR	IF UNDER	24 MDR	April 28	, 19		20:45 P M PLACE (State or Foreign
		220- 26- 24	(0	1-2 M 2 D F		YRS.	MONTH		HOURS	MIN.	(Month, Day, Year)	004	Country	y)
. 1	I)	9e. FACILITY NAME (If not in:		4.6	59		04 04		1		Feb. 9, 1			ersville,Md
3	œ	Washington			al			Hage	rstow		AIN	9c. COL	Wash	ington
10	6	RESIDENCE OF DEC		2									Wasi	ing wi
/	E I	10e. STATE	10b. COUNTY			10c. CIT	Y, TOW	H OR LOCAT	TION					10d, INSIDE CITY
	DIRECTOR	Maryland	Was	shington		I	Hage	ersto	wn				1	LIMITS? 1 X YES 2 NO
- 1	7	10s. STREET AND NUMBER						101	. ZIP CODE			10a, CIT	IZEN OF W	HAT COUNTRY?
	FUNERAL	27 Elizabet	h C+						21740					
1	3	11. MARITAL STATUS	II OL.	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	T ₁ :			NISPAN	IC ORIGIN? (Specify Yea		S.	A • — American Indian.
- 1		1 Never Merried 2 💢	•	FORCES? 1 IF YES, GIVE V	YES 2	□ NO		If yes, sp	ecify Cuben	, Mexicar Specify	n, Puarto Rican, atc.)	0	Bleck	, White, atc.
	BY	3 Widowed 4 Divo	rced	1956-	1958			1 1 123	2 X □ NO	эреспу			Specii	w White
		15. DEC	EDENT'S EDU	CATION completed	16e	DECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND OF BUS	INESS/IN	DUSTRY	
	<u>u</u>	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life. Do NOT us	se retired	1.)	st or working	7				
	MP	9				Pair	nter	5			House Pa	ainte	er	
at once.	COMPL	17. FATNER'S NAME (First, Mi	iddie, Last)						18. MOTN	ER'S NA	ME (First, Middle, Maiden	Sumeme)		
d at	BE	Ellswo		Smith					Au	drev	v Virginia	a Cai	rbauq	h
E I	2	190. INFORMANT'S NAME (7) Freda M. S				19b. MAILING	ADDRE	ESS (Street a	nd Number o	or Rural R	loute Number, City or Town	n. State. Zie	p Code)	
be notified	-					21	EII	Lzabei	th St	•, 1	Magerstown	, Ma	• 21/	40
륗	1	20a. METNDD OF DISPOSITI 1 → Burlal 2 □ Crematio	n 3 🗆 Reme	oval from State		CE AND DATE			me of		DATE 20c. LO	CATION —	City or Tox	vn, State
Ē	1	4 d Donation 5 □ Other			San	ples N	Manc	or Cer	neter	v 5	5+ 1- 93 Sa	ample	es Ma	nor, Md.
examiner must	į	21. SIGNATURE OF FUNERAL	L SERVICE LIC				2:	2. NAME A	ID ADDRES	S OF FAC	ILITY 7			ational Pik
		Gown F	South!	John H.	bast,	OL.		BAS.	I FUN	EKAL	HOME, B	oonsk	oro,	Md. 21713
medical		23. PART I. Enter the di	seeses, dr	omplications the	t ceused the	death. Do i	not ante	er the mo	da of dyin	ig, auch	as cardiec or reapl	ratory ar	rast.	Approximata
E		anock, or na	sert fellure.	List Dnly Dne cau	se on aach	lina.		١			-			Interval Between
disease or condition Cordio respectively fail							active			Oneet and Death				
other traumatic event,		resulting in deeth)		aDUE TO	(OR AS A CON	ISEOUENCE O	F):		-		1		1	-
9	z			Chr	ove	de	Et	Vue	tu	12/	Ulmon	ary	1)/8	ione.
Ema	은	Sequentielly list condition if any, leading to immediate		DUE TO	(OR AS A CON	ISEOUENCE O	F)://	/		Λ	_	/		1
ET.	3	cause. Enter UNDERLY!	NG	150	cen	ne	H	-car	4	1)	seage			
othe		that initiated events		DUE TO	(OR AS A CON	SEQUENCE O	F):							
6	CERTIFICATION	resulting in death) LAST		d										
279	- 11	PART ii. Other eignifice	nt condition	a contributing to	death but no	ot reaulting	In the	undarivino	I Ceuse al	ven in f	Part i. 24a, WAS AN	ALITOREY	246	WERE AUTOPSY FINDINGS
- A	MEDICAL			_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, couse g.		PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ows a											1 D YES 2	NO		OF DEATN?
51	- 1										-			1 TYES 2 TO NO
23	AN	25. WAS CASE REFERRED TO	MEDICAL T					00.01	.05.05.05					
Te H	SICIAN:	EXAMINER?	MEDICAL	HOSPITAL:			ОТН	ER:	ACE OF DE					
0	PHYS	27. MANNER OF DEATH		26a, DATE OF						idence (B Other (Specify)			
marked,			Pending	(Month, D		26b. TIM INJ	URY		RK?		26d, DESCRIBE HOW IN	IJURY OC	CURED	
	B	2 Cutoti	nvestigation	28e, PLACE O	F INJURY — AI	home ferm	strant to		'ES 2 🗌	NO	and Location (o.			
28 Is			Could not be setarmined	building,	etc. (Specify)	· · · · · · · · · · · · · · · · · · ·		actory, orner			28f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
	5	29e, CERTIFIER										-		
Ξ	COMPL	(Check only									to the cause(s) and man			
IMPORTANT: If Item	8				xamination and	/or investigatio	on, In my	y opinion, de	eath occure	d at the t	ime, date end place, end	due to th	ne ceuse(s)	and manner es stated.
E	8	296. SIGNATURE AND TITLE	OF CERTIFIER	μ λ					29¢. LICEN	SE NUM	BER	29d. DAT	E SIONED	(Month, Day, Year)
3	စ္	VITYO	yu	3 14.1	*				1)3	54	7/	D 4	1/28	193
	-	30. NAME AND ADDRESS OF	PERSON WHO	2 A IIA	SE OF DEATH (TEM 27) (Type,	Print)		/ <	7	11-			11 - 1
31. DATE FILED (Morrith, Day, Year) 32. REGISTRAR'S SIGNATURE. AL R 30 1993 July Devision France.									NZ ED					
		31. DATE FILED (Month, Day,)		32. REGISTRA	R'S SIGNATURE	2		-			0			7 171
L		BI II U V 133.	J		1									1/10



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal.

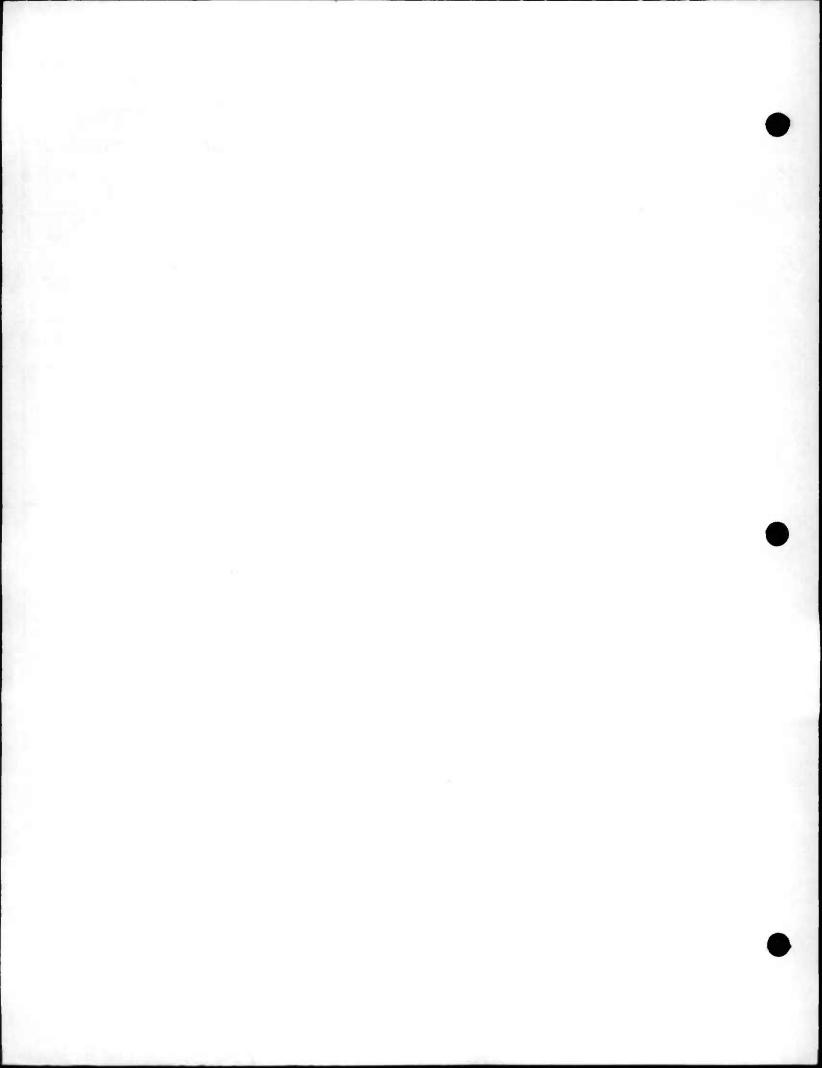
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept, or Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
10	2	be file	IMP	

											(3 3	1396	
	FOR 1 - STATE REGISTRAR	STATE OF I	/MARYLAND /	DEPAR						IYGIEN	E	93	1000) [
	1. DECEDENT'S NAME (First, Middle, Last) Frederick Armond	SCHLOTT							2. DATE OF MONTH April	DEATH DA		YEAR	3. TIME OF DEAT	Н
	4. SOCIAL SECURITY NUMBER 214-07-6175	5. SEX 1	6. AGE (In yrs. las	st birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, Di July	BIRTH ly; Year)		6. BIRTH	PLACE (State or For	reign
TOR	9a. FACILITY NAME (if not institution, give street and number) 19 Catawba Place RESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOC Hagerst								EATH			NTY OF D Shin		
DIRECTOR	Maryland Wash:	ington				or Local							10d. INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL	100. STREET AND NUMBER 19 Catawba Place					101	21	742			10g. CITI	ZEN OF W	HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	X YES 2 D	RMED NO	13	If yes, sp	ENDENT O	n, Maxica	NIC ORIGIN? (S in, Puerto Ricer y:	pecify Yes	or No-	14. RACE Black Speci Whi		n,
COMPLETED	15. DECEDENT'S EQUC (Specify only highest grade of Elementary/Secondary (0-12) 12	College (1-4 or 5 -	(G life.	CEDENT'S ive kind of v Do NOT us	work done se retired.;	during mo	ON ost of workin	ng .		ircr	aft	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Frederick Sc	hlotter					E.	11a	Me (First, Middl Nora M	ae S	touf			
2	19e. INFORMANT'S NAME (Type/Print) Lois Drew								Route Number (Code)		
	20a. METHOD OF DISPOSITION 1				T Ce	mete	ry	SS. OF. FA	4-30 Hagerstown, Maryland ACILITY HOME					
	Devet 1	M	Unn		6 4	15 E	. Wi	lson	Blvd.	, Ha			Md. 21	740
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Auth Myocaudial Tydaudian Due to (or as a consequence or): Sequentially list conditions b. Authorized arrest Vencular Parameters Due to (or as a consequence or):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. AULIO Sclautor Vascular Project. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Hyperten	s contributing to	death but not r	reaulting i	in the u	nderlying	g causa g	ivan in		PERFORI	MEO?	24b.	WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CA DF DEATH? 1 YES 2 N	TO AUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:			sck only one)					
ву Рну	27. MANNER OF DEATH Natural 5 Pending Pending Investigation	28s. DATE OF (Month, D	INJURY	28b. TIM		26c. INJ WO			28d. DESCRIE		JURY OCC	CURED		
	3 Suicide S Could not be determined	28e. PLACE O building,	F INJURY — At horate. (Specify)	ma, farm, s	treel, fac	tory, office			281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Runal R	oute Number,	
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER												and manner as sta	ited.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER WELLOWS	D.			-		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year 0 23815			(Month, Day, Year)				

/′					1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE			
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	3 DOA 4 Nu	rsing Home 5 Residence		
Netural 5 Pending Investigation	(Month, Day, Year)	INJURY M	WORK?	28d. DESCRIBE HOW INJURY OCCUP	RED
3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At h building, atc. (Specify)	oma, farm, street, fac	tory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

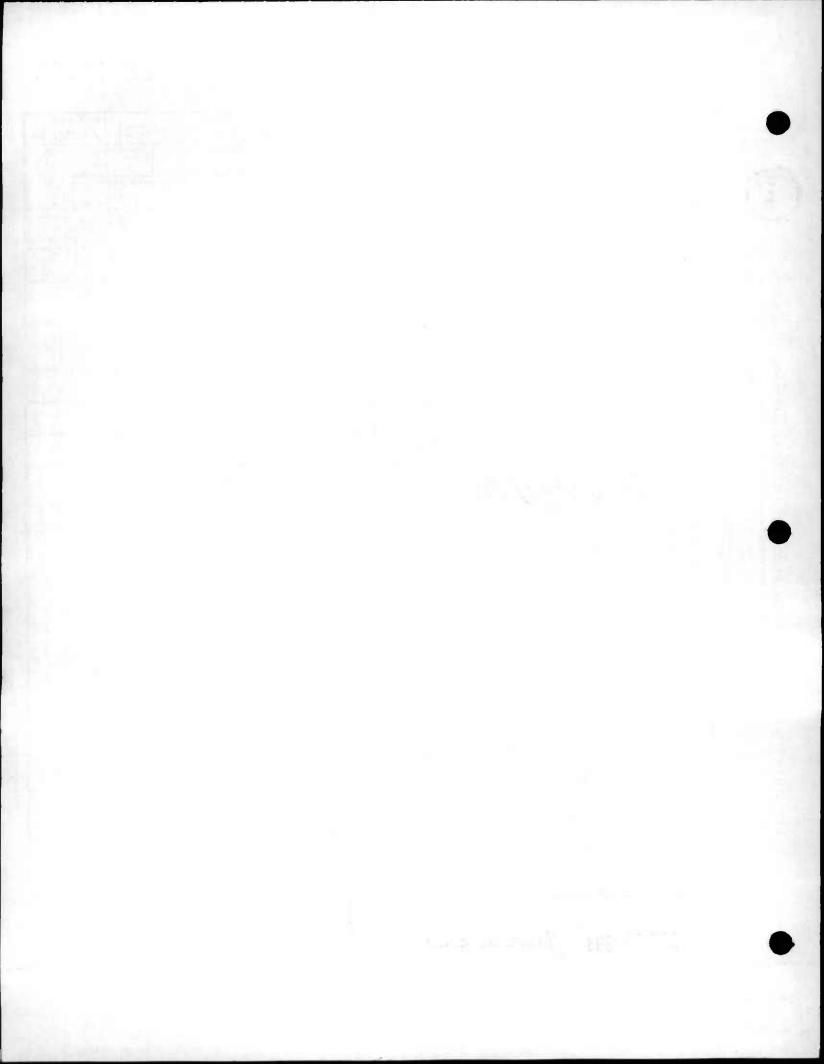
29c. LICENSE NUMBER
0 23815 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (More) 1993



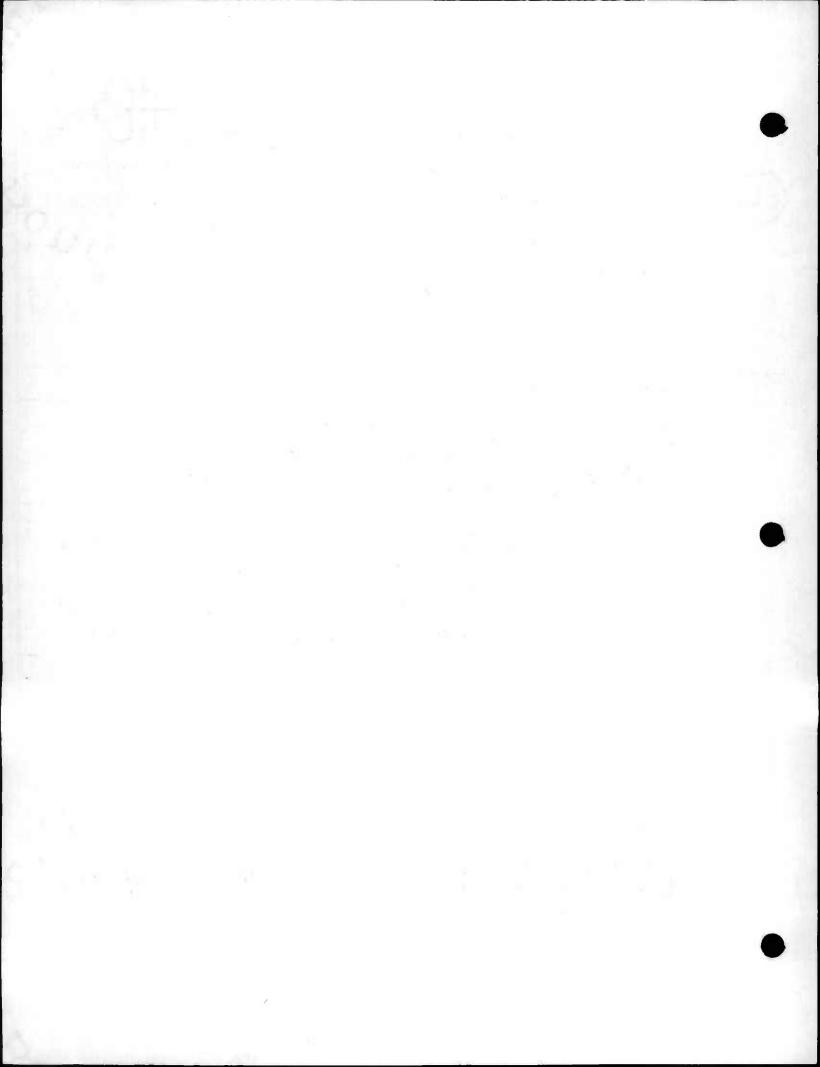
4 hours after death. Page 6 may be retained by the hospir	filled in by the funeral director, page 5 should be detached	is medical examiner must be notified at once
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial command in remand	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event the medical examiner must be notified at owner.

	REGISTRAR	E OF MARYLAND / CI	DEPARTMENT ERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) N 4. SOCIAL SECURITY NUMBER 5. SEX	evin Miller	K		4-0	DAY - 9	3. TIME OF DEATH 1/30 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. FACILITY NAME (If not institution, give street and number) 9. CITY, TOWN OR LOCATION OF DEATH 9. COUNTY OF DE						
DIRECTOR	Colton Vila Nursi	ng Center	HE	, 1			hington
	Maryland Washington	n	Hagerst				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 13221 Marsh Pike			101. ZIP CODE			N OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. AR ES? 1 YES 2 N S. GIVE WAR OR DATES	NO If	21740 AS DECENDENT OF HISP, yes, specify Cuban, Mexic YES 2 NO Spec	en, Puerto Ricen, atc.)		USA RACE — American Indian, Black, White, stc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(Gi	CEDENT'S USUAL OC the kind of work done do Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BU		vhite TRY
MPI	12 (17. FATHER'S NAME (First, Middle, Last)) d	lairy farm		farm		
BE CO	Benjamin Harrison Shar	ık			AME (First, Middle, Maider Elizabeth		
T0	19m. INFORMANT'S NAME (Type/Print) Garry Shank			Street and Number or Rura meadow Rd.			
	20e. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Ramoval from 4 Donetion 5 Other (Specify)	State 20b. PLACE A	AND DATE OF DISPOSIT matory or other place) Haven Cem	ION (Name of	DATE 20c. LC	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nime	MIN MIN	AME AND ADDRESS OF F NICH FUNER	ACILITY AL HOME		m, Md. 21740
ATION	23. PART I. Enter the diseases, or complicate shock, or heart failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	ons that ceused the de one ceuse on each line. DUE TO (OR AS A CONSEQ DUE TO (OR AS A CONSEQ	Public OF:	Faculture	ch ss cerdlec or resp	iratory errest	Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEO					
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. ASCOD Parking Discount Series Discount Discount Series Discount						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? t YES 2 LIMP 1 Input	TAL: lent 2 ☐ ER/Outpatient 3	OTHER:	26. PLACE OF DEATH (C			
ВУ РНУ	27. MANNER OF DEATH 26e.	DATE OF INJURY Month, Day, Year)		g Home 5 Residence Bc. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 2 Could and 28e.	PLACE OF INJURY — Al hon building, etc. (Specify)	ne, ferm, street, factor	r, offica	281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the box one)	best of my knowledge, dea	ith occurred at the tim	s, data end place, and dur	to the cause(e) end mer	nner as stated.	buse(s) end manner as atlated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	tana my	>	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET						
	31. DATE FILED (Month, Day, Year) 32-R	EGISTRAR'S SIGNATURE					



	TO BE COUND ETER BY BUYER INFRIENCE OFFICE OF THE PROPERTY OF
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
ne funeral director, page 5 should be detached al.	IU THE FUNERAL UNECTUR'S Affer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours affer death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.
r death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospits

			IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	_				
	1. DECEOENT'S HAME (First, Middle, Less) YVONNE E. SKILLINGS	5		2. DATE OF DEATH	3. TIME OF DEATH				
		s. lest birthday) IF UNDS WONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF GEATH 96. CQUINTY OF GEATH								
DIRECTOR	HESIDENCE OF DECEDENT	ital Ha	gerstown		Washington				
IREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN			10d. IHSIDE CITY LIMITS?				
	MARYLAND WASHINGTON 10e. STREET AND NUMBER		SHARPSBURG 101, ZIP CODE		1 TYES 2 THO 10g. CITIZEH OF WHAT COUNTRY?				
FUNERAL	3937 MILLS ROAD 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S.		21782		U.S.A.				
	11. MARITAL STATUS 1	Мно	I. WAS DECENDENT OF HISPAI II yes, specify Cuban, Maxico 1 YES 2 HO Specif	n, Puarto Rican, atc.)	or No.— 14. RACE — American Indian, Black, White, atc. Specify:				
ED BY	15. DECEDENT'S EDUCATION 16a	DECEDENT'S USUAL O	OCCUPATION	165 KIND OF BUIL	WHITE				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9		o during most of working)	100000000000000000000000000000000000000	WN HOME				
	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Melden Surname) F. CUSSON					
TO BE	THOMAS D. OUFILETTE 19a. INFORMANT'S HAME (Type/Print)	19b. MAILING AOORES	EVE SS (Street and Number or Rural						
F	EVA F. EICHELBERGER		S ROAD, SHAF						
	1 M Burial 2 □ Cremation 3 M Ramoval from Stata cemetery.	CE AND DATE OF DISPO r, crematory or other place RED HEART	9)		CATION — City or Town, State BEDFORD, MA 02745				
	21. SIGHATURE OF FUHERAL SERVICE LICENSEE	22	22. NAME AND ADDRESS OF FACILITY BAST FUNERAL HOME 7606 Old National Pike Boonsboro, MD 21713						
	23. PART I. Enter the diseases, or complications that caused the chock, or heart felture. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)	line.		h aa cerdiec or respi	ratory arreat, Approximete Interval Between Onset and Death				
NO	Sequentially list conditions, Due to (or as a consequence of): Sequentially list conditions, Due to the sequence of the sequentially list conditions, Due to the sequentially list conditions.								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	1	order, preumonia.						
CERT	resulting in death) LAST				DISEDIE-				
N: MEDICAL	PART II. Other algnificant conditions contributing to death but no	ot resulting in the u	inderlying ceuse given in	Pert I. 24a. WAS AN. PERFOR 1 TYES 2	MED? AVAILABLE PRIOR TO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? HOSPITAL:	OTHE	26. PLACE OF DEATH (Ch	eck only one)					
HYS	1 VES 2 HO 1 Inpetient 2 ER/Outpetient 27. MANHER OF DEATH 286. DATE OF IHJURY	28b. TIME OF	28c, IHJURY AT	8 Other (Specify) 28d. OE\$CRIBE HOW II	JURY OCCURED				
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	IHJURY M	WORK? 1 YES 2 HO						
	3 Suicide 6 Could not be distarmined 28e. PLACE OF INJURY — All building, etc. (Specify)	I home, farm, street, lac	ctory, office	281. LOCATIOH (Street a City or Town, State)	nd Number or Rural Route Number,				
COMPLETED	28a. CERTURN 1 CERTIFYING PHYSICIAH: To the best of my knowledge. 2 MEOICAL EXAMINER: On the basis of examination and								
TO BE C	SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH () ITEM 27) (Type Print)	29 ALICENSE NUI	43	29d. DATE SIGNED (Month, Day, Year)				
	Dr. L. Dwight Wooster, 1799 Ho	owell Road	d, Hagerstown	, MD 2174	0				
	31. DATE FILED (Month, Day, 1947) APR 29 1993 Julius Strangs Signature	E							



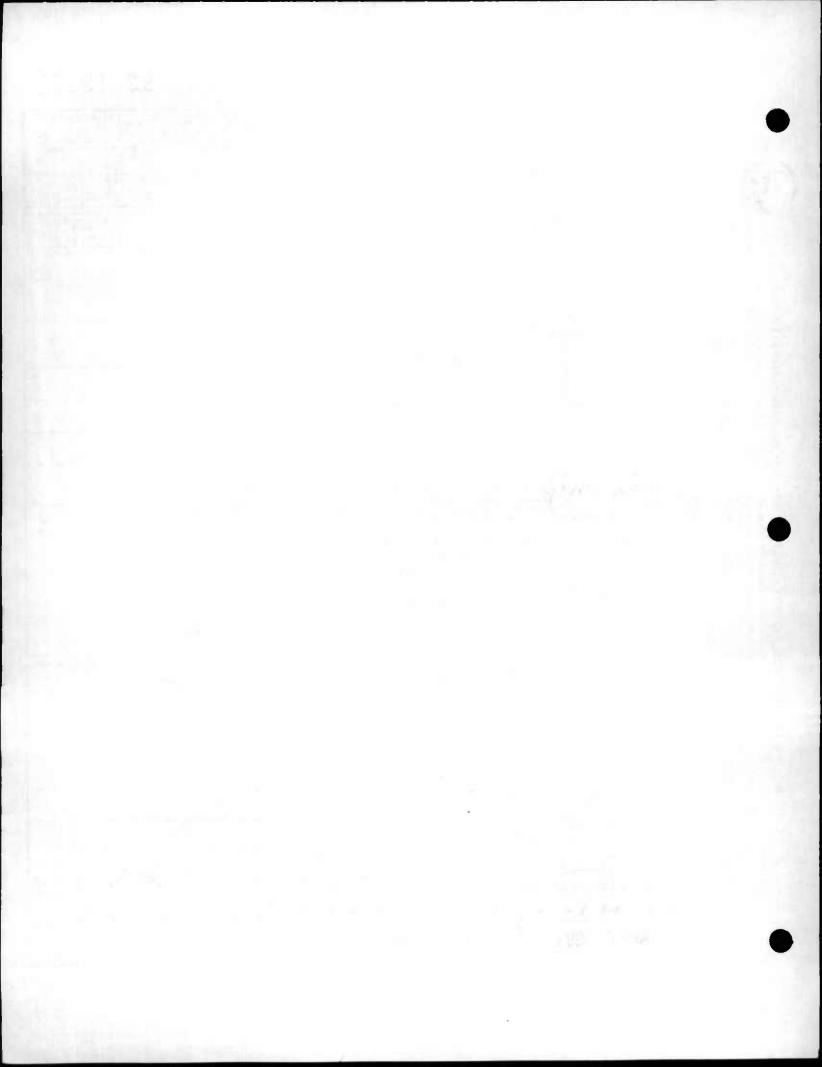
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be derawhy		IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	M P	mple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ever	١
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMEN	T OF H	IEALTH AND) MEN	TAL HYGIEN	_	93	139	64
	1. DECEDENT'S NAME (First, Middle, Last) Gladys V. SMITH				10111	L	DEATT	M	ATE OF DEATH	AY	YEAR	3. TIME OF DEA	атн р.м
	4. SOCIAL SECURITY NUMBER 220- 48- 2469	5. SEX 1 M 2 XF	6. AGE (In yrs. 73	last birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS	7.D	ATE OF BIRTH Acorth, Day, Year) AY 5, 19		Country	LACE (State or	
TOR	9a. FACILITY NAME (If not institution, give st Ravenwood Luther RESIDENCE OF DECEDENT		lage				or Location of	_	2 07 22	Shing	ATH		
L DIRECTOR	10e. STATE 10b. COUNTY	nington		10c. CIT			boro				10d. INSIDE CIT LIMITS? 1 YES 2		
FUNERAL	5109 Amos Ree					21713			1	U.S.	A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married X Widowed 4 Divorced	T EVER IN U.S. YES 2 [AR OR DATES	ARMED		If yes, spe	ENDENT OF HISI ecity Cuban, Mex 2 X NO Spe	Ican, Pue	IGIN? (Specify Yearto Rican, atc.)	or No-	14. RACE - Black, Specify:	- American ind White, atc. - White	lien,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 -)	DECEDENT'S (Give kind of ville. Do NOT us	work done se retired.)	during mo	ON st of working		Clothir		OTROCE		
0	17. FATHER'S NAME (First, Middle, Last)			July GL V	1001		18. MOTHER'S	NAME (FI	st, Middle, Maiden	_	Lg.		
BE C	Lamon S. Mi	ller							l Geltma	7.47			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a			lumber, City or Town		Codel		
٩	Dennis K. Smith								oro, Md.		713		
	20a. METHOD OF OISPOSITION 1 LYBurial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		cemetery.	rematory or o	ther place)		me of 4-29-9	1		cation — c lst Gi			
	John 91 Bed A	John I	H. Bast		В	AST	FUNERAL	HON	Boo	nsbo	ro, M	ional d. 217	
	23. PART I. Enter the disease, or crahock, or heert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	card	se on each il	ne.	+	tha mod	da of dying, so	uch ss c	cardiec or raepi	retory srr	eat,	Approxim Interval E Onset en	Batween
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Cardy DUE TO Rea	Only of One As A COME	EQUENCE OF	m/0.								
CERTI	that initieted events resulting in death) LAST	Date	1-101012	ratic	2	-910	-140	u Cou	in C	dal.			
	Diahete me	contributing to	deeth but no	reculting i	n the un	derlying	ceuse given i	in Part I.	24a. WAS AND PERFORM	MED?	A C	ERE AUTOPSY F WAILABLE PRIOR OMPLETION OF F DEATH?	TO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (Check only	r one)			YES 2	NO
ĭS	1 VES 2 NO	1 🗆 Inpetient 2 🗆	ER/Outpatient	3 DOA	OTHER		5 - Residence	8 🗆 0	ther (Specify)				
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, De		28b, TIMI INJ		28c. INJU WOF	JRY AT RK? ES 2 NO	28d. I	DESCRIBE HOW IN	URY OCC	URED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE Of building.	INJURY — A1 I	nome, farm, a	tree1, 1act			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	AN: To the best of ax	my knowledge, o	seath occurre	d at the 1i	me, data i	and place, and de	ue to the	cause(a) and men	ner as atate	d. ceuseis) a	nd manner es e	tetad.
Ö	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NI					onth Day Year	

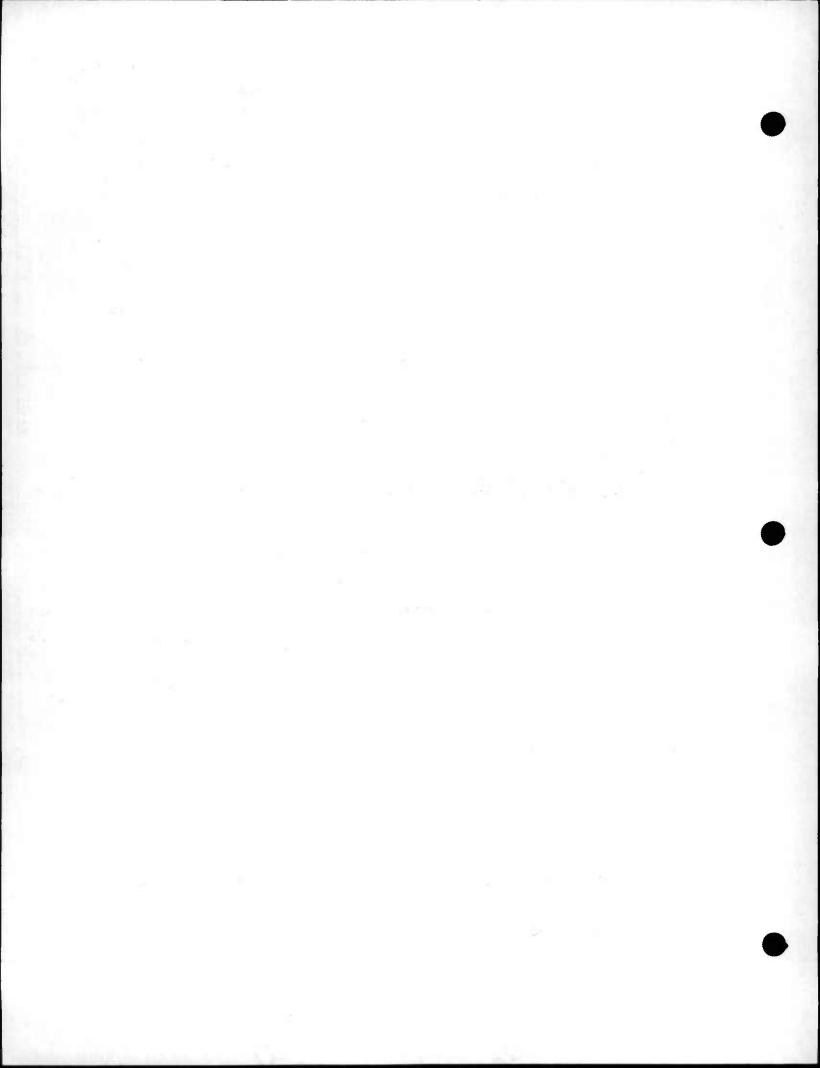
CAUSE OF DEATH (ITEM 27) (Typo, Print)
W.D. 138 E



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Lest) Svend David SHEPPARD, II 2. Date of Death Month S. David Sheppard II 2. Date of Death Month 4-20-93 3. Time of Death 4-20-93												
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. less					7. DATE OF B (Month, Day	HRTH	1	8. BIRTH Countr	IPLACE (State or Foreign	
	219-46-3464	1 X M 2 - F	46	YRS.		HOURS		ug. I	9 19		Mary	land	
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT												
EC.	10a. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION						10d. INSIDE CITY	
	Pennsylvania F		Gre	eencas	tle						LIMITS?		
FUNERAL	100. STREET AND NUMBER 67 Hearthside La	ne				7225				0071	S.A	YHAT COUNTRY?	
2	11. MARITAL STATUS	12. WAS DECEDENT EX	ER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF	F HISPANIC	ORIGIN? (Sp Puerto Rican	ecify Yee	or No	14. RACE	American Indian,	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	U.S. Air	OR DATES		1 TYES	2 X NO		Puerio Nican	, etc.)		Spech		
	15, DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S USU	JAL OCCUPATION	ON		16b. KINI	D OF BUS	INESS/IND		ite	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-t 2)	College (1-4 or 5 +)	(Gi	va kind of work Do NOT use re	done during mo tired.)	st of working	9	100000					
MPI	12 2 DJ/Announcer Radio												
Ö	17. FATHER'S NAME (First, Middle, Lest)							E (First, Middle					
BE	Svend D. Sheppar	d						el Po					
2	190. INFORMANT'S NAME (Typo/Print) Grace E. Sheppar	d			DRESS (Street e						,		
	29a. METHOD OF DISPOSITION		20h PLACEA	NDDATEGED	thside	mo of		OATE	200 100	ATION	Charles To		
	1. Surial 2 Cremation 3 Removed Donation 5 Other (Specify)	val from Stata	cemetery, crer Rest	natory or other i	Ceme	terv	4-23-	93	Hao	raret	OTTO	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	^		22. NAME A	D ADORES	S OF FACIL	JTY Mir	nich	Fur	eral	Home	
	COUT	Mu	nne	CR	415	E. Wi	lson	Blvd.	Hag	gerst	own,	Md. 21740	
	23. PART I. Enter the diseases, or co	omplications that ca	used the de	sth. Do not								Approximate	
	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist Dniy Dna cause	on each line.							•		Interval Between Onset and Death	
	disease or condition resulting in death) a. Circle respectory insufficiency of the survey out to (OR AS A CONSEQUENCE OF):										15 days		
- 1	OUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions, b.	Belate DUE TO (OR	egl p	7-2-21	yma							16 days	
ATI	if any, leading to immediata cause. Enter UNDERLYING											"	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEO	UENCE OF):								15 days	
CERTIFICATION	resulting in desth) LAST	Terms	ral yes	m. Hort	ypers	male	Wor	Z lys	ugher	ma.		Ayears	
	PART II. Other significant conditions					_			WAS AN		1 245	WERE AUTOPSY FINDINGS	
MEDICAL		•		•		,		- 9	PERFORM	AED?	240.	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
								_ '	YES 2	JANO.		OF DEATH?	
								-				T TES 2 W NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000174				ACE OF OE	ATH (Check	only one)					
YSK	1 YES 2 10	HOSPITAL:	Outpatient 3		HER: Nursing Hom	e 5 🗆 Ree	ildence 6	☐ Other (Spe	ecify)				
	27. MANNER OF DEATH 1 Return 5 Pending	28e. DATE OF INJU (Month, Day, Y		28b. TIME OF INJURY		URY AT RK7	2	6d. DESCRIB	E HOW IN	JURY OCC	URED		
à	2 Accident Investigation	20- 81 405 05 11				rES 2							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	(Specify)	ne, farm, stree	t, factory, offic	•	2	City or Tow		nd Number	or Rural A	oute Number,	
296. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end menner as ateted. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.													
	29b. SIGNATURE AND TITLE OF CERTIFIER				my opinion, o								
8	Kishard E. Ar.	To un o				_	NSE NUMBE					(Morith, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE O	F DEATH (ITEM	27) (Type, Prin	()	~10	11	ر			111	193.	
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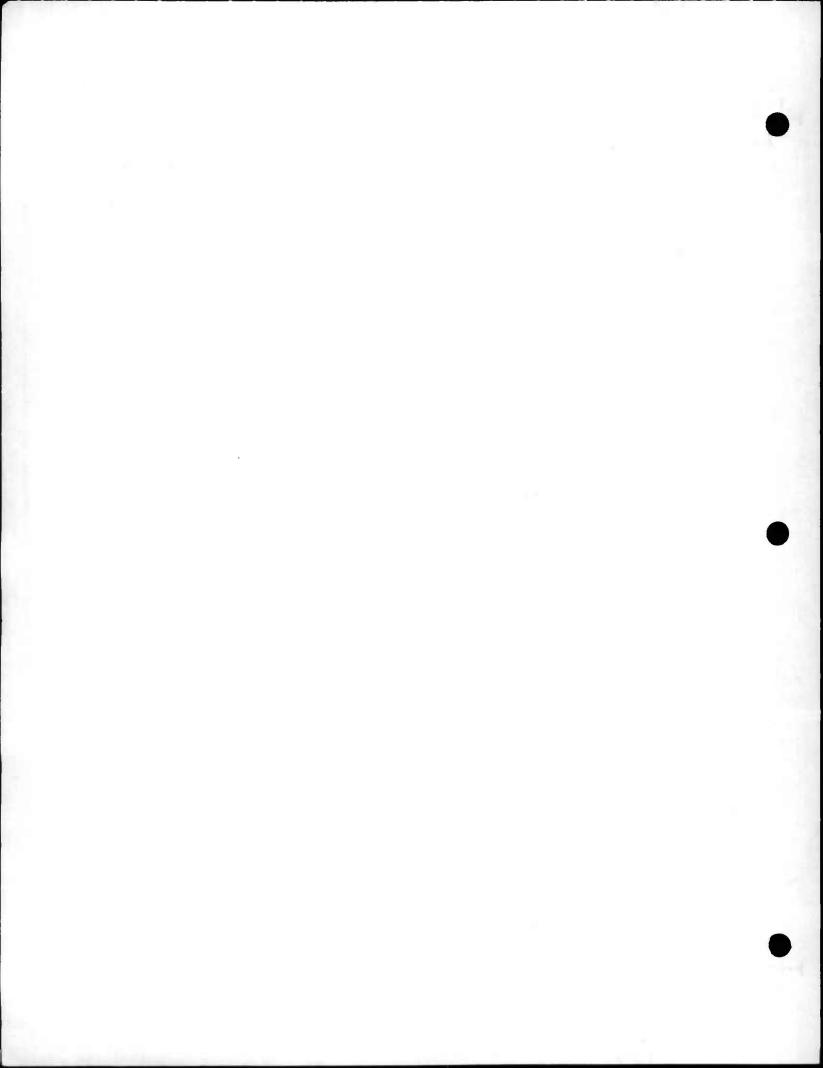


TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Debt, of Health and Mental Hydene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

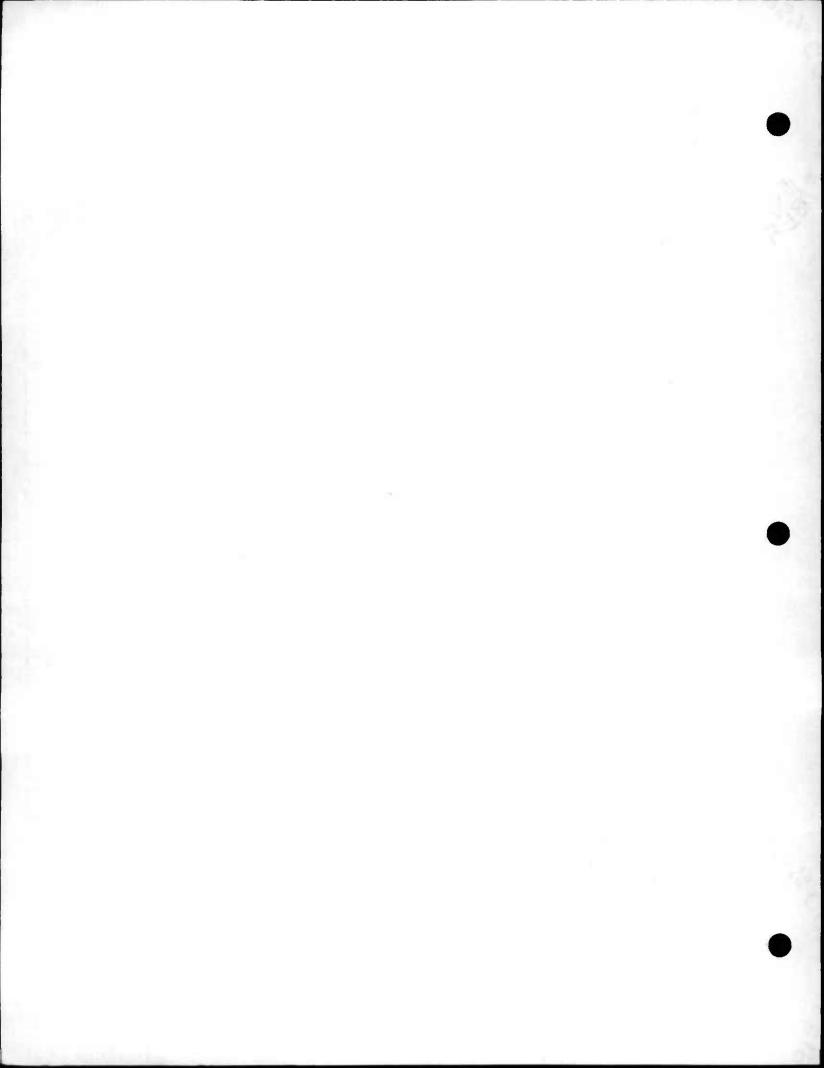
1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM			MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Earl Marcus		SPONG			2. DATE OF DEATH DATE OF April 15,	" 1993 ["]	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-09-7146	5. SEX 6. AGE	40	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 31,19		BIRTNPLACE (State or Foreign Country) Marvland
9a. FACILITY NAME (If not institution, give a			a. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	7
49 East Avenue			Hager	stown			ngton
10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY
Maryland Washi	ngton	Hage	rstown				LIMITS?
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
49 East Avenue	12. WAS DECEDENT EVER	N II S ARMED	12 WM 8 DEC	21740	IC ORIGIN? (Specify Yea		SA
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR I	2 NO	If yes, spe	city Cuban, Maxicar 2X NO Specify	, Puario Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S USI	UAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUST	white
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	t or working			
10	00	set up	operato		truck		
Albert Spong					ME (First, Middle, Malden :	Surname)	
19a. INFORMANT'S NAME (Type/Print)		195 MAII INO AD	DRESS (Street or	Grace]	DOWE'S Joute Number, City or Town	State To Co.	
Robert Spong					Keedysvil		
20a. METHOD OF DISPOSITION 1	oval from Stata Cer	b. PLACE AND DATE OF O	DISPOSITION (Nar	ne of	DATE 20c. LO	CATION — City	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Hagerstown		OTY D ADDRESS OF FAC	4-1/ Hag	erstow	n, Maryland
· Find Li	Motal		MINNIC	I FUNERAL	HOME	erstow	n, Md. 21740
23. PART I. Enter the diseases, proshock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eDUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):				adiy siron,	Approximate Interval Between Onset and Death
	d						
PART II. Other significent condition	s contributing to deeth to		he underlying	ceuse given in F	Part I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 D1 /	CE OF DEATH (Che	ck anti acci		
EXAMINER?	HOSPITAL:		THER:	5 Residence 8			
27. MANNER OF DEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU	RY AT	28d. DESCRIBE HOW IN	IJURY OCCUR	ED
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		ES 2 NO			
3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree cify)	t, factory, office		28t. LOCATION (Street as City or Town, State)	nd Number or R	lural Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my know	riedge, death occurred at	t the time, data a	and place, and due t	to the cause(s) and man	nor as stated,	
29b. SIGNATURE AND TITLE OF CERTIFIER		m end/or investigation, in	n my opinion, de			dua to the ca	use(a) and manner as stated.
30. NAME AND ADDRESS OF PERSON WH	Melowa	L MI	2.	O 416	6)	29d. DATE SIC	SNED (Month, Day, Year)
Michael J	· McCom	ATH (ITEM 27) (Type, Prin	1759	to we	11 Rd	these	erydown mo
31. DATE FILED (Month, Pay, Year) APR 2 1 1993	32. REGISTRAR'S SIGN	ATURE					



IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENTAI	HYGIEN	E			
	1. DECEOENT'S NAME (First, Middle, Last)							1		OF DEATH			3. TIME OF GEATH	
	Doris Jane STARTZ	ZMAN							MONTH			YEAR		M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER 2		7. DATE	OF BIRTH		BIRTH	IPLACE (State or Forei	ian
	219-72-8601	1 🗌 M 2🔀 F	59	YRS.	MONTHS	DAYS F	IOURS	MIN.	(Month	, Day, Year) . 6 , 193		Counti	ryland	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE		.0,173	9c. COUNT			
DIRECTOR	Linwood Road Ext.	•			Н	ager	stow	m			Wasi	nin	gton	
EC	10a. STATE 10b. COUNTY		-	10c, CIT	Y, TOWN OR	LOCATIO	N						10d. INSIDE CITY	
SI	Maryland Washi	ington										ı	LIMITS?	
7	10e. STREET AND NUMBER	ington		п	agers		IP CODE				10a CITIZE	N OF V	1 YES 2 NO	10
ER/	Linwood Road Ext						217	4.0			Tog. Offize			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. W	AS DECEN			IC OBIGIN	? (Specify Yea	or No. 1	US	A — American Indian,	
F	1 Never Married 2 K Married		YES 2 XN		11	yes, speci	ly Cuben,	Maxican	, Puarto A	ican, atc.)	01 140-	Black	, White, etc.	•
В	3 Widowed 4 Divorced				1	_ 1C3 2	[Mo	Specify:				whi		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DE0	CEOENT'S	USUAL OCC	CUPATION	of unothing		16b.	KIND OF BUS	INESS/INOUS			
	Elamentary/Secondary (0-12)	College (1-4 or 5+		Do NOT us	e retired.)	aring most	a working							
MP	12	1	1	nouse	ewife									
8	17. FATHER'S NAME (First, Middle, Last)					1	8. MOTHE	R'S NAM	AE (First, N	liddle, Meiden	Sumeme)			
H	Francis P. Eberly	r								P. Pr				
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Town				
_	Charles R. Startz	man						, Ha	agers	town,	Mary]	and	1 21740	
	26e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Remo	val from State	20b. PLACE A	ND DATE (DF DISPOSIT	ION (Neme	of		OATE		CATION — CH	-	•	
	4 Donation 5 Other (Specify)		Rose Rose	Hill					4-23	Hage	erstov	m,	Maryland	
	21. SIGNATURE OF PURENAL SERVICE LICE	INSEE	7	•	22. N MII	AME AND	ADORESS	OF FACI	IUTY	ME				
	Jan	11/1	lenn	4							persto	. נינדו	Md. 217	40
	23. PART I. Enter the diseases, or co	omplications that	coused the dec	th. Do n	ot enter t	he mode	of dying	g, such	as cerd	ac or reapli	ratory arrea	t,	Approximate	
	shock, or heart feliure. L IMMEDIATE CAUSE (Finel disease or condition		Novem		Ilara	a'c i	har	Pul	men	My H.	No de	anc i	Onset end D	
	resulting in death)	DUE TO	OR AS A CONSEO	UNICE OF	7:	331), ra	1	-	7 10	1010	- 01	1	
Z	Sequentially list conditions,													
Ĕ	if sny, leeding to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSEO	UENCE OF):									
5	CAUSE (Disease or injury	DUE TO	OR AS A CONSEO	IENOE OF										
Ē	that initiated events resulting in death) LAST	002 10 1	OH AS A CONSEU	UENCE OF):									`
CERTIFICATION	d.	•											-	
CAL	PART ii. Other significent conditions	contributing to	death but not re	euiting i	n the und	eriying c	euse giv	en in P	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDS	
S	Atherasa	Thorc	houst	CU:	Secul	e			_	PERFORI			AMARABLE PRIOR TO COMPLETION OF CAU	
MEDI													OF DEATH?	
ž														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	E OF DEA	TH (Chec	k only one)				
Š		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ng Home	5 DAGSH	denca 8	□ Other	(Specify)				
E	27. MANNED OF DEATH	28a. DATE OF (Month, De		26b. TIME	OF 2	Sc. INJUR WORK	AT		28d. DESC	RIBE HOW IN	JURY OCCUI	RED		_
B	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,,,		м	1 YES		NO						
	3 Suicide 8 Could not be	28a. PLACE OF building,	INJURY — At hon	ne, ferm, s	treet, factor	y, office			281. LOCA	TION (Street at Town, State)	nd Number or	Rural R	oute Number,	
COMPLETED	4 Homicide determined								ON D	Nown, Otaley				
2	29a. CERTIFIER (Check only	AN: To the best of	my knowledge, dea	th occurre	d at the tim	e, data an	d place, a	nd dua to	o the caus	e(a) and man	ner se stated.			
8	one) 2 MEDICAL EXAMINER												and menner as state	ed.
	296. SIGNATURE AND TITLE OF CERTIFIER	(1)					c. LICENS						(Month, Day, Year)	
H	Moutha C	X V ac	ical	Ull			1	591	0	- 1	D 4	12	107	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E-OF DENTH (ITEM	27) (Type,	Print)		0.5	370	40		1	10	119	
			0											
	31. DATE FILED (MOGIT POR 1987) 1 199	32. REGISTRAF	-											
	/ DD 01	JE. HEUGHINA	Sanden-	7.0										



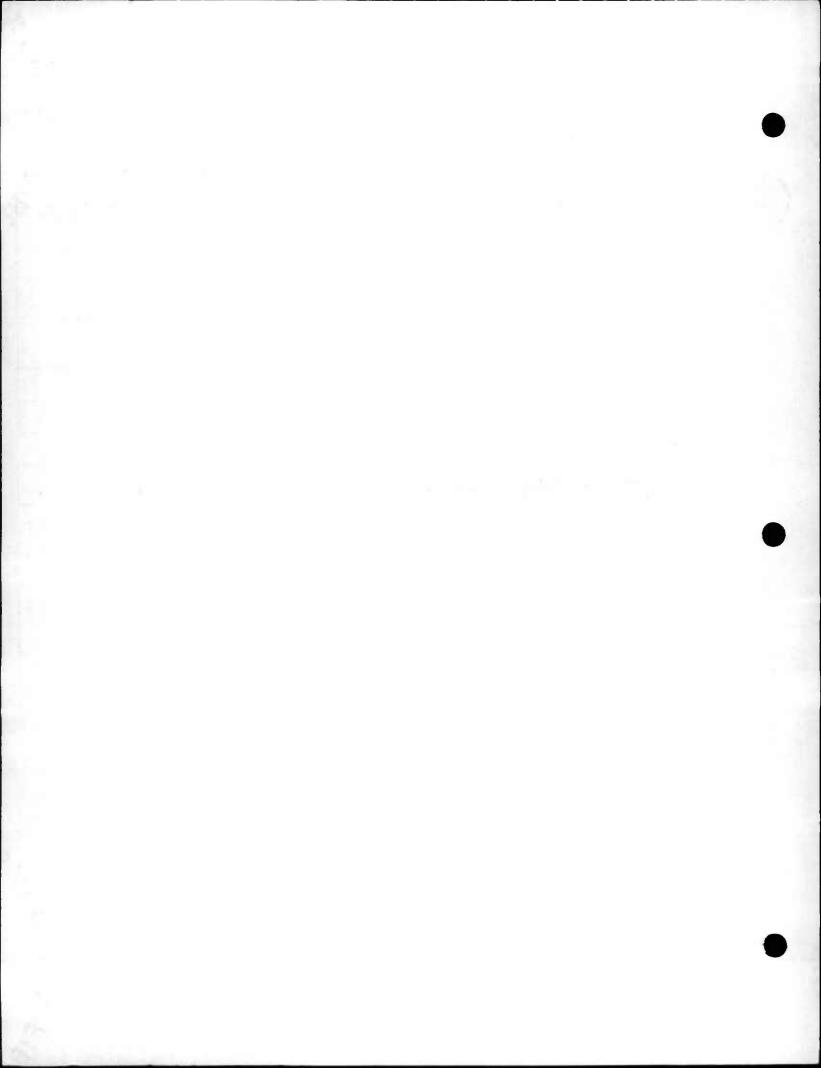
3. TIME OF DEATH

2. DATE OF DEATH DAY April 22 1993

Joseph William SHOBE
4. SOCIAL SECURITY NUMBER S. SEX 6.

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4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDER 1 YE	AR IFL	UNDER 24 HRS.	7. DATE OF	BIRTH	T	8 BIRTHPI AC	F (State or Engine
217-42-9670		1 🛚 M 2 🗌 F	48	YRS.			URS MIN.	(Month, L	Day, Year)	44	Country)	3.5
	stitution, give si	reet and number)			9b. CITY, TO	WN OR LO			1, 19			
Washington (County	Hospita	1		На	agers	stown					
		,		10- 017								
											Cart	INSIDE CITY LIMITS?
10e. STREET AND NUMBER	was	nington		<u> </u>	agersi		CODE			10c CITIZ		YES 2 NO
	ylvani	a Avenue										COUNTRY
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	YES 2	ARMED NO	13. WAS	DECENDE	ENT OF HISPAN	IC ORIGIN?	Specify Yes	or No-	14. RACE — A	merican Indian,
		IF YES, GIVE W	AR OR DATES						arr, acc.,		Specify:	White
15. DECE (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a	(Give kind of w	ork done durin	PATION g most of v	working	18b. K	IND OF BUS	INESS/IND		
Elementary/Secondary (0-	-12)	College (1-4 or 5	•)	life. Do NOT us	retired.)			Tr	uckin	ig Coi	mpany	
17. FATNER'S NAME (First, Min	ddle, Last)		_			18.	MOTNER'S NAI		_			
	-	be				M	Mary W.	Judy	Shob	e		
	rpe/Print)									, State, Zip	Code)	
				13914	Penns	ylva	ania Av	enue				
1X Burial 2 Cremation	n 3 🗆 Reme	oval from State	cemetery	ce AND DATE O	F DISPOSITIO	N (Neme of	, /, 2/.	DATE				
		ENSEE	- Kes	- nave								
150	20	m	Un	NIR					Minni . Hag	ch F erst	uneral own. M	Home d. 21740
23. PART I. Enter the dis	seesea, or c	omplications tha										Approximate
snock, or he	ert fellure. I	List only one ceu	se on eech	fine.								Interval Between Onset and Death
disease or condition	•• •	M	et a	b- c	Col		(
resulting in death)		OUE TO	(OR AS A CO	NSEQUENCE OF):		_(an			<u></u>	-	6 months
Sequentially list condition	ona.	λ										
if any, leading to immed	liate	DUE TO	(OR AS A CO	NSEQUENCE OF):							
CAUSE (Disease or Injur		DUE TO	OR AS A COM	NSEQUENCE OF):							
		1,									1	
PART ii. Other significar	nt condition	e contributing to	deeth but n	ot resulting i	the under	lying cau	ies diven in i	Part I 2	In MACANIA	UTOBev	Last Mico	F ALTTORAY FAIRNING
				ot resulting i	i the under	ynig ceu	age Stagit III i		PERFORI	MEO?	AWAJI	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
								1	YES 2	NO	DF D	EATH?
								- 1			10	YES 2 NO
	MEDICAL				2	8. PLACE (OF DEATN (Che	ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER:				(pecify)			
27. MANNER OF DEATN	4.50	28e. DATE OF	INJURY	28b. TIME	OF 280	INJURY A				JURY OCC	URED	
		(,				2 🗌 NO					
3 Suicide 6 C		28s. PLACE Of building,	F INJURY — A	l homa, farm, a	reet, factory,	office		281. LOCATI City or	ON (Street ar	nd Number (or Rural Route I	Number,
□ Nomicide d	benimnare							,	, 3.0.0)			
2 MEDIC	CAL EXAMINE	R: On the beele of as	amination end	l/or investigation	i, in my opinie	n, death o	occured at the	lime, data an	d place, end	dua to the	cause(e) end	manner as stated.
	OF CERTIFIER					29c.	LICENSE NUM	BER		29d. DATE	SIGNED (Mon	th One Years
4 h	10-		/									iri, Day, rear)
Muhael		relower				1	0416	67			4.22	
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATN							>	4.22	. 93
30. NAME AND ADDRESS OF	FERSON WHO	Completed Caus	E OF DEATH	179					Itasi	>	4.22	
30. NAME AND ADDRESS OF	FERSON WHO	COMPLETED CAUS	E OF DEATH	179					ltase	>	4.22	. 93
	217-42-9670 9e. FACILITY NAME (# not interest in the interest	9e. FACILITY NAME (II not Institution, give si Washington County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Was 10e. STREET AND NUMBER 13914 Pennsylvani 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 17. FATNER'S NAME (First, Middle, Last) William Henry Sho 19a. INFORMANT'S NAME (Type/Print) Lisa Shobe 29a. METHOD OF DISPOSITION 14. Burlad 2 Cremation 3 Remated December 10 CAUSE (Final Institute Cause. Enter UNDERLYING 23. PART I. Enter the diseases, or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural Investigation 27. MANNER OF DEATN 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 29. METHOD OF DEATN 20. CERTIFIER 20. CERTIFIER 21. Other significant conditions 22. MANNER OF DEATN 23. Suicide Gould not be detarmined 24. Condident 25. CERTIFIER 26. CERTIFIER 27. CERTIFYING PHYSIC	9e. FACILITY NAME (If not institution, give street and number) Washington County Hospita RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Washington 10e. STREET AND NUMBER 13914 Pennsylvania Avenue 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) William Henry Shobe 19e. INFORMANT'S NAME (Type/Print) Lisa Shobe 20p. METHOD OF DISPOSITION 1A) Burlai 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 14. Densition 5 Other (Specify) 22. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseesee, or complications that shock, or heert feliure. List only one ceu IMMEDIATE CAUSE (Final disease or condition resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 Ves 2 No 26. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 Ves 2 No 27. MANNER OF DEATN 28. DATE OF (Month, Diversity) 28. Unicide 6 Could not be determined 28. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of and only one ceu 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER 29. SIGNATURE AND TITLE OF CERTIFIER	99. FACILITY NAME (If not institution, give street and number) Washington County Hospital FIESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Washington 100. STREET AND NUMBER 13914 Pennsylvania Avenue 11. MARITAL STATUS 12. WAS DECEDENT-EVER IN U.S. Army 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. William Henry Shobe 17. FATNER'S NAME (First, Middle, Last) William Henry Shobe 198. INFORMANT'S NAME (First, Middle, Last) William Henry Shobe 199. METHOD OF DISPOSITION 12. Bidnial 2 commalion 3 Removal from State 13. Shobe 20. METHOD OF DISPOSITION 14. Burlial 2 commalion 3 Removal from State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that caused the shock, or heart feliure. List only one ceuse on each limited events resulting in death) 23. PART II. Enter the diseases, or complications that caused the shock, or heart feliure. List only one ceuse on each limited events resulting in death) 24. Danation 5 Other (Specify) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 26. WAS CASE REFERRED TO MEDICAL EXAMINER: 27. Manual 5 Pending Investigation 28. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge one) 28. PLACE OF INJURY — A building, etc. (Specify) 29. MEDICAL EXAMINER: On the best of my knowledge one) 29. MEDICAL EXAMINER: On the best of my knowledge one) 29. MEDICAL EXAMINER: On the best of my knowledge one) 29. MEDICAL EXAMINER: On the best of my knowledge one) 29. SIGNATURE AND TITLE OF CERTIFIER	21. T-42-9670 1 M 2 F 48 VRS. 98. FACILITY NAME (II not institution, give street and number) Washington County Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Washington 100. STATE 100.	217-42-9670 1 M 2 F 48 VRS. WORTHS DO STATE 100. COUNTY HOSPITAL MARYLAND WASHINGTON COUNTY Maryland Washington Hagerst 100. STATE 100. COUNTY Maryland Washington Hagerst 100. STATE 100. COUNTY Maryland Washington Hagerst 100. STATE 100. COUNTY Maryland Washington Hagerst 11. MARITAL STATUS 11. MARYLAL STATUS 13. WAS DECEMPTERED TO NECONOMY 15. DECEMPT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. WAS DECEMPTERED TO NECONOMY 13. WAS DECEMPTER TO NAME (Proceed) 14. S. ATTMY 15. DECEMPT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATNER'S MARE (Prot. Middle, Last) William Henry Shobe 190. METHOD OF DISPOSITION Lisa Shobe 200. METHOD OF DISPOSITION Lisa Shobe 21. SIGNATURE OF PULIPARA SERVICE LICENSEE 12. NAM 13. WAS DECEMPT'S EDUCATION (Gree kind of work done duffile. Do NOT use retired.) 14. Donation S D other (Specify) 150. MAILING ADDRESS (Sh. Taylor) 160. MAILING ADDRESS (Sh. Taylor) 160. MAILING ADDRESS (Sh. Taylor) 160. MAILING ADDRESS (Sh. Taylor) 17. SIGNATURE OF PULIPARA SERVICE LICENSEE 18. MAS CASE REFERRED TO MEDICAL EVALUATION 18. DO NOT USE AS A CONSEQUENCE OF): 21. Sequentially, list conditions, or heart feiture. List only one ceuse on each line. MIMMEDIATE CAUSE (Final disease or injury that initiated events resulting in death) 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	217-42-9670 1 M s 2 F 48 VRS. WORMING TO A PARTHURION, give sinest and number) 90. CITY, TOWN OR LOCATION Hagers 100.	217-42-9670 12 M 2 F 48 YRS. BETTINE DAYS	217-42-9670 12	217-42-9670 12 M 2 P	217—42—9670 12 M 2 D F 48 VIS. 217—42—9670 22 M AS INITY NAME of rice institution, give street and number) 23 M AS INITY NAME of rice institution, give street and number) 24 M AS INITY NAME of rice institution, give street and number) 25 M AS INITY NAME of rice institution, give street and number) 26 M AS INITY NAME of rice institution, give street and number) 27 M AS INITY NAME (Figure 1) 28 M AS INITY NAME (Figure 1) 29 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 20 M AS INITY NAME (Figure 1) 21 M AS INITY NAME (Figure 1) 22 M AS INITY NAME (Figure 1) 23 M AS INITY NAME (Figure 1) 24 M AS INITY NAME (Figure 1) 25 M AS INITY NAME (Figure 1) 26 M AS INITY NAME (Figure 1) 27 M AS INITY NAME (Figure 1) 28 M AS INITY NAME (Figure 1) 29 M M AS INITY NAME (Figure 1) 29 M M AS INITY NAME (Figure 1) 20 M M AS INITY NAME (Figure 1) 20 M M AS INITY NAME (Figure 1) 20 M M AS INITY NAME (Figure 1) 20 M M AS INITY NAME (Figure 1) 21 M AS INITY NAME (Figure 1) 22 M AS INITY NAME (Figure 1) 23 M M AS INITY NAME (Figure 1) 24 M M AS INITY NAME (Figure 1) 25 M M M AS INITY NAME (Figure 1) 26 M M AS INITY NAME (Figure 1) 27 M M AS INITY NAME (Figure 1) 28 M M M AS INITY NAME (Figure 1) 29 M M M M M M M M M M M M M M M M M M M	217-42-9670 **Ex MOCUTY MANK (F not Institution, pie street and number) **RESIDENCE OF DECEDETY **NE ASTINITY MANK (F not Institution, pie street and number) **Washington Country Mashington Washington **NE STREET MON HUMBER **NE STREET STREET STREET STREET MON HUMBER **NE STREET STREET STREET STREET STREET MON HUMBER **NE STREET STREET STREET STREET STREET MON HUMBER **NE STREET ST



3. TIME OF DEATH

12:30

8. BIRTHPLACE (State or Foreign

A

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

22 1993

APR

IF UNDER 24 HRS.

HOURS

4. SOCIAL SECURITY NUMBER

ALAN DEMMY SHEAFFER

5. SEX

YRS.

IF UNDER 1 YEAR

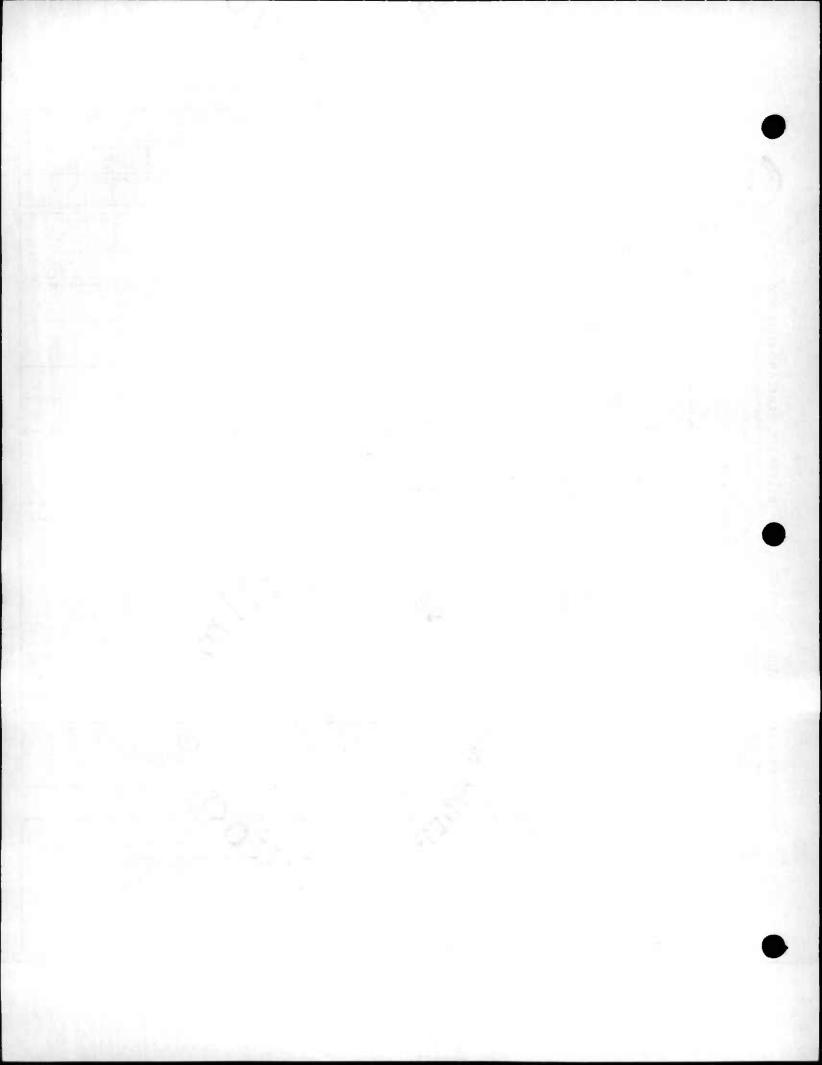
DAYS

6. AGE (In yrs. last birthday)

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1 🖟 M 2 🗌 F 191-18-3021 JUL PENNSYLVANIA 4 1923 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND WASHINGTON HAGERSTOWN 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10744 DOWNSVILLE PIKE UNITED STATES 21740 use as the burlal-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 17 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced 1942 - 1980WHITE 6 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Щ detached for Elementary/Secondary (0-12) COMPL U. S. ARMY 12 DEFENSE once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) PAUL CHARLES SHEAFFER 8 Ħ ESTHER RUTH DEMMY notified page 5 should 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHIRLEY SHEAFFER DOWNSVILLE PIKE HACERSTOWN MD 21740 must be 20a. METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 R 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. Commetery, Cremetory or other place)
Indiantown Gap Cemetery 4-24-93 Indiantown Gap, Pa. 4 🗆 Donation 5 🗆 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 100 OCO 415 E. Wilson Blvd. Hagerstown, Md. 21740 the medical 23. PART I. Entar the disesses, or complications that caused tha death. Do not enter the mode of dying, such es cerdisc or reepiratory arrest, **Approximats** shock, or heart failure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** CONGESTIVE HEART FAILURE event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 27 NO 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL . OTHER: 1 TES 2 NO 1 Trinpetient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 📉 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — Al home, lerm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be determined COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER
(Check only one)

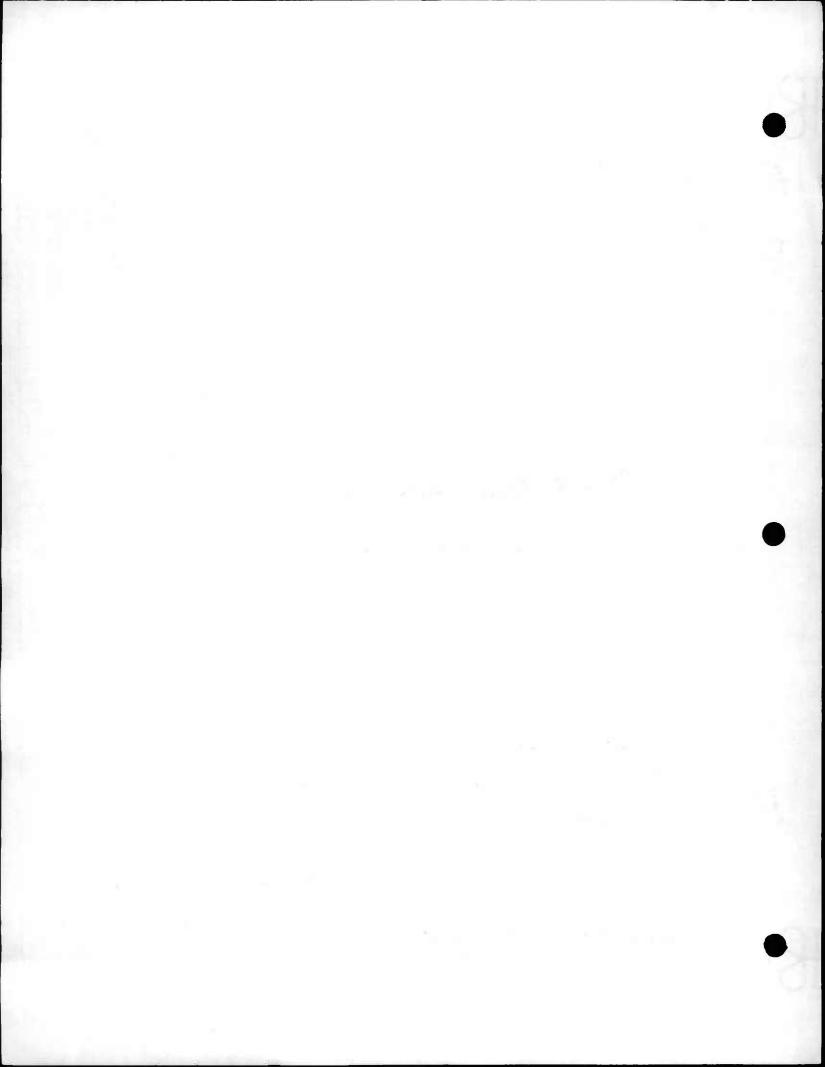
CERTIFINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. IMPORTANT: IF 2 __ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 포트 图 EL E. Bron MO > 22 APR 93 D-42718 222 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER JOHN E. BROWN, LT, MC, USNR BETHESDA MD 20889-5600 31. DATE FILED (Month, Day, Year) #32, REGISTRAR'S SIGNATURE 1993 i Bindon R dell



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	re State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	no flow 22 shows any injury as other forumedly sevent the medical averaginar must
	tal	99
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	STATE OF MARY				MENTAL	HYGIENE
		CERT	IFICATE OF	DEATH		REG. NO.
ME (First, Middle, Last)	Pauline	Esther	SAUNDERS		2. DATE C	OF DEATH

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND			OF HEALTH AND	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Pauline Est Daunders	her SA	AUNDER	S	2. DATE C	OF DEATH		YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SE	X 8. AGE (In yrs.	lest birthday)	IF UNDER 1)	EAR IF UNDER 24 HRS.	7. DATE O	E BIRTH		. BIRTN	PLACE (State or Foreign
	219 12 1544	M 2 🕮 75	YRS.	MONTHS	AYS HOURS MIN.		b. 26,1918 Pennsylvania			
_	9a. FACILITY NAME (If not institution, give street and	d number)		9b. CITY, TO	OWN OR LOCATION OF D			9c. COUNT	Y OF D	EATH
STOR	Washington County Ho	ospital		На	gerstown			Washington		
RE	10e. STATE 10b. COUNTY		10c. CIT	r, TOWN OR	OCATION				\neg	10d. INSIDE CITY LIMITS?
ō	Maryland Washingt	ton	Ha	agerst						1 X YES 2 NO
RA					101. ZIP CODE			10g. CITIZE		HAT COUNTRY?
JNE	11 W. Baltimore Stre	BECEDENT EVER IN U.S. (ARMED	1 12 148	21740	ANC OBIONIO		No. 4	USA	
BY FUNERAL DIRECTOR	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 X Wildowed 4 Divorced I YES, GIVE WAR OR DATES 1 YES 2 NO Specify:									— American Indian, , Whita, atc. y: .te
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. I	DECEDENT'S	USUAL OCCI	PATION	16b.	KIND OF BUS	INESS/INDU		LE
ET		ege (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done duri e retired.)	ng most of working					
MP	11	b	ookkee	eper		t	obacc	o pro	duct	S
8	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA		7.31.73			
8	Edward Starlipe 19a. INFORMANT'S NAME (Type/Print)						nbake			
2	Gary L. Saunders				treet and Number or Rural				lode)	
	20a. METNOD OF DISPOSITION	20b. PLAC	EANDDATE			DATE.		ATION — CI	ty or Toy	un State
	1 X Buriel 2 Cremation 3 Removet fro 4 Donation 5 Other (Specify)	om State comptery	completely or of	hor placal	orial Park					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	m	- 0	22. NA M T N	ME AND ADDRESS OF FA	ACILITY	ME	50100	J W11 9	naz) zana
	> 200000	O nensu	H					perst	nwn .	Md. 21740
	23. PART I. Enter the diseases, or compile	cetions that caused the	deeth. Do n							Approximate
- 1	shock, or heart failure. List or IMMEDIATE CAUSE (Finel									interval Between Onset and Death
- 1	resulting in death) a. CARCINIONA OF CURE (SQUAMOS CELL)									1 M ONTO
		DUE TO (OR AS A CONS	SEQUENCE OF	7):						
ğ	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	EOUENCE OF):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):						
CERTIFICATION	d		-1-0-							
CAL	PART II. Other aignificant conditione cont	ributing to deeth but not	t resulting i	n the unde	rlying cause given in	Part I.	24a. WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
90	NONE					- 1	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
MEDIC										1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN:	EXAMINER? HOS	PITAL:		OTHER:	26. PLACE OF DEATH (Ch					
H		patient 2 ER/Outpatient 8a. DATE OF INJURY	28b. TIM		Nome 5 Residence		(Specify)	LIURY OCCU	BED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	JRY	WORK?			30m 0000	HED	
D BY		8e. PLACE OF INJURY — At I building, atc. (Specify)	home, tarm, a	treet, factory,	office	281. LOCAT	TION (Street ar	nd Number or	Rural Re	oute Number,
COMPLETED	4 Homicide determined	control of the contro				City or	Town, State)			
<u>P</u>	29a. CERTIFIER (Check only	o the best of my knowledge,	death occurre	d at the time	dete end place, and due	to the caus	e(e) end men	ner as stated	i.	
Š	one) 2 MEDICAL EXAMINER: On th	he basia of examination and/o	or investigation	n, In my opin	on, death occured at the	time, deta a	nd placa, and	dua to the	cause(s)	and manner as atated.
BE C	29b. SIGNATURE AND TITLE OF CERTURER				29c. LICENSE NU	MBER		29d. DATE S	SIGNED	(Month, Day, Year)
10	Jan 11/14	me)			10104	0		0	4-2	3-93
	30. NAME AND ADDRESS OF PERSON WHO COMP	. 25								
	31. DATE FILED (Magnin, Day, Year) 3:		KEST	2000	DA, HAGE	200cm	2/1	ul,	20	744
	APR 23 1993	2. HEGISTHAN'S SIGNATURE	Z.							



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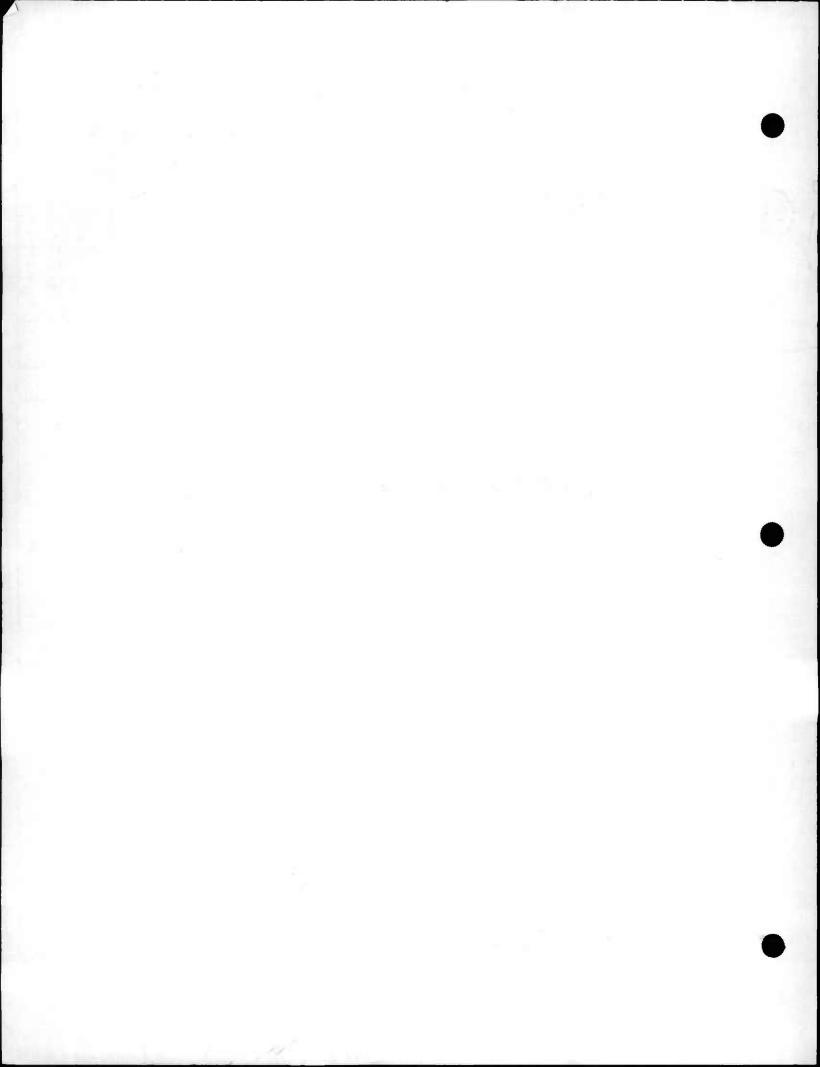
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TIEGIOTTE AT					O. 11 E	<u> </u>	DEAL		HEG. NO			
- 1	1. DECEDENT'S NAME (First	charl	oc Eduir	n SLICK	CD					2. DATE OF DEATH MONTH D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX						-	4 24		93	
	217-10-300		1 M 2 D F	6. AGE (In yrs. las.	YRS.	IF UNDER 1	DAYS	HOURS	0.0004	Jan. 4, 1	901	Countr	PLACE (State or Foreign y) yland
_	9a. FACILITY NAME (If not in					9b. CITY,	TOWN O	R LOCATIO	ON OF DEA			NTY OF D	
DIRECTOR	Washington County Hospital					Hagerstown					Wa	Washington	
黑	10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OF	LOCATI	ON					10d. INSIDE CITY
	Maryland		Washingt	on		Hager	sto	wn					LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 432 North Colonial Drive					101. ZIP CODE 21740				0	U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X II YES 2 X II YES GIVE WAR OR DATES				MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, apecify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 X NO Specify:					Black, White, atc. Specify:		
		EDENT'S EDU		16a, DE	CEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS /INF	HIETDY	white
COMPLETED	(Specify onl	y highest grade		(Gi	ve kind of w Do NOT use	ork done du e retired.)	iring mos	t of workin	g	200000000000000000000000000000000000000			
₹	0-11				illu	strat	or				craft		
	17. FATHER'S NAME (First, M		(C1 i o1,					18. MOTH	IER'S NAM	ME (First, Middle, Maiden			
8		Charles M. Slick Susan Martin 190. INFORMANT'S NAME (Ngo/Print) 190. WAN ING ADDRESS (Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor or Sural Bourn Murrhor Charles Two Street and Murrhor Charles Two Street Two Street and Murrhor Charles Two Street T											
2	196. INFORMANT'S NAME (Type/Print) Mr. Charles E. Slick, Jr. 190b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 428 North Colonial Drive, Hagerstown, Maryland 217												
	20a, METHOD OF DISPOSIT 1 □XBurlat 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	20b. PLACE A cometery, crer ROSE	ND DATE O	FDISPOSIT	nete	ne of		1	CATION -		Maryland
- 1	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE 00	V	*				S OF FAC				
	200 Hagerstown, MD 21740												
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentielly list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or inju	lons, diate	b. DUE TO	(OR AS A CONSEC	UENCE OF):	chi	14	fun	Cholanise	an im	me	Interval Betwee
ERTIF	that initiated events Treaulting in death) LAST d												
AL C	PART II. Other algolifica	nt condition	s contributing to	death but not re	sulting in	the und	erlying	Ceuse g	iven in P	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO
MEDICAL										1YES 2	NO NO		COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN: MEDIC										1 TYES 2	⊠ NO		DF DEATH?
ICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLJ	ICE OF DE	ATH (Chec	1	⊠ no		DF DEATH?
IYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	O MEDICAL	1 Inpetient 2		□ DOA	4 🗆 Nursir	ng Home	5 🗆 Rei	ildence 8	1 YES 2			DF DEATH?
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	O MEDICAL Pending		INJURY		4 Nursir	esc. INJU WOR	5 🗆 Rei	ildence 8	1 TES 2		CURED	DF DEATH?
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8	Pending	1 Inpetient 2 Inpe	INJURY	28b. TIME	4 Nursir OF 2 IRY	es. INJU WOR	5 🗆 Red RY AT	NO 8	1 YES 2	JURY OCC		OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29s. CERTIFIER CERT	Pending Investigation Could not be determined	28a. DATE OF (Month, Date of building, Clan: To the best of	INJURY ny, Year) F INJURY — At horetc. (Specify) my knowledge, das	28b. TIME INJU	4 Nursing OF 2 PRY M 2	Bc. INJU WOR 1 YI y, office	5 Rel	NO end due to	1 YES 2 1 YES 2 Other (Specify) 28d. DESCRIBE HOW III 28l. LOCATION (Street a City or Town, State) o the cause(a) and man	NURY OCC	or Aural A	OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER CERTIFIER (Check only One) 2 MEDI	Pending Investigation Could not be determined IFYING PHYSI CAL EXAMINE	1 Inpetter 2 Inpetter	INJURY ny, Year) F INJURY — At horetc. (Specify) my knowledge, das	28b. TIME INJU	4 Nursing OF 2 PRY M 2	ng Home 8c. INJU WOR 1 Yi y, office re, date a	5 Rei	NO NO end due to	1 YES 2 1 YES 2 2	NURY OCC	or Rural R ed.	OF DEATH? 1 YES 2 NO Dute Number, and manner sa stated.
BE COMPLETED BY PHYSICIAN:	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29s. CERTIFIEN CERT (Check only one) 2 MEDI 20s. SIGNATURE AND TITLE	Pending Investigation Could not be determined IFVING PHYSI CAL EXAMINE	1 □ Inpettent 2 □ 28s. DATE OF (Month, Di 28s. PLACE OI building, 28s. PLACE OI building, CIAN: To the best of sx	INJURY ny, Year) F INJURY — At hor etc. (Specify) my knowledge, das samination end/or in	28b. TIME INJU ne, farm, st	4 Nursin OF 2 IRY M Ireet, factor d at the tim b, in my opi	ng Home 8c. INJU WOR 1 Yi y, office re, date a	5 Rei	NO end due to	1 YES 2 1 YES 2 2	NURY OCC	or Rural R ed.	OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER CERTIFIER (Check only One) 2 MEDI	Pending Investigation Could not be determined IFVING PHYSI CAL EXAMINE	1 □ Inpettent 2 □ 28s. DATE OF (Month, Di 28s. PLACE OI building, 28s. PLACE OI building, CIAN: To the best of sx	INJURY ny, Year) F INJURY — At horetc. (Specify) my knowledge, das	28b. TIME INJU ne, farm, st	4 Nursin OF 2 IRY M Ireet, factor d at the tim b, in my opi	ng Home 8c. INJU WOR 1 Yi y, office re, date a	5 Rei	NO end due to	1 YES 2	NURY OCC	or Rural R ed.	OF DEATH? 1 YES 2 NO Dute Number, and manner sa stated.

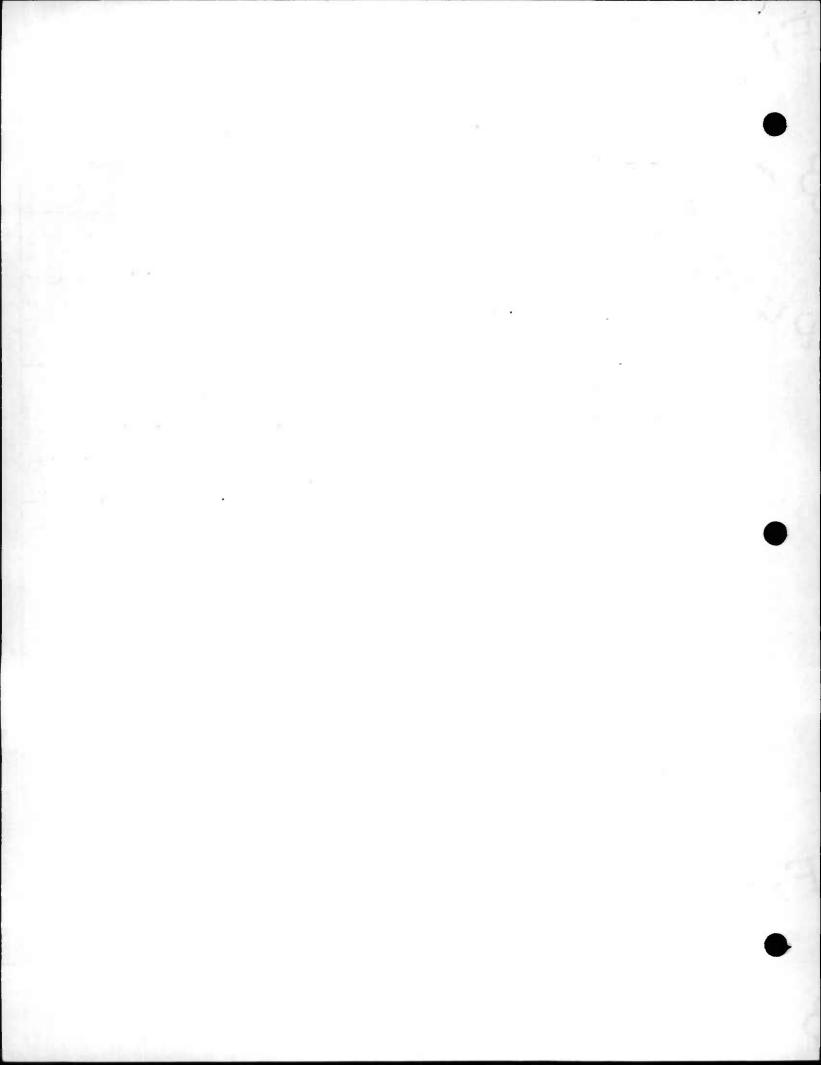


ined by the hosp	ould be detached		fled at once.
Page 6 may be reta	director, page 5 st		er must be noti
nours after death. F	d in by the funeral	or removal.	medical examin
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ath certificate be e	tending physician	al Hygiene prior to	, or other traum
quires that the dea	signed by the at	Health and Ment	ows any injury,
ICIAN: The law re-	sertificate has been	the State Dept. of	, or item 23 sh
ATTENDING PHYS	CTOR; After this c	after death with	28 is marked,
HE HOSPITAL OR	HE FUNERAL DIRE	ed within 72 hours	DRTANT: If Item
101	10	De fi	IMP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	CEDTIEIC			MENTAL HYGIEN		
1000	1. DECEDENT'S NAME (First, Middle, Last) WILL I I'M W	ILLIAM A. SPI	CER			2. DATE OF DEATH MONTH D	* d'	3. TIME OF DEATH 3 0549 April
	4. SOCIAL SECURITY NUMBER 218-07-3203	5. SEX 6. AGE (In yrs	s. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give street ABSIDENCE OF DECEDENT	g and number)	W 51 96	0	M 6, A	1 - 1	Sc. COUNTY HOL	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY Maryland Howar	·d		own on Location				10d, INSIDE CITY LIMITS? 1 YES 2 Y NO
RAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3617 Chateau Ridg	12. WAS DECEDENT EVER IN U.S	S. ARMED		1042 NDENT OF HISPAI	NIC ORIGIN? (Specify Yes	U.S.	A . RACE — American Indian.
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES W.W. II	□NO	If yes, spec	tity Cuban, Mexica NO Specifi	in, Puerto Rican, etc.)		Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION 16e ompleted) College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most lred.)	of working	16b. KIND OF BU		RY
WO	17. FATHER'S NAME (First, Middle, Last)		Civil Se		18. MOTHER'S NA	Govern		
BE	George Spicer					Lee Martin		
9	19a. INFORMANT'S NAME (Type/Print) Greta Spicer					Route Number, City or Tow		
	201 METHOD OF DISPOSITION 1 ByBuriel 2 Cremation 3 Remove	20b.PL/	CE AND DATE OF DE	SPOSITION (Nam		DATE 20c. LO	LTY MC	
	4 Donation 5 Other (Specify)	Cre	stlawn	24		4/30/93 Man	rriotts	sville, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENTY A.	Witz Re		HARRY 1		KE FUNERAL		City.Md.21043
7	23. PART I. Enter the diseases, or conshock, or heart feilure. List immediate CAUSE (Final disease or condition resulting in death)	Presentations that caused the st only one cause on each present the cause on each present the cause of the story one cause of the cause	line.	enter the mod	e of dylng, suc	h as cardiac or respi	iratory arrest	Approximate Interval Between Oneet and Death 3 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):					
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 1 type thyrodesin,	contributing to death but n Covering artery	disease	e underlying	couse given in	Part i. 24a. WAS AN PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NQ
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLA	CE OF DEATH (Ch	eck only one)		
HYS	1 TYES 2 NO 1	26s. DATE OF INJURY		Nursing Home		6 ☐ Other (Specify) 28d. DESCRIBE HOW I	MILIBY OCCUB	FD
¥ P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K? S 2 🗌 NO	ava. Degonine now i	10011 000011	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — A building, etc. (Specify)	u home, farm, street	t, factory, office		28f. LOCATION (Street of City or Town, State)	and Number or F	Bural Route Number,
COMPLETED		AN: To the best of my knowledge On the basis of examination and						ruse(e) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print	0	D 382	16	0	4/27/93
	JOSENH GIBBONS,	, MD 9501 0	LI) ANNA		24, 84	LICETT CITY	MJ	21042
	APR 28 93	22. REGISTRAR'S SIGNATUR	Sail.			,		

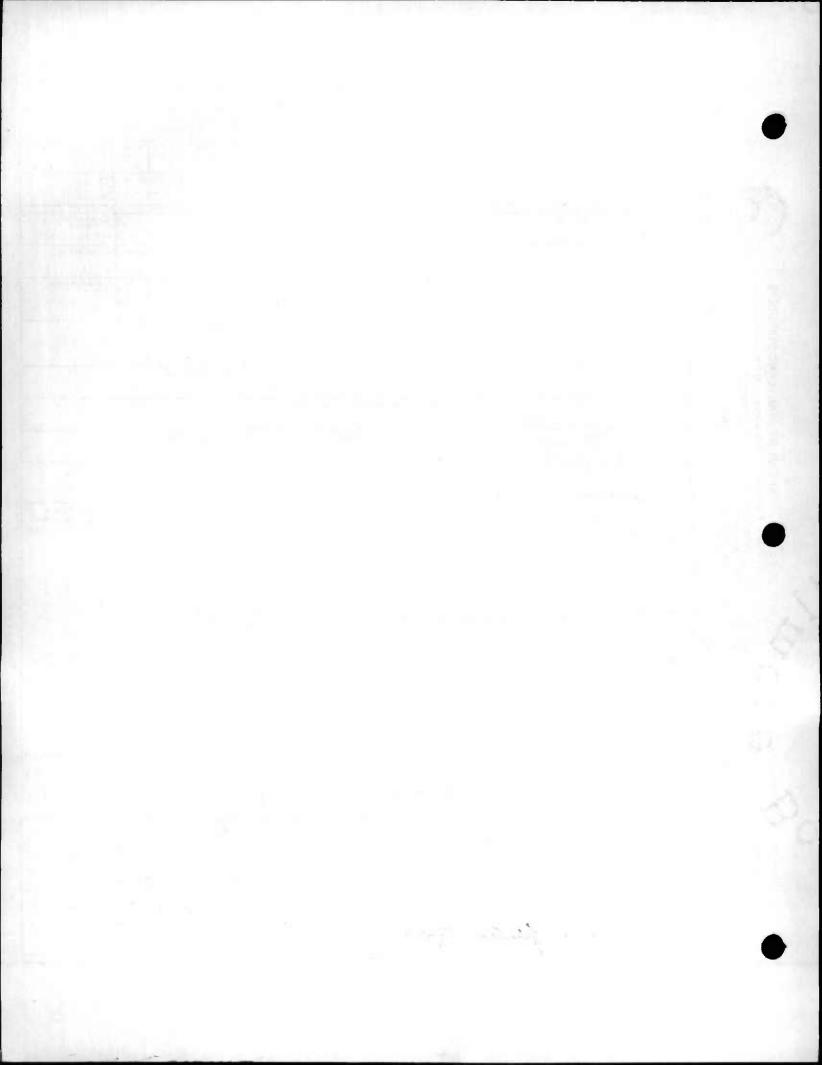




DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defathed for use as the filled within 72 bours after death with the State Depty of Health and Mental Hygiene prior to burial, companion, or remove, or companion, and account the filled of the product of the page 15 should be also as a page.
--

	1 - STATE REGISTRAR			ICATE OF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) GEORGE STONEY SI	market and the second	JR.			2. DATE OF D	24 199	3 9 45-9	3. TIME OF DEATH 2015
	4. SOCIAL SECURITY NUMBER 097 16 5517	5. SEX 6.	AGE (In yrs. last birthday) 70 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, Jan. 7	(Year)	Count	York, N.Y.
TOR	9a. FACILITY NAME (If not institution, give Calvert Memoria RESIDENCE OF DECEDENT				Frederi			alver	EATN
DIRECTOR	10e. STATE 10b. COUNT	MONT.	10c. CIT	BETHES					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 5115 BALTIMOR	E AVENUE		101	ZIP CODE 208	16	10g. C	U.S.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 WIF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO OR DATES II	If yes, sp	ENDENT OF HISPAN scify Cuban, Mexica 2 NO Specify	n, Puerto Rican,	ecify Yes or No-	Spec	E — American Indian, k, Whita, alc. #y: VHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u				J.S.GOVT		
	17. FATNER'S NAME (First, Middle, Lest) GEORGE STONEY				18. MOTNER'S NA		, Malden Surname		
TO BE	19a. INFORMANT'S NAME (Type/Print) ROSALIND SPRINGS		19b. MAJLING	AME AS #	nd Number or Rural I			Zip Code)	
	20a. METHOD OF DISPOSITION 1 Buriel 2 1 Cremation 3 Rer 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, crematory or of MT . COMFO	ther place)		9/93	20c. LOCATION ALEX. V		own, State
	21. BIGNATURE OF PUNERAL BERVICE L	Im	con	1000	NI AVENUI	303	GAWLER VASHINGT		NS INC. D.C. 20016
CERTIFICATION	23. PART I. Enter the diseases, or elock, or heart feiture IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due to joi	rdiac		rest	<u>-</u>			Intarval Between Onset and Desth
MEDICAL	PART II. Other significent condition	ns contributing to de	ath but not resulting	In the underlying	g ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	MERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	A R/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATN (Chi		aciful		
ву РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. INJ	URY AT		E HOW INJURY O	OCCURED	
	3 Suicide 6 Could not be detarmined	28s. PLACE OF II building, ato	NJURY — At home, term, . (Specify)	street, factory, offic		281. LOCATION City or Tow	N (Street and Number, State)	ber or Rural i	Route Number,
COMPLETE			knowledge, death occurr						s) and manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON W	NO	OF DEATH ATTAC	Orien	D375	BER 88	29d. D	H-2	(Month, Day, Year)
	3431 Solomo		and R	d He	mtry	phy	179	20	1637
	APR 29 1993	gula David			, i				



BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlat-transit oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNER
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		O-11111	IONIL	F DEATH	REG. N	0.				
- 13	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	ТН	
i		FTON	SHIFFL	.ET		APRIL 1	DAY 15	993	8:30	Рм	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or F	oreign	
- 3	289-30-9786		5 YRS.	EONTHS DAT	NOUNS WIN.	Oct 3,	1907		itucky		
	9a. FACILITY NAME (If not institution, give st			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							
DIRECTOR	Meridian Health	Care Center		Silver Spring Montgo						_	
ឆ្ជ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CI7	V TOWAL OR L	CATION				44.1 110.001 0.00		
E	Ohio Summ			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
	10a STREET AND NUMBER	110	Luy	<u>vahoga</u>	10f. ZIP CODE		10- 017	1 € YES 2 NO			
FUNERAL	2529 Whitelew Av	100110					1110				
Z I	2529 Whitelaw Av	12. WAS DECEDENT EVER	IN II S ADMED	12 100	44221 DECENDENT OF HISPAL				States		
	1 Never Married 2 Married	S 2 XNO	If yes	i, specify Cuben, Mexico	en, Puerto Rican, etc.)	es or 140-		E — American Ind k, White, etc.	en,		
à	3 XWIdowed 4 Divorced	IF YES, GIVE WAR OR	DATES	ט'	YES 2 XNO Specif	у:		Spec	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KINO OF I	USINESS/IN	DUSTRY	1111200		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	INO. DO NOT U	se retired.)	most of working						
M M	12		Owner			Gas	Statio	วก			
00	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maid	n Sumame)				
H	· <u> </u>	ifflet			Unknow	n					
5	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural						
		(Son)	2913	Bluff	Point Ln,	Silver S	oring.	, MD	20906		
	20a. METHOD OF DISPOSITION 1 X Burial 2 □ Cremation 3 □ Remo		ob. PLACE AND DATE		1 (Name of		OCATION -		or obtained		
	4 Donation 5 Other (Specify)		Oakwood (Cemeter		4-20 Cu	ahoga	a Fal	lls, OH		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			p Funeral		РΛ				
	Deth- h	s. CM	M00827	937	Gist Ave	Silver	Soring	п МГ	20910		
	23. PART I Enter the diseases, Dr c	omplications that caus	ed the death. Do	not antar tha	mode of dying, auc	ch as cardiac or rea	piratory a	rrest,	Approxim		
J	shock, or heart failure. I	List only one cause on	each line.						Interval E		
	disease or condition	Pose	mal	1/2	unla.	- 1	100	10	LIPC	Journ	
ı	resulting in death)	DUE TO (OR AL	S A CONSEDUENCE O	F):	mu.				75		
z											
일	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE O	f):							
	cause. Enter UNDERLYING CAUSE (Disease or injury										
<u>ই</u>			A CONSEGUENCE O	F):							
TIFICA	that initiated events	DUE TO (OR A)							1		
ERTIFICA		I									
	that initiated events resulting in death) LAST	1	but not resulting	in the underl	ving cause given in	Part I. 24s. WAS	N AUTOPSY	246	WERE AUTOPSY E	INDINGS	
	that initiated events	1	but not resulting	in the underl	ying cause given in	PERF	IN AUTOPSY DRMED?	24h	. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF	TO	
EDICAL	that initiated events resulting in death) LAST	1	but not resulting	in the underl	ying cause given in		ORMED?	24b	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
EDICAL	that initiated events resulting in death) LAST	1	but not resulting	in the underl	ying cause given in	PERF	ORMED?	24b	AVAILABLE PRIOR	CAUSE	
	that initiated events resulting in death) LAST	1	but not resulting			PERF	ORMED?	24h	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
EDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death		20 OTHER:	3. PLACE OF DEATH (Ch	PERF 1 YES	ORMED?	24b	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
EDICAL	PART II. Other significant conditions PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: Impartent 2 = ER/OF INJURE	utpatient 3 DOA	OTHER: 4 × Nursing I	s. PLACE OF DEATH (Ch Home 5 Residence	PERF 1 YES	DRMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	utpatient 3 DOA	OTHER: 4 × Nursing (8. PLACE OF DEATH (Ch	PERF 1 VES seck only one) The Control of the Cont	DRMED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE	
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BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Or (Month, Day, Year	utpatient 3 DOA Y 28b. Till N. RY — Al home, farm,	OTHER: 4 × Nursing (AE OF 28c, JURY 1	S. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK?	PERF 1 VES seck only one) The Control of the Cont	ORMED? 2 X NO INJURY OC	CCURED	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impattent 2 ER/Or	utpetient 3 DOA Y 28b. TIM N. RY — Al home, farm, occify)	OTHER: 4 X Nursing I RE OF 28c, JURY M 1	S. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 NO	PERF 1 VES 1 VES Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre-City or Town, Sta	PRIMED? 2 [X NO 1 INJURY OC	CCURED or Rural I	MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient ERVOR	utpatient 3 DOA Y 28b. TIM N. RY — Al home, farm, oocify)	OTHER: 4 \(\overline{Nursing is OF 28c.} \) URY M 1 street, factory, d	S. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office	PERF 1 VES Other (Specify) 28d. DESCRIBE HON City or Town, Ste	TINJURY OC	CCURED or or Rural I	AMALABLE PRIOR COMPLETION OF OCHITI? 1 YES 2 Route Number,	TO CAUSE	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impattent 2 ER/Or	utpatient 3 DOA Y 28b. TIM N. RY — Al home, farm, oocify)	OTHER: 4 \(\overline{Nursing is OF 28c.} \) URY M 1 street, factory, d	s. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due in, death occured at the	PERF 1 YES Deck only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Rown, Ste	PRIMED? 2 [X NO r INJURY OC t and Numba b)	or or Rural I	MAILABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2 PROUTE Number,	TO CAUSE NO	
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient ERVOR	utpatient 3 DOA Y 28b. TIM N. RY — Al home, farm, oocify)	OTHER: 4 \(\overline{Nursing is OF 28c.} \) URY M 1 street, factory, d	S. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office	PERF 1 YES Deck only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Rown, Ste	T INJURY OC and Number of the tand Number of the tand Number of the tand th	CCURED or or Rural I sted. the cause(a	AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 PROUTE Number, a) and manner ea (Month, Day, Year)	TO CAUSE NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATUME AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 ERVOR 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE DF INJUR building, etc. (S)	utpatient 3 DOA Y 28b. Till N RY — Al home, farm, pocify) owledge, death occurr tion and/or investigate	OTHER: 4 Nursing 28c. JURY M 1 street, factory, o	s. PLACE OF DEATH (Ch Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due in, death occured at the	PERF 1 YES Deck only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Rown, Ste	T INJURY OC and Number of the tand Number of the tand Number of the tand th	CCURED or or Rural I sted. the cause(a	MAILABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2 PROUTE Number,	TO CAUSE NO	
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATUME AND TITLE OF CERTIFIER	HOSPITAL: Graph G	utpatient 3 DOA Y 28b. Till N RY — Al home, farm, pocify) owledge, death occurr tion and/or investigate	OTHER: 4 Nursing in Accordance of State	B. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and due in, death occured at the	PERF 1 YES Deck only one) 8 Other (Specify) 28d. DESCRIBE HON 28f. LOCATION (Stre- City or Rown, Ste to the cause(a) and r tima, date and place,	INJURY OC I INJUR	or or Rural I	ANALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 PROUTE Number. Plant manner ea in the prior of	TO CAUSE NO	

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of m.

		FOR
1	_	STATE
8		REGISTRAR

1 - STATE REGISTRAR			STATE OF N	ARYLAI	ND / DEPA CERTII					MENT		E		
1. DECEDENT'S NAME (First	, Middle, L	nst)			OLITTI	107	IL OI	DLA		2 DAT	REG. NO.			3. TIME OF DEATH
William Ha			llivan							MON	TH DA		YEAR	
4. SOCIAL SECURITY NUMBER			SEX	8 AGE (In	yrs. last birthday	ez 16	IDER 1 YEAR	IF UNDER	0.04.000		ril 24,	199.		11:30P M
1 50 - 5 18 18 18 18 18 18 18 18 18 18 18 18 18			☑ M 2 ☐ F		VDC	MONT		HOURS	MIN.	(Mor	nth, Day, Year)		Country	PLACE (State or Foreign
022-07-182 9a. FACILITY NAME (If not in				8	6						y 17, 1			
SH. PACILITY NAME (II NOT III	istitution, g	rve street	and number)			96. 0	STY, TOWN O	IR LOCATI	ION OF DE	ATH		9c. COUN	ITY OF O	EATH
15013 West	holm	Cou	rt			5	ilver	Spr	ing			Moi	ntgo	mery
RESIDENCE OF DEC	10b. CO		-		10c C	TV TOW	N OR LOCAT	TON .					-	AND MINIST OFF
Wannalan 3														10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	Mon	cgon	ery		J S1.	.ver	Spri							1 YES 2 K NO
							101	ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
15013 West	holm	-						2090	_				ed St	tates
11. MARITAL STATUS 1 Never Married 2	Mainted	12	FORCES? 1	T ÉVER IN U	J.S. ARMED		13. WAS DEC	ENDENT C	DF HISPAN	IIC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divo			IF YES, GIVE W						Specify		, , , , , , , , , , , , , , , , , , , ,		Specif	
											_			White
(Specify only	EDENT'S y highest g				(Give kind of	work do	ne durina mo		ing	10	ib. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (6	1-12)	C	college (1-4 or 5	•)	life. Do NOT	uaa ratins	id.)							
			5		Adjust	er				9	Insura	nce		
17. FATHER'S NAME (First, M	liddle, Last,							18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
Patrick Su	<u>lliv</u>	an						El	len	P. I	Hackett			
19a. INFORMANT'S NAME (7	ype/Print)				19b. MAJLIN	G ADDR	ESS (Street a	nd Numbe	r or Rural F	Route Nu	mber, City or Town	n, State, Zip	Code)	
Brenda H.	Sull:	ivan	-Mille:	r	6604	Gar	rett	Road	. Ro	ckv:	ille, M	arvla	and	20855
20a. METHOD OF DISPOSIT				20b. P	LACEANODATI	OF DIS	POSITION /Na	me of A	27/0	2 04		CATION — C		
1 Donation 5 Other		levome	from State	Cemete	ery, crematory or ntgome:	other pla	romat	oriu	2//9 m T					
21. SIGNATURE OF FUNERA		E LICENS	4	_ MO:	regomer	y C	22. NAME AN	D AOORE	SS OF EA	CHITY I	Bet	nesaa	a, Ma	aryland rey Funeral
	10	-	17			H	lome/R	ockv	ille	. II	nc. 30	A. Pi	ımpnı st. Ma	ontgomery
Naic	J K	٠.	bMe	1 .	M0080									50-2805
23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart Tallu	s	only one cau	seton eec	h line.						Ca			Approximate interval Between Onset and Death
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injustrat initiated events resulting in death) LAS	diate ING Iry	c			ONSEQUENCE (_	
PART II. Other significa	nt condi	tiona c	ontributing to	death but	not resulting	in the	underlying	j ceuse	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICA	_						ACE OF D	EATH (Chi	ck only o	one)			
1 TES 2 NO			OSPITAL:	ER/Outpeti	lent 3 🗆 DOA	OTH	IER: Nursing Hom	5 DPR	eeldence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH			28a. OATE OF	INJURY	28b. TI	ME OF	28c. INJ	URY AT			EŞCRIBE HOW IF	JURY OCC	URED	
	Pending	-	(Month, D	ey, Year)	16	JURY	WO		NO					
3 Suicide 8	Investigati Could not determine	be	28e. PLACE O building,	F INJURY — etc. (Specify	At home, farm,	street,		_		281. LO	CATION (Street a y or Town, State)	nd Number	or Rural R	oute Number,
			t: To line best of											and manner as stated.
29b. SIGNATURE AND TITLE	OF CERT	IFIER	1	7		/	, 1	29c. LICI	ENSE NUN	IBER		29d. DATE	SIGNED	(Month, Day, Year)
16	1		1 /	59/	~ U	121	157	1)	77	71		•	0/	0/53
30. NAME AND ADDRESS OF	PERSON	WHO C	OMPLETED CALIS	E OF DEATH	7 H (ITEM 27) (5m	n. Print	111	11 4	- / /	0 6		_	7/1	-6//
Bernard J.	Rogi	6	M.D. 3	8801	Interna		nal D	rive	, #2	05,	Silver	Spri	ng,	MD 20906
ADD 90 19		Jul	32. BEGISTRA	No STANAT	منعد									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, (

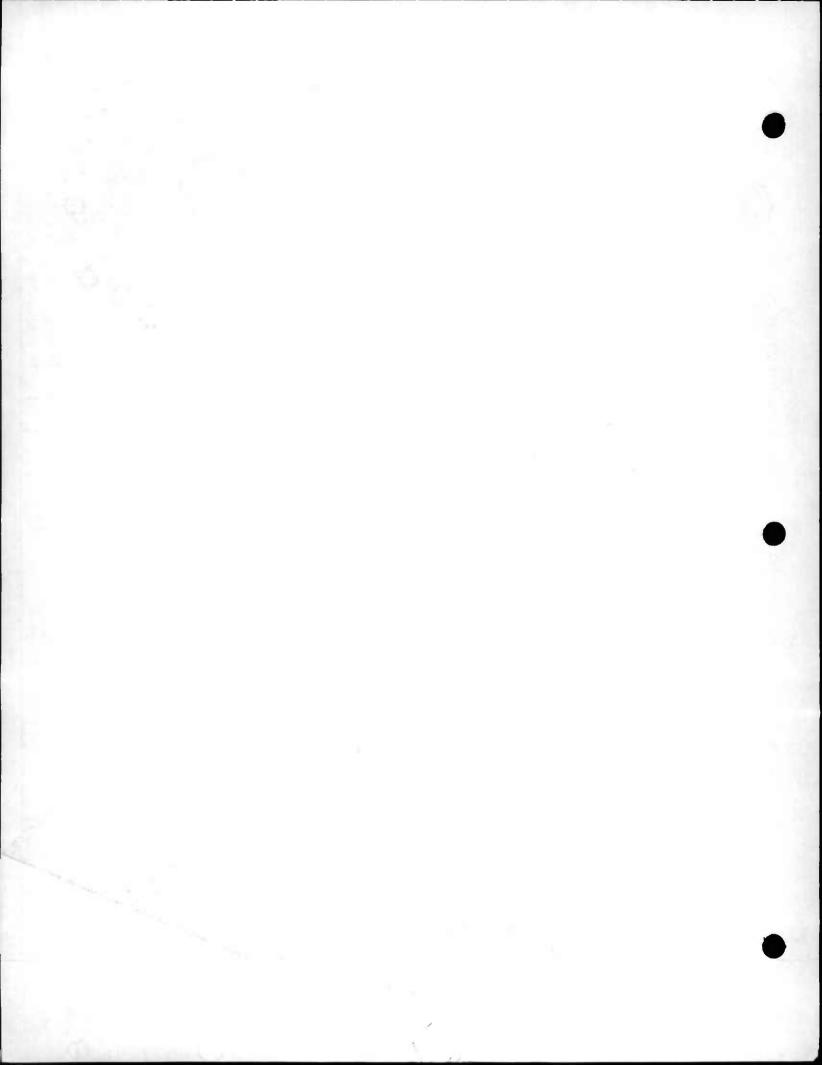
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1993

APR

2.9



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaich		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
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	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPAR	TMENT O				YGIENE	(93	13976
1	1. DECEDENT'S NAME (First, A LEON		WARD SCH	OR					2. DATE OF	DEATH DAY		YEAR 3	3. TIME OF DEATH 5:200 N
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF E (Month, Da	y. Year)		_	PLACE (State or Foreign
	083-05-4061 9a. FACILITY NAME (II not insti			85	THS.	41. 227. 22			5-24-1907 ARGENT				
DIRECTOR	HEBREW HOME	OF GR		SHING	CTON	% CITY, TO	VILLE VN OH LOCA	TION OF DE	EATN			NTY OF DE	
E C	RESIDENCE OF DECE	10b. COUNT	Y		10c, CIT	Y, TOWN OR L	CATION					Т	10d. INSIDE CITY
1 8	MARYLAND	MONTG	OMERY		ROC	KVILLE							LIMITS?
A P	10s. STREET AND NUMBER				1 ROC	KVIDDI	10f. ZIP CO	DE			10g. CIT	ZEN OF W	THAT COUNTRY?
ᇤ	1801 East Je	ffers	on Stree	t			2085	2			Un	ited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X M 3 Widowed 4 Divorce		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	NT EVER IN I YES MAR OR DAT	U.S. ARMED	If yes	DECENDENT	OF NISPAN	NC ORIGIN? (S n, Puerto Ricar y:	pecify Yes n, etc.)		14. RACE Black	- American Indian, White, etc.
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TO B	19a. INFORMANT'S NAME (Type Temma Kanow:	e/Print) ith	(daugl	nter)	19b. MAILING 309 No	ADDRESS (Str	ourt,	or or Rural F	Route Number C	ity or Town	State, Zip Mai	cylan	d 20905
	20a METHOD OF DISPOSITION 1 A Burlal 2 Cremation 4 Donation 6 Other (S	3 🚰 Rem	oval from State		PLACE AND DATE		I (Name of		3/27			City or Tow	wn, State Sachusetts
	21. SIGNATURE OF FUNERAL		CENSEE				E AND ADDR	ESS OF FA		WOD	urn,	1103	achasetts
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	IMMEDIATE CAUSE (Final disease or condition		Pacci		0 0 0 0								Onset and Death
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	Presulting in death)					TION	Ph	Eum	AINO				Onest and Death
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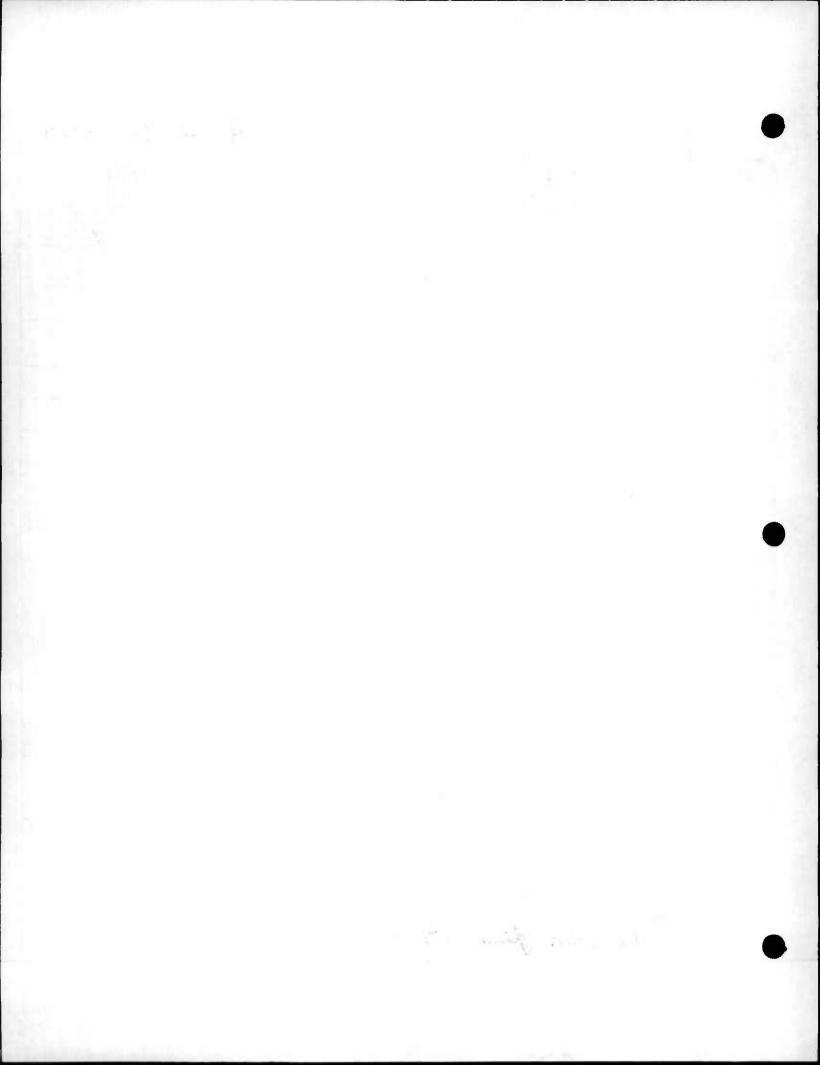
32. MEGISTRAB'S SIGNATURE

Julia Devidson-Randall

31. DATE FILED (Month, Day, Year)
APR 29 1993

ROCKVILLE





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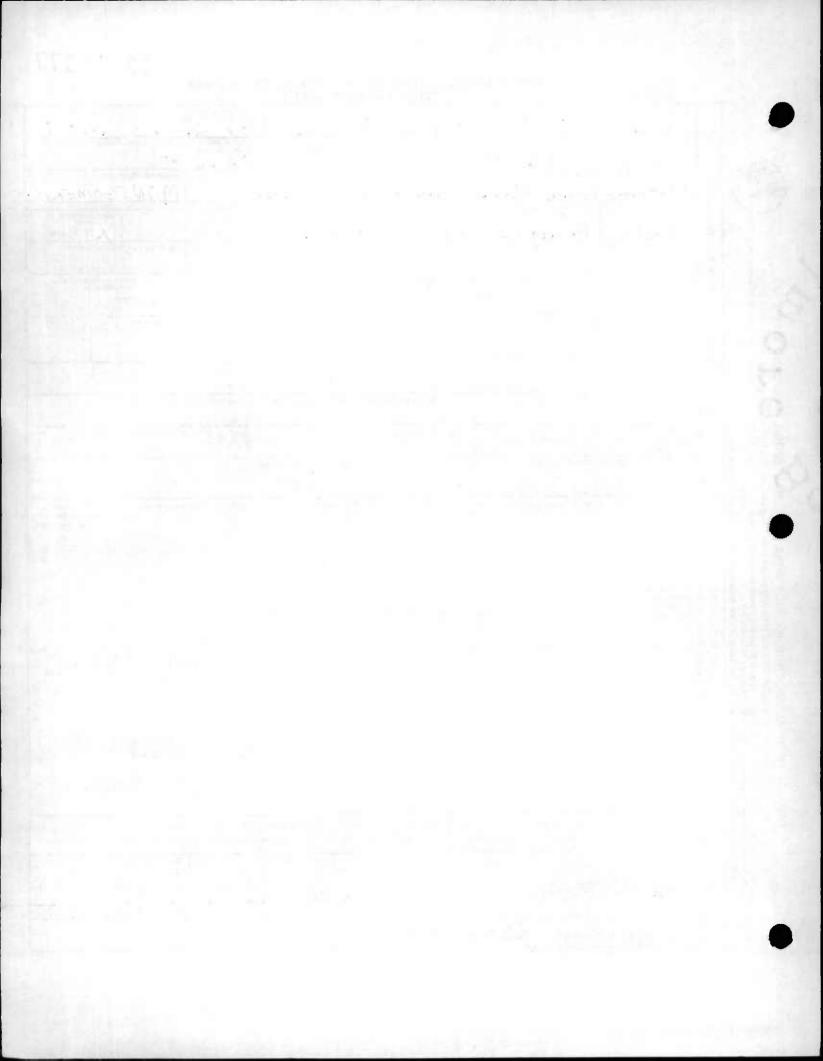
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
DECEDENT'S NAME (First, Mid	die Last)	A DATE OF DEATH

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
		Alfred Long	Scanlan S	r		April 21,	AY YEAR	2:10 pm 1
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	154-10-7671 3	1 M 2 🗆 F	TO YAS.	MONTHS DAYS	HOURS MIN.	(Month. Day, Year)	Cou	ntry)
		4-10-7671 A 73 773. LITY NAME (If not institution, give street and number) 9b. CITY, TOWN					920 SC COUNTY OF	New Jersey
œ		Light School of		30. OF 1, 101111 (on Ecoamon or Di	CAIN	SC. COUNTY OF	DEATH
12	Potomac Valley	Jursing Cent	er '		Rockvill	e	Mo	ntgomery
DIRECTOR	10a. STATE 10b. COUN			TOWN OR LOCAT	TION			10d, INSIDE CITY
5	Maryland	Montgomery			Potom	ac		I IMITS?
7	10e. STREET AND NUMBER		-	101	ZIP CODE		100. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	12028 Edgepark	Court			20054			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DEC	20854	NIC ORIGIN? (Specify Yes		d States
E	1 Never Married 2 K Married	FORCES? 1 X YE	S 2 NO	If yes, sp	ecify Cuban, Mexica 2 K NO Specifi	n, Puerto Rican, atc.)	Ble	CE — American Indian, ick, White, etc.
	3 Widowed 4 Divorced	WW II	DATES	1 LI TES	ZKINO Specify	у:	Spe	rah i to
ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	White
ET	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of wo	ork done during mo retired.)	st of working			
ם		5+	A+	tornev			T	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Lornev	16. MOTHER'S NA	ME (First, Middle, Maiden	Traw Sumame)	
BE C	Willia	am Joseph Sca	anlan		Anna	Long		
	19e. INFORMANT'S NAME (Type/Print)	an occopii be		DDRESS (Street a		Route Number, City or Tow.	n State Zip Code)	
2	Jean A. Scar	rlan						
	29a, METHOD OF DISPOSITION		0b. PLACE AND DATE OF			Potomac.Ma	CATION - City or	
	1 Donation 8 Other (Specify)		emetery, crematory or oth Gate of H			993		
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /	Gate of H	22 NAME AN	OMETERY OF ADDRESS OF FA	CILITY	er Sprin	ng, Maryland
	· h	12/	,	Robert	A. Pump da-Chevy	hrey Funer Chase In	al Home	Wisconsin
	1 lenne	1 Dephe	₹ M00335	Avenue	Bethesa	hrey Funer Chase, In a, Marylan	d 20814	WIBCONSIN
	23. PART I. Enter the diseases, or ahock, or heart failure	complications that cause. List only one ceuse on	ed the death. Do no	t enter the mo	de of dying, suc	h aa cardiac or reapi	retory arrest,	Approximata
	IMMEDIATE CAUSE (Final	D	4					Interval Between Onset and Death
	disease or condition resulting in death)	. Theun	iona					1 Sean
		DUE TO (OR AS	A CONSEQUENCE OF	0	00			
Z	0	· Chroi	ic le	ual ?	faille	e		(seas
H	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF	2007				0-0
2	CAUSE (Disease or Injury	· Diale	elles me	KING	3			Isyau
1	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					7
CERTIFICATION	resulting in deetil) LASI	d						
	PART ii. Other aignificant condition	one contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	ALTTOREY A	ib. WERE AUTOPSY FINDINGS
DICAL	a fortos	- Do 1 otre	Part	V1500	710	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
O.	and and a Coll	000,25-6	001020	11/10/10/11	Day - 1770	1 TYES 2	NO	OF DEATH?
ME	alterro za	elevote	CERRIONO	vasau	accupe	2	-	1 TYES 2 NO
PHYSICIAN:								
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Chi	eck only one)		
YS	1 VES 2 NO	I Inpetient 2 ER/Ou	stpatient 3 DOA	Nursing Hom	• 5 ☐ Residence	8 Other (Specify)		
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,			URY AT RK?	28d. DESCRIBE HOW II	NJURY OCCURED	
B	2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI	RY — At home, farm, str	eet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rurei	Route Number,
	TIOTHERS OF STRINGS							
4	(Check only	SICIAN: To the best of my kno	wiedge, daath occurred	at the time, date	and place, and due	to the cause(a) and man	iner as stated.	
COMPLETED	0700) 2 MEDICAL EXAMIN	IER: On the beals of examinat	ion and/or investigation,	In my opinion, d	eath occured at the	time, date and place, and	d due to the cause	(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFY	ED (1 - 2 - 2		29c. LICENSE NUM	IBER I	29d. DATE SIGNE	D (Month, Day, Year)
BE	Ham TI	10 nurs	11/11/		7309	244	D 4	21-97
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	EATH (ITEM 27) (Type, F	rint) 1 .	1		Y / A ==	D. (I)
	JAMES E	- MC 19YV	LRRUIN	S WY	6318	3 Delumina	WBIH "	ROTUCKO NIN
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	GNATURE	1111		200700	710.001	The styling
	APR 2 6 199	3 Julia David	son-Randell					



DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit.	hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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examiner must be notified at once. medical the Injury, or other traumatic event, shows any has t. Dept. DR ATTENDING PHYSICIAN: The law or item certificate h this c marked, After death L DIRECTOR: A Pours after de litem 28 is .00 TO THE FUNERAL IDENTIFY TO THE MINING TO THE MINING TO THE MINING HOSPITAL

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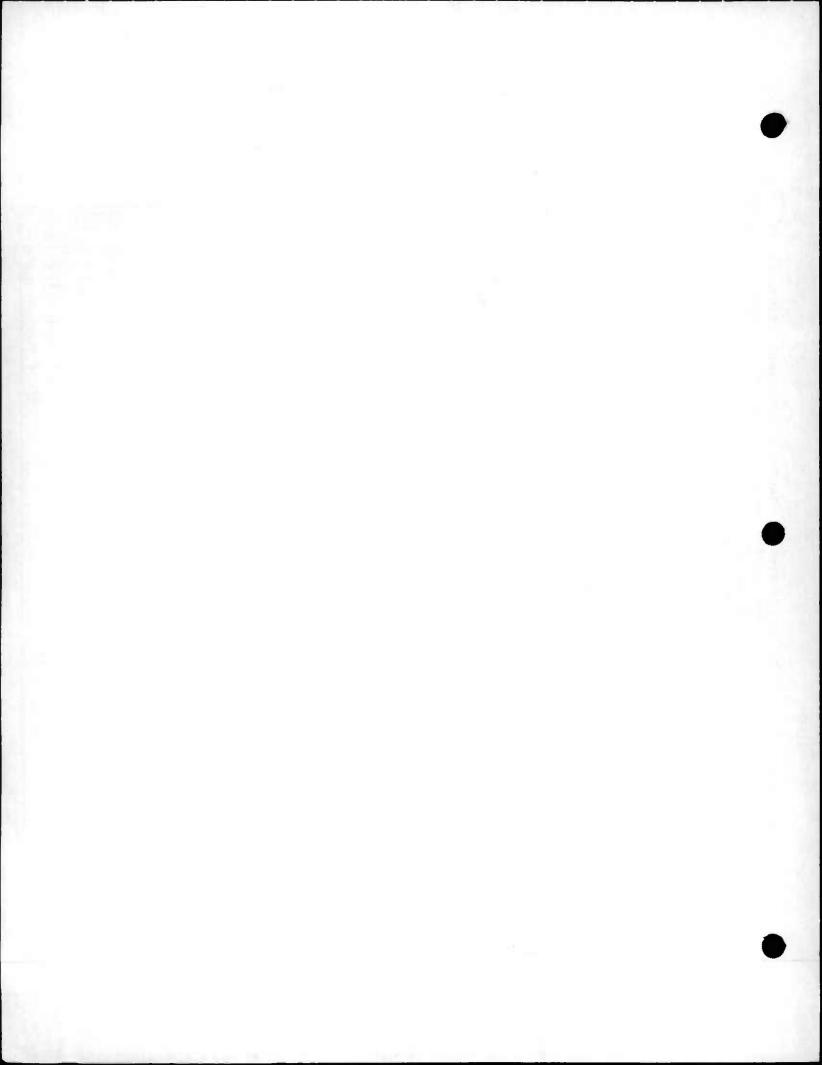
REG NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR GEORGE WILLIAM SIMMONS 6 93 1:15 PM 4 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 3-15-1920 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 413-10-4927 DAYS HOURS TY M 2 F 73 YRS. Tennessee 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Home Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Frederick Frederick 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 338 South Jefferson Street 21701 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Marri BY 3 Widowed 4 Divorced WWII White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 10 years Railroad B & O 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnama) BE Samuel E. Simmons Mamie Riddle 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code). 2 Virginia S. Simmons 338 South Jefferson Street Frederick, MD 21701 20a. METHOD OF DISPOSITION

1 ★ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Buriel 2 Cremetion 3 L

Donation 5 Other (Specify) Monte-Vista Cemetery 4/9 Johnson City, Tennessee 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MD the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or hea Interval Retur IMMEDIATE CAUSE (Final Onset and Death disease or condition_ INSON 8 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? SPLA Phillumonia 1 TYES 2-NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4. Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Netural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building. etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

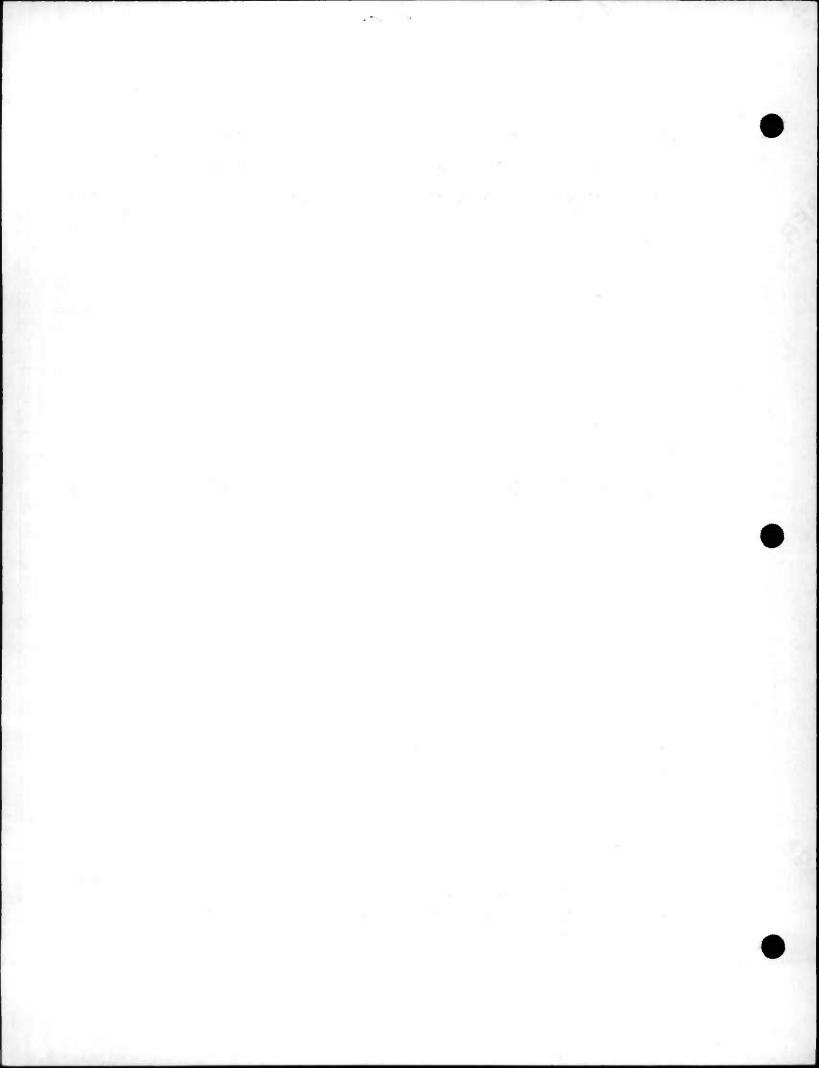
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. occured at the time, data and placa, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) €680 D 4/ 7193 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Joseph Ashwal MD 56 Thomas Johnson Drive Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1993



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	101	TOT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	물
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.	93	13979
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E 93	13919
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF GEATH
	DONNA	SUE LEAG	ER SH	IAHAN		04 25		93 0937 M
	Contract the Contr			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	/11/63	HRTHPLACE (State or Foreign Country)
	2.10-00-1341	□ M 2 M F	30_ YRS.	IONTHS DAYS	HOURS MIN.	01-16-63		Marvland
~		9s. FACILITY NAME (If not institution, give street and number)			R LOCATION OF O	EATH	9c. COUNTY	
2	PENINSULA REGIONAL MEDICAL CENTER			SA	LISBURY			WICOMICO
Si C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCATI	ON			10d. INSIDE CITY
DIRECTOR	Delaware Susse	Y		Mar				LIMITS?
7	10e. STREET AND NUMBER	Α			ZIP CODE		10a CITIZEN	1 ☐ YES 2 🔀 🛪 O
BY FUNERAL	Rte. #1 Box 472 C			1000	19940			S.A.
S	11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14,	RACE — American Indian,
YF	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	TES NO		cify Cuban, Mexico 2 XMO Specif	in, Puerto Rican, atc.)		Black, Whits, stc.
				1				WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	iON npleted)	(Give kind of wor	rk done durina mos	N t of working	16b. KIND OF BUS	INESS/INOUST	RY
)LE		College (1-4 or 5+)	life. Do NOT use	,		37 31 3	1	
N C	12 17. FATHER'S NAME (First, Middle, Last)		Medical S	ecretar	-	Medical		
	Charles Emmitt Le	ager			Mary Me	ME (First, Middle, Maiden	Surname)	
BE	19s. INFORMANT'S NAME (Type/Print)	agei	105 11411 1150 4	DDD500 (O)		Route Number, City or Town		
5	Jeffrey Lynn Shah	an				Houte Number, City or Town 1 —Mar, Dela		
	20s. METHOD OF DISPOSITION		PLACE AND DATE OF					
	1 Donation 5 Other (Specify)	I from State came	etery cremetory or other	or niace)			CATION — City	ille, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEL	Sucrersyl		D ADORESS OF FA		itersvi	lile, Maryland
	1 Kil 8 8	11 1:5	\supset			in Funeral		
	4-2-1.12					Road, Ches		
	23. PART I. Enter the diseases, or con shock, or heart feliure. Lis	iplications that caused t only one cause on as	tha daeth. Do not ich lina.	t antar the mod	le of dyling, suc	h as cerdiac or reepi	ratory arrest,	Approximete Interval Batween
	IMMEDIATE CAUSE (Finsi disease or condition							Onset and Death
	resulting in death)	SEIZURE DI						
		DUE TO (OR AS A	CONSEQUENCE OF):					
ō	Sequantially list conditions, b	DUE TO (OR AS A	CONSEQUENCE OF):					
¥.	If sny, leading to immediata cause. Enter UNDERLYING		,					
E	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
	PART II. Other elgoificent conditions of	and the standard and the						
8	PART II. Other significent conditions of	ontributing to daeth bu	it not resulting in	the underlying	cause givan in	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL							
Ö	EXAMINER?	OSPITAL:		26. PLA	CE OF DEATH (Ch	eck only one)		
ΥS	1 X YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa 28s. DATE OF INJURY	itlent 3 % DOA 4	☐ Nursing Home		6 Other (Specify)		
ā	1 Natural 5 Pending	(Month, Day, Year)	28b, TIME (YY WOR	K?	28d. OEŞCRIBE HOW IN	JURY OCCURE	:D
Æ	2 Accident Investigation 3 Suicide & Could and be	28s. PLACE OF INJURY	At home form ster		S 2 NO			
E	4 Homicide determined	building, etc. (Specif	(y)	ret, rectory, omice		City or Town, State)	nd Number or R	ural Route Number,
COMPLETED	29e, CERTIFIER							
MP	(Check only 1 CERTIFYING PHYSICIAL							
8	one) 2 MEDICAL EXAMINER: (m the basia of sxamination	end/or investigation,	in my opinion, de	eth occured at the	time, data and place, and	due to the cer	use(s) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER) Pistor min		29c. LICENSE NUM		29d. DATE SIG	OA 26 02
5	Alux Rult	Till Mar) DEPUTY		D03599	<u> </u>	•	04-26-93
	30. NAME AND ADDRESS OF PERSON WHO C				AT TODIES	WADST AST	2100)1
	JOHN T. BULKELEY, M				ALIDBUR.	Y, MARYLANI), ZISC	八
	APR 27 '93	32. REGISTRAR'S SIGNA	ason-Randa	22				
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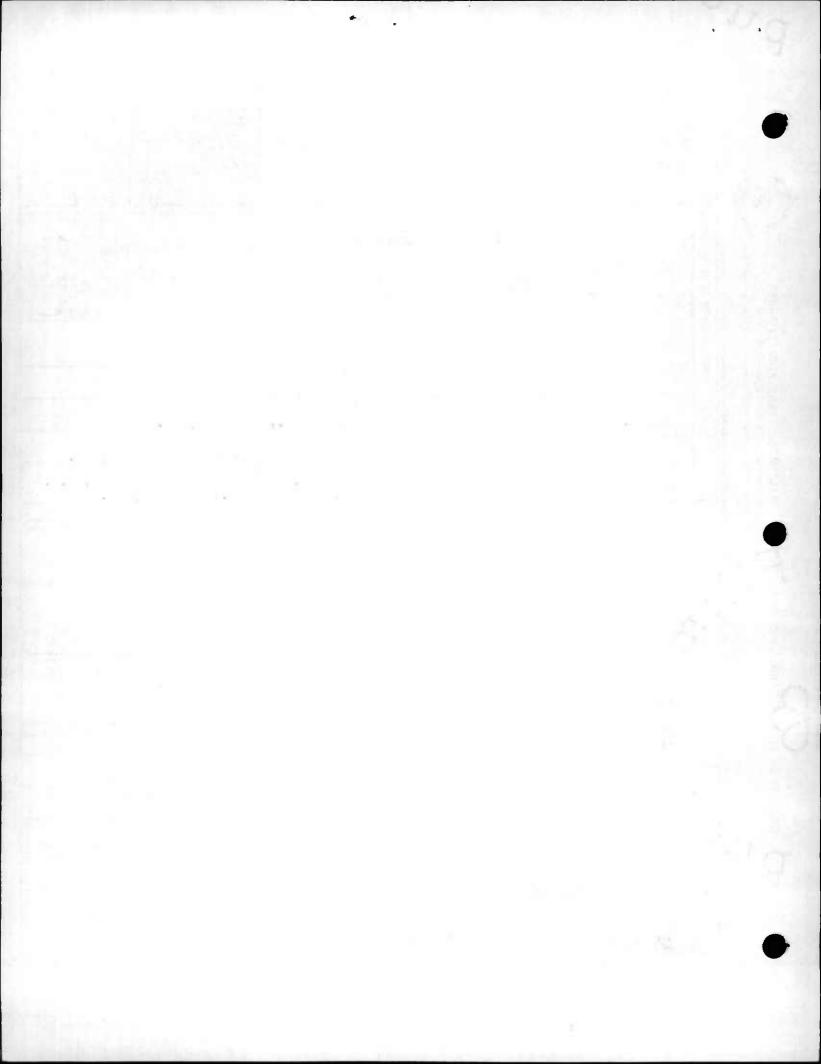


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1. DECEDENT'S NAME (First, Middle, Last)	VARCIN	LEE SU	LLIVAN		2. DATE OF DEATH	DAY / O SY	ZEAR 3. TIME OF DEATH
- 3	A SOCIAL SECURITY NUMBER	Is sex Is age	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14.3	1/15 1
- 0		1 M 2 NF L	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Hear)	1	BIRTHPLACE (State or Foreig Country)
	215-52-4775		12 "					Maryland
œ	9a. FACILITY NAME (If not institution, give	1			OR LOCATION OF DE	ATH		Y OF OEATH
<u>ō</u>	19/1Ston Genera	Hospital		Fallst	on		Ha	coord
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
H	mn H	reford	F		-			LIMITS?
	10a. STREET AND NUMBER	11 2010		ge we	of, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	2003 Armstro	stra.	1		21047			191711111111
2	11. MARITAL STATUS	12 MAS DECEDENT EVER	IN U.S. ARMED	13. WAS DE		ر IIC ORIGIN? (Specify Ye	4.5	. RACE American Indian
	1 Never Married 2 Interried	FORCES? 1 YES		It yes, a	pecify Cuben, Mexica S 2 LNO Specify	n, Puerto Rican, etc.)		Black, White, atc.
B	3 Widowed 4 Divorced		DV11 120		s z (pocin)			Specify: White
	15. DECEDENT'S EDI (Specify only highest grad	UCATION In completed	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INOUS	TRY
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u	work done during man retired.)	lost of working			
린		1	Cas	hier		Gro	cerv	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_	18. MOTHER'S NA	ME (First, Middle, Maider		
w J	Grover Clevelar	nd Mullins			Mildre	d Louise	Russe	211
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox		
임	Larry W. Sullivar	1	2003	Armstro	ong St.	Edgewood,	Md 21	1040
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE					y or Town, State
	1 X Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Ce	metery, crematory or o	other place)	l Gardens			The state of the s
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE 1.	irdiview		NO ADDRESS OF FA		ralls	ston, Md.
	0/ 10 1/	010		- Howai	rd K. McC	omas III I	[unera]	L Home, P.A.
	HOUNDIN H	Mr on	00 161	1317	Cokesbur	v Rd. Ab	norton	Md. 21009
	shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hypicitus a. Our TO (OR AS	each line.	not enter the m	ode of dying, suc	es cerdiec or resp	oiratory srres	t, Approximat intervel Bet Onset and
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N: MEDICAL CERTIFICATION	SHOCK, or hest feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. Hypertus b. Marul DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE OF A CONS	not enter the man of t	linerse	Direction of response of the second of the s	ALUTOPSY RMED?	24b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
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PHYSICIAN: MEDICAL	Shock, or hesrt fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. Hypertus a. Hypertus b. Marrie DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF A CONS	not enter the manual contents of the manual c	DEACE OF DEATH (Chime 5 Residence	Part i. 24a. WAS AI PERFO 1 VES	NAUTOPSY RMED?	24b. WERE AUTOPSY FINIMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 MC
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ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initieted events resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	a. Hypertun a. Hypertun a. Hypertun b. Manue DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF A CONS	ont enter the manual color of the manual color of the col	ode of dying, such	Part I. 24a. WAS AI PERFO 1 VES Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(e) and market control of the cause(e) and market con	NAUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINE MARLABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 VES 2 MO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide a Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. Hypertura a. Hypertura ADUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. D	A CONSEQUENCE OF A CONS	ont enter the management of th	DEACE OF DEATH (Chime 5 Residence JURY AT ORK? YES 2 NO	Part I. 24a. WAS AI PERFO 1 YES Ock only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and matime, date and place, a	N AUTOPSY RMED? 2 NO ENJURY OCCUR and Number or	24b. WERE AUTOPSY FIND MALLETON OF CAL OF DEATH? 1 VES 2 NO REO Rural Route Number,
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initieted events resulting in death) PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	a. Hypertura a. Hypertura ADUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. D	A CONSEQUENCE OF A CONS	ont enter the manual color of the manual color of the col	ode of dying, such	Part I. 24a. WAS AI PERFO 1 YES Ock only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and matime, date and place, a	N AUTOPSY RMED? 2 NO ENJURY OCCUR and Number or	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 MO
BE COMPLETED BY PHYSICIAN: MEDICAL	Shock, or hest fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Suicide 1 Could not be determined 1 Could not be determined 1 Certify Check only one) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. Hyperitus Abuse To (OR AS b. Marril DUE TO (OR AS c. DUE TO (OR AS d. DUE TO	A CONSEQUENCE OF A CONS	ont enter the management of th	DO (16	Part I. 24a. WAS AI PERFO 1 VES Control one) Control (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(a) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(b) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place, a state of the cause(c) and mutime, date and place of the cause(c) and mutime, date and place of the cause(c) and mutime, date and place of the cause(c) and mutime, date and place of the cause(c) and mutime, date and place of the cause(c) and the cause(N AUTOPSY RMED? 2 NO ENJURY OCCUR and Number or) 29d. DATE S	24b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide a Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. Hyperitus Abuse To (OR AS b. Marril DUE TO (OR AS c. DUE TO (OR AS d. DUE TO	A CONSEQUENCE OF A CONS	ont enter the management of th	DO (16	Part I. 24a. WAS AI PERFO 1 YES Ock only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State to the cause(a) and matime, date and place, a	N AUTOPSY RMED? 2 NO ENJURY OCCUR and Number or) 29d. DATE S	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 MA



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

examiner must be notified at once.	r, or other traumatic event, the medical	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
el.	tal Hygiene prior to burial, cremation, or remov	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	ttending physician and completely filled in by ti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	ath certificate be executed within 24 hours after	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HE	ALTH AND	MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, L	eneva Smith				2. DATE OF DEATH		3. TIME OF DEATH 11:18 P.M.
4. SOCIAL SECURITY NUMBER 217-36-3407 9a. FACILITY NAME (If not institution, (1 □ M 2 🕱 F 87	7 YRS.		F UNDER 24 HRS. OUNS MIN. OCATION OF D	7. DATE OF BIRTH (Morth, Day, Year) Jan. 26	1906 N	BIRTHPLACE (State or Foreign Country) North Carolina Y OF DEATH
1303 Old Falls	1303 Old Fallston Road Fallston					Harfo	ord County
1303 Old Falls RESIDENCE OF DECEDENT 100. STATE 100. CO Maryland Ha	rford County		TOWN OR LOCATION Fallston				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1303 Old Falls 11. MARITAL STATUS	ton Road			21047		10g. CITIZE	U.S.A.
3 📉 Widowed 4 🗆 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	13. WAS DECEN	DENT OF HISPA	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:		Bleck, White, etc.
15. DECEDENT'S (Specify only highest : Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed) College (1-4 or 5+)	Ilfe. Do NOT use i	rk done during most or retired.)	f working	16b. KIND OF BI		
17. FATHER'S NAME (First, Middle, Last)	Hous	ewii e	. MOTHER'S N	H (AME (First, Middle, Maide	omemake	er
· I dood 'i'	Clawso	n		Mary	Elizab	eth (Cline
19a. INFORMANT'S NAME (Type/Print) Mrs. Margaret J	aughter879_732				Route Number, City or To		yland 21047
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3	201	D. PLACE AND DATE OF	DISPOSITION (Name	of	DATE 20c II	OCATION CIT	
immediate cause (Finel disease or condition resulting in death)	a. CARD io DUE TO (OR AS /	ach fine.	my A			piratory arrea	t, Approximeta Interval Batweei Oneat and Deat
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS /	A CONSEQUENCE OF	vad				
PART II. Other alignificent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 ☐ YES ☑ NO 27. MANNER OF DEATH	tions contributing to deeth b	out not resulting in	the underlying c	ause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	OF DEATH (C/			
	1 Inpatient 2 ER/Out	patient 3 DOA 4 28b. TIME C INJUR	OF 28c. INJURY WORK	AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	28a. PLACE OF INJURY	f — At home, larm, stre			261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
	HYSICIAN: To the best of my know MINER: On the basis of examination						euse(s) and manner as stated.
296. SIGNATURE AND TITLE OF SERT	Arts			D 39	789	▶ Apr	igned (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON ALFRED 31. DATE FILED (Month, Day, Year)	TO SPANUE	1	rint)	11 Ba	31 Bel Air LlAir, Mar	Road yland	836 - 7977 21014
	'93 Suhar	Davidson-Ranc	dall				

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	1 - STATE STATE OF MANYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG, NO	_	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH A		3. TIME OF DEATN
	FREIDA L TASKA 4/23/	93	9:05 A H
	A 15 OR CO O O O O O O O O O O O O O O O O O	- 01	BIRTNPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNTY	Y OF DEATN
DIRECTOR	THE UNION MEMORIAL HOSPITAL BALTIMORE CITY		NIA
E E	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
			1 TES 2 NO
FUNERAL	10a. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE	10g. CITIZEI	OF WHAT COUNTRY?
8	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMENT OF NISPANIC ORIGIN? (Specify Yes		. RACE — American Indian,
BY FI		I SI NO	Black, White, atc.
			whire
E E	Specify only highest grade completed) Specify only highest grade completed) Specify only highest grade completed) Specify only highest grade completed 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	JINESS/INDUS	TRY
COMPLETED	BAKER BA	KE	RI
BE	10a MECOMANT'S NAME (Separated)		erines
5	Pearl Shorman 420 Ben Oaks Drive En		yema Pkmo
	cametery crematory or other placeh		or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY	101	MU
1	Melo ASIS / DADDANCE CONS	· Da	8 V 5 1/2 V
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or responses.	retory arres	Approximate
- 1	shock, or heart fellure. Liet only one ceuse on each line.	ratory arroad	interval Between Onset and Death
	disease or condition resulting in death) a. Concentive Heart Factore Duggo (or AS A CONSEQUENCE OF):		240
_			1
CERTIFICATION	Sequentially list conditions, If any, landing to immediate b. Subdured he meeting Due to (or as a consequence of):		Gays.
S	CAUSE (Disease or injury		
FE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST		
PHYSICIAN: MEDICAL	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED	1 VES 2	NO.	OF DEATN?
ä			
20	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:		
HYS	1	NJURY OCCUR	ED
ВУР			-
- 10	28a PLACE OF IN HIDY At home from the state of the state	and Number or	Rural Route Number,
	290, CERTIFIER		
COMPLETED	29s. CERTIFIER 29s. CERTIFIER (Check only) Check only Check on		ause(a) end mannar as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4/	23/93
	Vanela C. Johnson, up, us in memorial Hogista, Ba	ut. n	40
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		
	APR 29 1993 Julie Savidson-Rondolle		DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

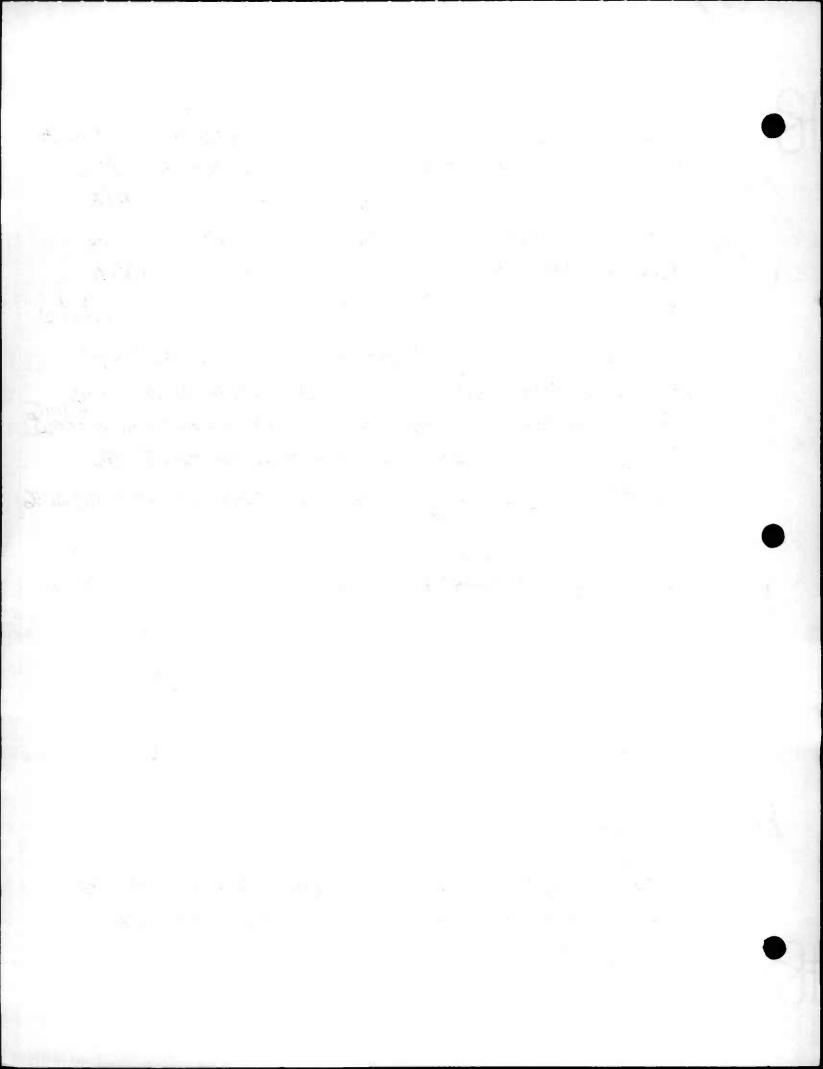
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



EL 04/26/93

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH

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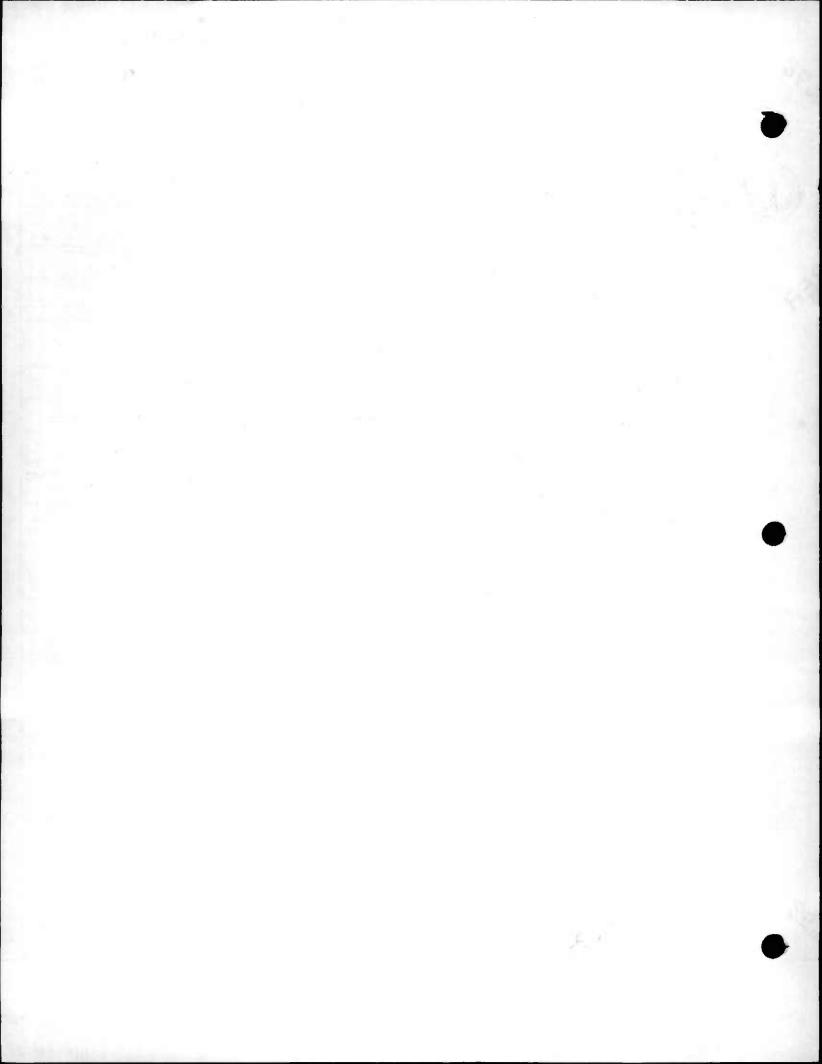
REGISTRAR		C	ERTIF	CATE O	F DEATH		REG. NO	1		,
1. DECEMENT'S NAME (First	')						E OF DEATH		3. ТІ	ME OF DEATH
Joseph A. Thac	cker					Apr	TH D	1993	YEAR	7:20-A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH			E (State or Foreign
578-14-5590	1 M 2 F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Moi	nth, Day, Year)	- 1	Country)	
9a. FACILITY NAME (If not institution, give	street and number)	69		Oh CITY TOWN	OR LOCATION OF		04 19			ngton.
Anne Arundel "Med	- "	ter			rapolis	DEATH			ne Aru	ndal
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			1 20					1/VL		
	ie Arundel	7		r, TOWN OR LOC	_				10d.	INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ie riunaei		A	nnapol						YES 2 NO
					101. ZIP CODE				EN OF WHAT	
100 Severn Aver					21403				<u>ed Sta</u>	
1 Never Married 21 Married	12. WAS DECEDED FORCES?	VI EVER IN U.S. A	NO NO	If yes,	ECENDENT OF HISF specify Cuban, Mexi	PANIC ORIG Ican, Puerto	IN? (Specify Yes Rican, etc.)	s or No	14. RACE A. Black, Whi	merican Indian, le, etc.
3 Widowed 4 Divorced	WWII	MAR OR DATES		1 🗆 Y	ES 2/ NO Spe				Specify: W	hito
15. DECEDENT'S E		146.5	ECEDENTIA	USUAL OCCUPA	71041	Le		1		
(Specify only highest gra	de completed)		'Give kind of w	rork done during in retired.)	most of working	1	b. KIND OF BU	SINESS/INUC	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		ile Dec		ŀ	Autom	atina		
17. FATHER'S NAME (First, Middle, Last)		710	-como o	ne ve	18. MOTHER'S	NAME (5)				
Lee V. Thacker							genbri	,		
19a. INFORMANT'S NAME (Typo/Print)		1.	AL 114 11 11 1	4000FCC :0						-
Betty L. Thacker		[]			t and Number or Run					01.400
			_		Venue A					
20s, METHOD OF DISPOSITION 1. Purisi 2 Cremation 3 1 Re	moval from State	cemetery, c	remetory or oti	F DISPOSITION (her place)		1			City or Town, S	
4 Donation 5 Other (Specify)	and a	Maryl	and V	eteran	Cemeter	ry 14-	30+93	Crown	will	MD.
21. SIGNATURE OF PURISHAL SERVICE	JCENSEY /			22. NAME	AND ADDRESS OF	FACILITY	ohn M.	Taylo	or Fun	eral Hor
Jestes 8.	Tarris			147 1	Puke of (Flouc	ester S	St. Ar	mapol	is. MD
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. U- DUE TO	OF AS A CONSI	EQUENCE OF	Poulgo						
PART II. Other significent condition	ons contributing to	death but not	resulting l	n the underly	ng ca∪se given l	In Part I.	24a, WAS AN PERFOR	RMED?	COMI DF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DEATH (Check only o	one)			
1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residenc	8 D Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF		26b. TIME	OF 28c, II	NJURY AT	_	SCRIBE HOW I	NJURY OCC	URED	
1 Natural 5 Pending	(Month, L	vay, roar)	INJU		YORK?					
2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE C	OF INJURY — At I	iome, ferm, si	treet, factory, of	lice	28f. LO	CATION (Street	and Number of	or Rural Route I	lumber,
4 Homicide determined	building	etc. (Specify)				Cit	y or Town, State)			
	SICIAN: To the best of									
2 MEDICAL EXAMI		mination and/o	rinvestigation	n, in my opinion	death occured at the	he time, da	e and place, er	nd due to the	ceuse(s) end	manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	ER O	2			29c. LICENSE N	UMBER			SIGNED (Mont	
21111	10 /									
Robot M G.	ufsot	M.D			D 20	137	3	4	128/2	
Robert M. G.		SE OF DEATH (IT							128/2	
Robot M G.	(somenie	SE OF DEATH (IT	RI		D20 Bunch					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

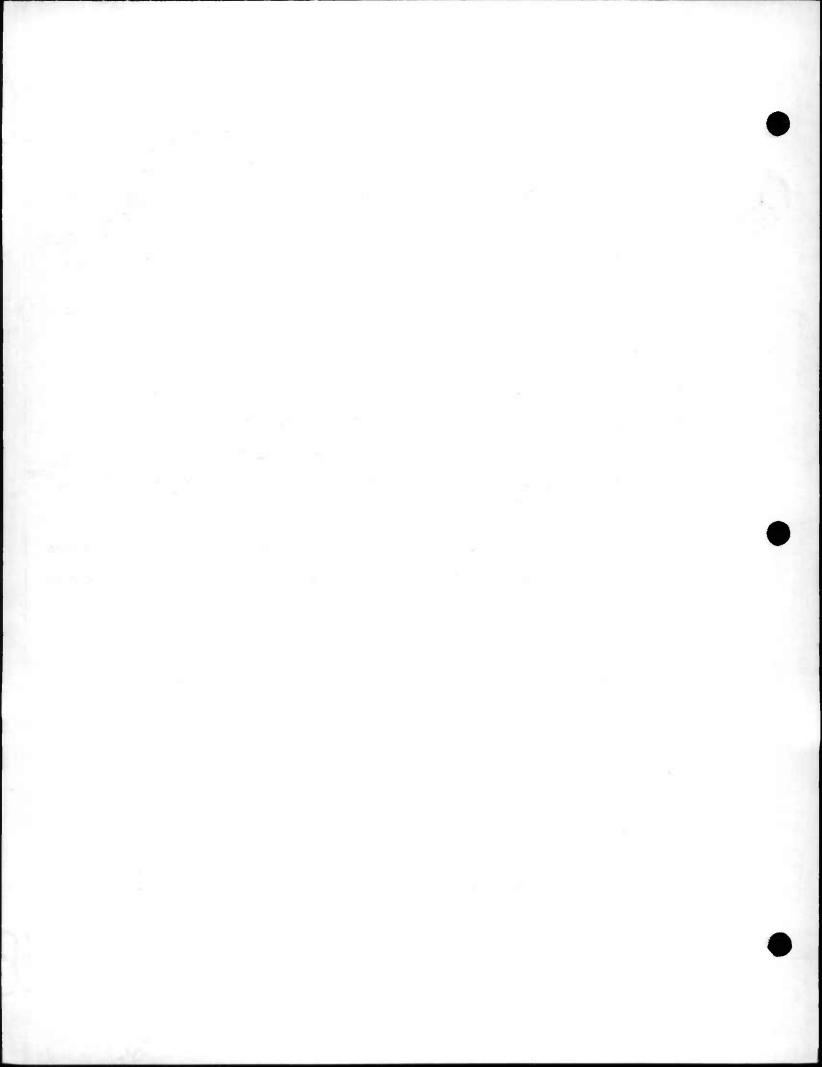


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriable filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate by DIRECTOR: After this certificate has been signed by the attending physicial hours after death with the State Dept. of Health and Mental Hygiene prior	If item 28 is marked, or item 23 shows any injury, or other trai

R ATE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	13981
DENT'S NAME (First, Middle, Last)		2. DATE OF OEATH		3. TIME OF OEATN
Danald Alan	Thomas To	MONTH DAY	YEAR	- 4

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN		13984			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH		3. TIME OF OEATN			
	Ronald Alan	Thomas, Jr.			April 27	1993	7:10 P M			
		5. SEX 8. AGE (In yrs. te	MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	ATE OF BIRTH 8. BIRTHPLACE				
	212 00 7003	K⊠ m 2 □ F 19	YRS.		June 22 1	973 Mar	iyland			
TOR	98. FACILITY NAME (If not institution, give street and number) North Arundel Hospital RESIDENCE OF DECEDENT 96. COUNTY OF DEATH Glen Burnie Anne Arun									
DIRECTOR	10a. STATE 10b. COUNTY	Arundel	10c. CITY, TOWN	OR LOCATION 1 BURNIE			10d. INSIDE CITY LIMITS? 1 YES 2 XXXX			
FUNERAL	100. STREET AND NUMBER 387 Majesty Glen			101. ZIP CODE 21061			WHAT COUNTRY?			
B⊀	11. MARITAL STATUS XIX Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES	PMED 13	i. WAS DECENOENT OF NISPA if yea, specify Cuban, Maxico 1 YES 2 YNO Specifi	an, Puerto Rican, atc.)	Ble	CE — American Indian, ck, White, etc. White			
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12) N/A	mpleted) (0	ECEDENT'S USUAL Bive kind of work don a. Do NOT use retired	during most of working)	166. KIND OF BUS	JSINESS/INDUSTRY				
ő	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden					
BE (Ronald A. Thomas,	Sr.		Suz	anne Colli	nson				
10	19a. INFORMANT'S NAME (Type/Print) Ronald A. Thomas,	Sr. 19	15. MAILING ADORE	ss (Street and Number or Aural LVE DEGRACE D	Provide Number, City or Town Prive Edge	n, State, Zip Code) Water, N	D 21037			
	20a. METHOO OF DISPOSITION XXX Burlet 2 □ Cremetion 3 □ Remove	20b. PLACE								
	4 Donation 4 Other (Specify)	Hope	Chapel (emetery or	5-01-93 Ed	gewater,	Maryland			
	1000	1	74	7 Duke of Gl	Coucester S	Taylor t. Annap	Maryland Funeral Home Polis, MD			
	23. PART Emacthe diseases, or con shock, or heart fallure. Lis	applications thet caused the de	eath. Do not ente	or the mode of dying, auc	ch as cerdiac or reepi	ratory arreat,	Approximate			
	IMMEDIATE CAUSE (Final			PHAIDRAT	H-Y		Onset and Death			
Z	DUÉ TO (OR AS A CONSEQUENCE OF): CHARLES PS SERVER TRANSPORTER APPESST									
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				0 1/13					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):							
AL C	PART II. Other algnificent conditions of	contributing to death but not i	recuiting in the u	inderlying ceuse given in	Part I, 24e, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
2	Crrappy PA				PERFOR	MEO?	AMILABLE PRIOR TO COMPLETION OF CAUSE			
E I					1 _ YES 2	M NO	OF DEATN?			
ä							1			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PLACE OF OEATN (Ch	eck only one)					
YSI	1 YES 2 題 NO 1	■ Inpatient 2 □ ER/Outpatient 3	DOA 4 N	R: Insing Nome 5 Realdence	8 Cher (Specify)					
BY PHYSICIAN: MEDIC	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE NOW II	NJURY OCCUREO				
COMPLETED		N: To the best of my knowledge, de					(e) and manner se stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUI			D (Month, Day, Year)			
) BE	0295	C 0 10		D199	0.5	14/20	-197			
5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)			1/28	//3			
	ur. Vavid Rose 2	00 Hospital Dr	ive Gle	n Burnie, Ma	ryland	′ '				
	Dr. David Rose 2 31. DATE FILED PROP 9, 1993 APR 29 1993	St. REPISTONIS SIGNATURE	رالات							
	APR 2 9 1993 J	Jan Jan don-N					DNMN-16 Rev 1/89			



use as the burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

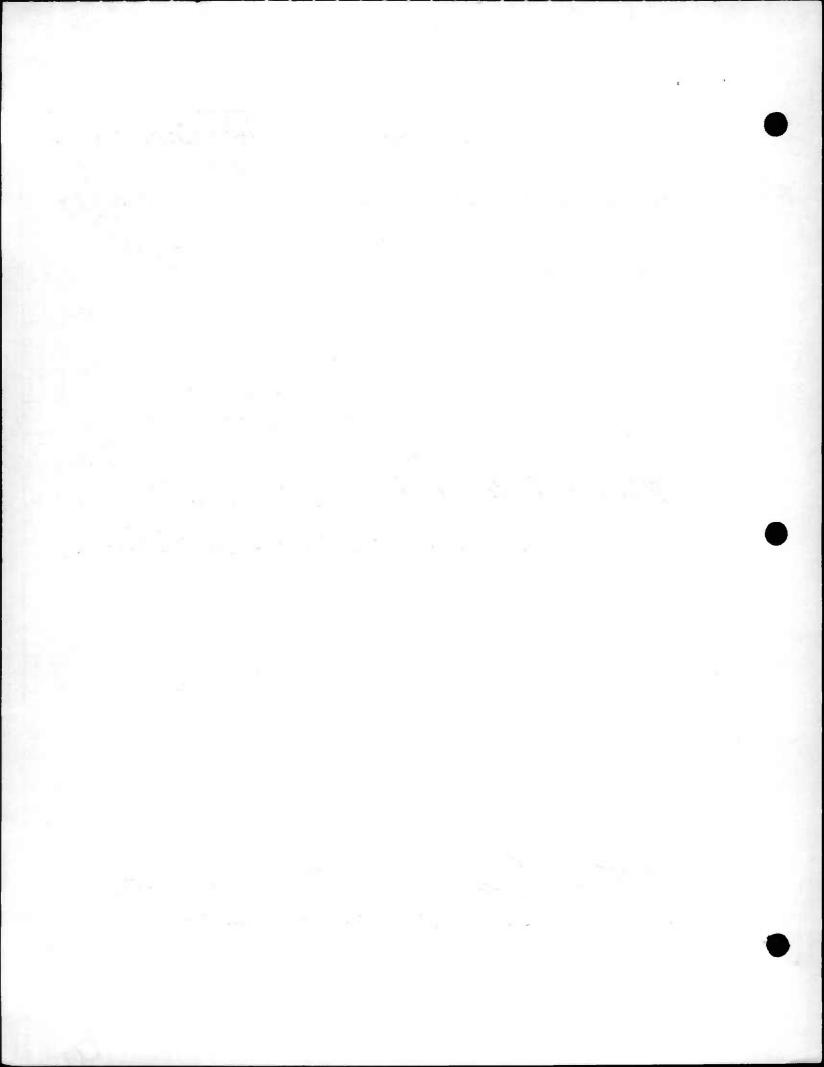
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	ter t	ath	mar
	R. A	er de	69
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	hour	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH	AND I	MENTAL HYGIEN REG. NO.	E			
- 7	1. OECEOENT'S NAME (First, Middle, La	st)							2. DATE OF DEATH			3. TIME OF DEA	TH
	P	aul Edwa	ard Ti	mon	S					199	3 YEAR	12.10 P	M
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IF UNDER	IDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		6. BIRTH	PLACE (State or F	oreign
1)	214-07-2877	1 🔀 M 2 🗆 F	76	YRS.	MONTHS	DAY8	HOURS	MIN.	Mar 30, 1	917	Mar	yland	
	9e. FACILITY NAME (If not Institution, gir	e street and number)		9b. CITY, TOWN OR LOCATION OF DEAT							INTY OF D		
DIRECTOR	Memorial Hospi	tal at Eas	ston		East	ton				Talbot			
EC	10e, STATE 10b. COU	NTY		10c. CIT	Y, TOWN (OR LOCAT	ION					10d. INSIDE CIT	Y
	Maryland Ta		C1	aibo	rne						LIMITS?	-	
M	10a. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN OF			HAT COUNTRY?				
ÿ I	10482 Rich					21	624		τ	JSA			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAN OR DATES KOrea				NO If yes, specify Cuben, Mexican, I			n, Puerto Ricen, etc.)	or No—		- American Indi , white, etc. y: White	len,	
COMPLETED	15, DECEDENT'S E (Specify only highest gr		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUS	INESS/IN	DUSTRY					
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 e	Ma	life. Do NOT use retired.)									
를	11	-	Ma	Major (Ret) US Army					Armed Forces - USA				
ᅙ	17. FATHER'S NAME (First, Middle, Last)							18. MOTHER'S NAME (First, Middle, Malden Surneme)					
шJ	William Dale	Timmons		Manolia Farlow									
10 8	19e. INFORMANT'S NAME (Type/Print)		196	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
F	Amelda Anne T	immons		10482 Rich Neck Rd., Claiborne, Md. 21624									
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE					ATE OF OISPOSITION (Name of or other place) n Mem. Pk Cem. 4/19/93 Easton, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE	1. SIGNATURE OF FUNERAL SERVICE LICENSEE						SS OF FA		Last	011, 1	vial y Lail	u
	Darrison	& Lei	mai	d	H 3	arri 12 S	son Ta	E. L	eonard Fun St., St.	eral	HOme	MD 2	166
	23. PART I. Enter the diseases, cahock, or heert failur IMMEDIATE CAUSE (Final	e. List only one ceu	t ceused the desse on each line.	eth. Do r	ot enter	the mod	de of dy	ing, suci	h aa cardlac or respin	ratory ar	reat,	Approxim Interval B Onset and	ate otween

Torelose resulting in death) A CONSEQUENCE OF Sequentielly list conditions, frany, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part t. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TES XX NO 1 🗌 YES 2 🗌 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 1 TYES 2 INO 3XX00A 28e. DATE OF INJURY (Month, Day, Ybar) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, straet, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, de occured at the time, date and place, end due to the ceuse(e) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lio M/D .404 Marvel Court. Thomas Easton. Md 21601 31. DATE FILED (Month, Day, Year)



7:54

Guvana

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: Black

TY YES 2 NO

20785

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

4/16/93

Approximata

Interval Between Onset and Death

A

1993

USA

2. DATE OF DEATH DAY

16

April

1. DECEDENT'S NAME (First, Middle, Last)

James Theophilus

4. SOCIAL SECURITY NUMBER

219-68-6311

THOM

1 XM 2 - F

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

6. AGE (In yrs. last birthday)

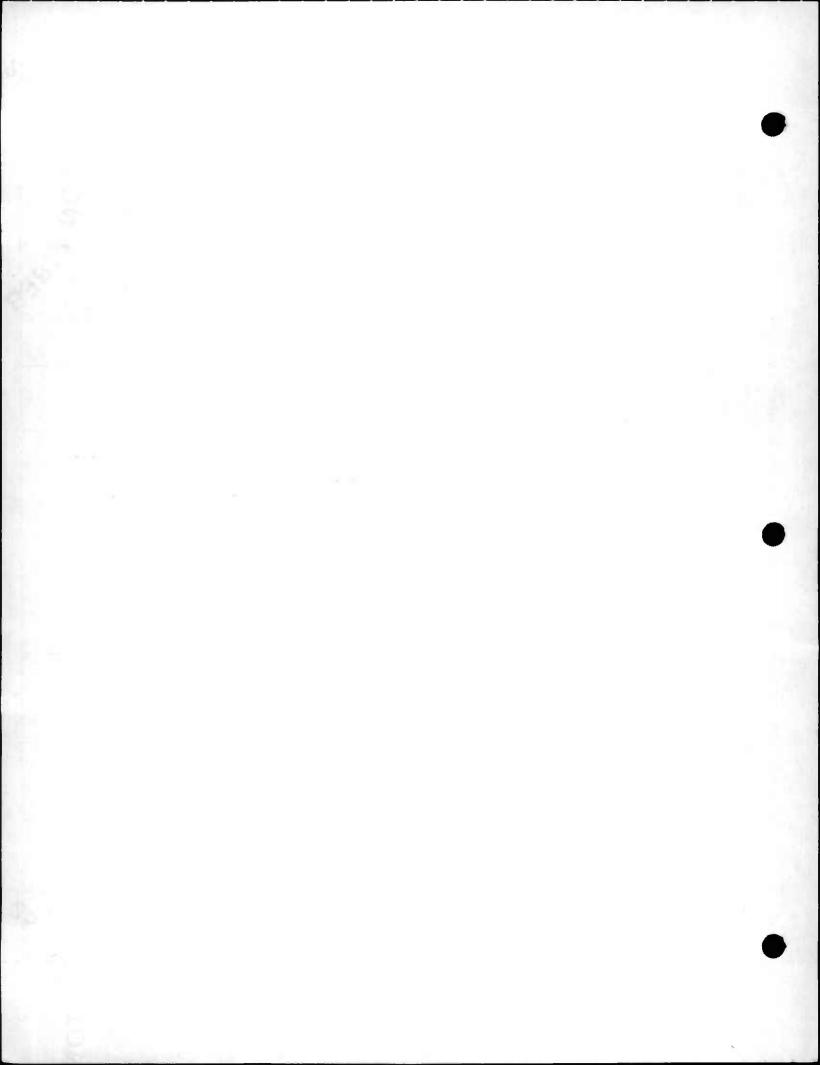
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	TO SERVICE OF	A good	-
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit permit. Page:	Wal.

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

7. DATE OF BIRTH (Morth, Day, Year) 04/27/1916 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR POCTORS COMMUNITY HOSPITAL Lanham Prince George 10c. CITY, TOWN OR LOCATION Maryland Prince George's Lanham 10e. STREET AND NUMBER 10f. ZIP CODE 8018 Tiffany Lane 20706 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 \(\subseteq \) YES 2 \(\overline{N} \) NO \(Specify: \) 24 hours after death. Page 6 may be retained by the hospital or attending physis filled in by the funeral director, page 5 should be detached for use as the buria 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Professor Private notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Emanuel Thom Susan Griffith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ruth V. Thom 8018 Tiffany Lane, Lanham MD 20706 pe 20a_METHOD OF DISPOSITION
1 (X Burlal 2 | Cremation 3 | Ro 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must n by the funeral director, removal. Rock Creek Cemetery 4/24 Washington, D.C. examiner SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home 7474 Landover Rd., Landover, Md. medicai filled in by t ATT I. Enter the diseases, or plications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, of hear IMMEDIATE CAUSE (Final heart fallure. List only one cause on each line. the attending physician and completely fille Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) CARDIAC ARREST, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY END STAGE REMAL DISEASE 1 YES 2 NO PHEUMONIA. PHYSICIAN: certificate has been the State Dept. of or item 23 sl 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Dinpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH After this ce death with the 286. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY After 1 death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) DIRECTOR: An hours after desitem 28 is n 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) mark D 33942 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROMOD Doctors Comm. tospital lanham DUGG AL MD O 32. REGISTRAB'S SIGNATURE.



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6	2
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S, D	death
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	8
	TAL

SAMUEL

APR 2 0 1993

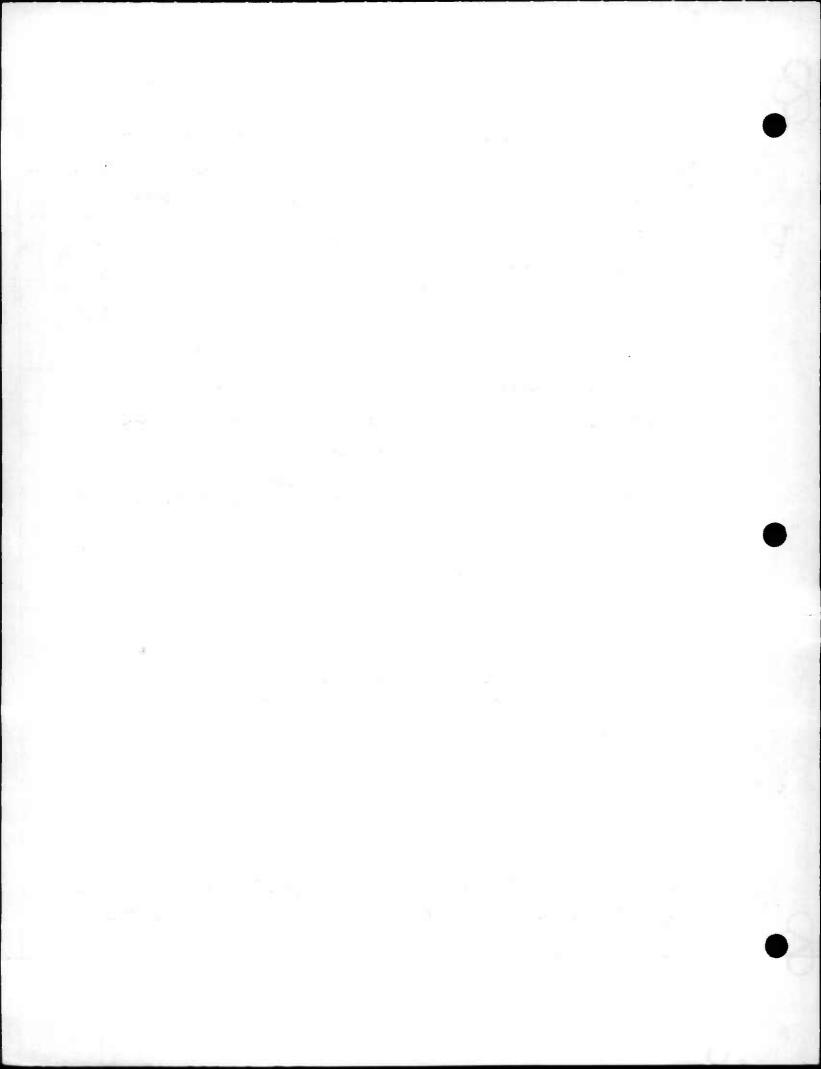
M.D.

- 3	1. DECEDENT'S NAME (First, Middle, Last)			ERTIF		01	BEATTI	_	REG. NO		1 , ,	TIME OF DEATH			
4 P		IER	ΞR				04 16		YEAR 93	7:55					
	4. SOCIAL SECURITY NUMBER	IF UNDER	YEAR	IF UNDER 24 H		DATE OF BIRTN (Month, Day, Year)	- 1	-	CE (State or Foreign						
	415-32-4913 9e. FACILITY NAME (# not institution, give:	1 M 2 F	69	YRS.					JUNE 5,19		NORTH	CAROLIN			
۳			CCNITC	יח:			OR LOCATION (OF DEATH	1		TY OF DEATH				
ECTOR	PRINCE GEORGE	. CENTE	.K		JHE V	ERLY			PRIN	NCE GE	URGE				
OIRE	10e. STATE 10b. COUNT	N/A		10c. CIT	Y, TOWN O			~			10d	LIMITS?			
AL D	10e. STREET AND NUMBER			WASH		TON, D	C		10- 01717	1 (YES 2 NO				
UNER/	4813 TEXAS AVE	03			100	20	019		log. Offiz	USA	COONTRIT				
	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	R IN U.S. ARMED 13, WAS DECEMBENT OF HISBANI				ISPANIC (ORIGIN? (Specify Yes	or No-	14. RACE - A	American Indian,			
2	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	T _C			2X NO S		uarto Rican, etc.)		Specify:				
	15. DECEDENT'S EDU (Specify only highest grade		18e. D	DECEDENT'S USUAL OCCUPATION					18b. KIND OF BUS	INESS/INDU		ich			
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	- in	le. Do NOT us					PVT.						
COMPL	9th 17. FATNER'S NAME (First, Middle, Lest)			DIET	ARY A	IDE									
ŭ	COLUMBUS C. F						First, Middle, Maiden	Sumeme)							
0 8	19e. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street a			Number, City or Town	n, State, Zip (Code)				
ř	OZZIE FREEMAN			702 8	STAFF	ORD	HILL	GLEN	BURNIE,	MD 2	1061				
	20s, METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 X Rem	noval from State	20b.PLACE cemetery, cr	AND DATE O	OF DISPOSI	TION /Ne	me of	1			lty or Town, S	State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LII	CENSEE /	cemetery, cr	CHUR			ERY D ADDRESS O		4-22 LAK	E LUR	E, NC				
	J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD. LANDOVER, MD 20785														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate														
	IMMEDIATE CAUSE (Final								[Onset and Date					
H	resulting in death)	FOLIENCE OF	E)							3-4					
_z	disease or condition resulting in death) s. SEPSIS DUE TO (OR AS A CONSEQUENCE OF): PEMAL FAILUE DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease pri Injury) CAUSE (Disease pri Injury)														
NO I	Sequentially list conditions, if eny, leading to immediate	DUE TO (C	F):	ME	5 1 15	- 6	5.4.1. A	6							
5	CAUSE (Disesse or Injury	OUENCE OF	Z_ n	// /-	1	/	MILLER	12.							
ERTIFI	that initiated events resulting in death) LAST	5-8	ENCE OF):						į						
ا ر <u>د</u>	PART II. Other significant condition	na contributing to d	eath but not	resulting i	in the und	arlulac	onun a alum	n in Don	1		Lucius	Visit Program			
EDICA	(TO TO) (THE DIFFE) (MADE)									E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE					
	CARDISIND PATES END CTAGE EASTERED TES 2 UNIO OF DEATHY														
MED											, ,	ico z [] NO			
≥		25. WAS CASE REFERRED TO MEDICAL EYAMMSED? 26. PLACE OF DEATN (Check only one)													
CIAN: M	EXAMINER?	HOŚPITAL:			OTHER		1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO								
SICIAN: M	EXAMINER? 1 YES 2 NO			1	4 🗆 Nursi	ng Nome									
PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: Inpetient 2 I	NJURY	28b. TIM	4 🗆 Nursi	ng Nome	JRY AT	28	Other (Specify)	JURY OCCU	IRED				
ED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. DATE OF IN	HJURY Year)	28b. TIMI tNJ	4 Nursh	ng Nome 28c. INJU WOF	JRY AT RK? ES 2 NO	284				Number,			
ED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. DATE OF IN (Month, Day. 28e. PLACE OF building, et	IJURY : Year) INJURY — Al h c. (Specify)	28b. TIM tNJ ome, ferm, s	4 Nursi	ng Nome Rec. INJU WOI 1 Y	JRY AT RK? ES 2 NO	28	d. DESCRIBE HOW IF . LOCATION (Street a City or Town, State)	nd Number o	r Rural Route	Number,			
PLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only CERTIFYING PHYSI	28e. PLACE OF building, el	NJURY Year) INJURY — Al hic. (Specify)	28b. TIMI tNJ ome, ferm, s	4 Nursi	Nome Nome Work Work 1 Year, office	JRY AT RK? ES 2 NC	280 281	d. DESCRIBE HOW II I. LOCATION (Street a City or Town, State) the ceuse(s) end man	nd Number o	r Rural Route				
COMPLETED BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only CERTIFYING PHYSIC)	28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et al. (CIAN: To the best of markers).	NJURY Year) INJURY — Al hic. (Specify)	28b. TIMI tNJ ome, ferm, s	4 Nursi	Nome Nome Work Work 1 Year, office	JRY AT RK? ES 2 NC	280 281 I due to ti	d. DESCRIBE HOW II I. LOCATION (Street at City or Town, State) he ceuse(s) end man , date and place, end	nd Number o	r Rural Route	menner es stated,			

D. PGHC FAMILY HEALTH CENTER CHEVERLY, MARYLAND

32. REGISTRAR'S SIGNATURE

Julia Davidson Andre



	FOR
-	STATE REGISTRAR

1 - STATE REGISTRAR	\$	STATE OF N	IARYLAN	D / DEPAR CERTIF					ENTAL HYG			10300
1. DECEDENT'S NAME (First, Midd	fie, Last)							2	2. DATE OF DEAT	Н		3. TIME OF DEATH
Georgie B	. Tho	mpson							MONTH	25	93	10:55 a M
4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In y	rs. lest birthday)		R 1 YEAR	IF UNDER 24	HRS. 7	DATE OF BIRTH	1	8. BIRTH	PLACE (State or Foreign
217-14-7294-A 1 M &CXF 89 YRS. MON						DAYS	HOURS	MIN.	5/16/0	3	Country	ryland
9e. FACILITY NAME (If not institution	9b. CIT	Y, TOWN O	R LOCATION	OF DEAT	- 1		INTY OF D					
Montgomery	Gene	ral H	ospit	al	0	lney	7				togi	
RESIDENCE OF DECED			1							111011	.006.	
10a. STATE 10b.	COUNTY		_	10c. CIT	Y, TOWN	OR LOCAT	ON					10d. INSIDE CITY LIMITS?
Maryland M	lontgo	omery		Ro	ocky	vill	e					1 XYES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE		-	10g. CIT	IZEN OF W	HAT COUNTRY?
511 Bickf	ord .	Lane.				- 1	2085	0		11	.S.A	
11. MARITAL STATUS		WAS DECEDEN	EVER IN U.	ARMED	13.	WAS DEC			ORIGIN? (Specif			— American Indian, , Whita, atc.
1 Never Married 2 Marri	led	FORCES? 1					cify Cuban,		Puerto Ricen, etc	.)		
3 Widowed 4 Divorced							z QÇ.no	Opecity.			B	lack
15. DECEDEN (Specify only high	T'S EDUCATIO		16	a. DECEDENT'S (Give kind of v					16b. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)		ollege (1-4 or 5 +	,	life. Do NOT us	e retired.)	during mos	it or working					1
6th Grade				Domes	stic	2			l N	one		
17. FATHER'S NAME (First, Middle,	Lasi)						18. MOTHE	R'S NAME	(First, Middle, Ma			
Joseph Jo	hnso	n					Geo	rgia	a Hay	es		
19a. INFORMANT'S NAME (Type/Pr	7 -45		. \	19b. MAILING	ADDRES	S (Street a			ite Number, City or		n Code)	20833
Mrs Helen E.	Jac	ughter kson	:)									ile, Md
20g METHOD OF DISPOSITION	-CALIFORNIA		20h. PL	ACE AND DATE O	-	_				LOCATION -		
1 Donation 5 Other (Spec		from State		y, crematory or of n Wes				. A i	/20			g, Md
21. SIGNATURE OF FUNERAL SET		EE /	POIL	II WES.	1 22	NAME AN	DADDRESS	OF FACILI	70	CTALK	SDUL	g, Ma
Δ	_ ()	16	- 1	1	3	Snow	den	Fune	eral H	ome P	.A.	20850
Sung	e R.	/ The	mo	u		246	N. W	ashi	ington	St,	Rock	ville, Md
23. PART i. Enter the disease	es, or com	licetions that	ceused th	e deeth. Do n								Approximete
shock, or heert IMMEDIATE CAUSE (Final	tellure. Liet	only one ceu	A data	ngod (one	7000	1110	roil	1220			interval Between Onset and Deeth
disease or condition		1	Ruva	MICEU	COINC	Jest	nic .	-71 <i>4</i>	Lure	1,000	/	Oliset and Deeth
resulting in death)	8	DUE TO	OR AS A CO	NSEQUENCE OF		00	NYES	5/11/	01/4/1	10166		YOYETTO
	_	-			,-		•					
Sequentisity list conditions,	b	DUE TO	DR AS A CO	NSEQUENCE OF	n:							
If any, leading to immediate cause. Enter UNDERLYING					,							i I
CAUSE (Disease or injury that initiated events	c	DUE TO	OR AS A CO	NSEQUENCE OF	٦:							
resulting in death) LAST					,-							i 1
	d											<u> </u>
PART ii. Other algnificent co	onditiona co	entributing to	deeth but r	not resulting i	n the u	nderlying	ceuse giv	en in Par		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
										RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 1 YE	S 2 NO		OF DEATH?
									-			1 TYES 2 NO
25. WAS CASE REFERRED TO ME												
EXAMINER?		SPITAL:			OTHE		NCE OF DEA	TH (Check	only one)			
1 YES 2 NO	10	Inestilent 2 🗆	ER/Outpetle	nt 3 🗆 DOA			5 🗆 Resid	ience 8	Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM		28c. INJU	IRY AT	28	d. DESCRIBE HO	W INJURY OC	CURED	
1 Natural 5 Pendi 2 Accident Invest	ng Igation				М	1 🗆 Y		0V				
3 Suicide 6 Could	not be	28a. PLACE OF	FINJURY /	At home, ferm, a	treet, fac	tory, office		26	I. LOCATION (St	eet and Number	or Rural R	oute Number,
4 Homicide datarr	nined		otal (opochy)						City or Town, S	tate)		
29a. CERTIFIER 1 THERTIFYIN	G PHYSICIAN	· To the heat of	my knowledo	a death assume	of at the	11	4.10	LINE III	the cause(a) and	75V	es.	
												and manner as stated.
		THE DUBIE OF SA		aror investigation	n, in my	орілюп, ве	atti occurso	at the time	e, data and place	, and dua to th	he cause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF C	ERTIFIER	()	0	IMA H	0		29c. LICENS	SE NUMBE	R C/	29d. DAT	E SIGNED	(Month, Day, Year)
Mamy	CA	Ser	2 ig	MIN			010	145	8	19	Sper	257/593
30. NAME AND ADDRESS OF PER	SON WHO CD	MPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)				. /	11//		20 7
INDIMAS PS	10	00/0	4 M	1/17	404	6	TRE	BI	Mist ()	1/81/234	2	1600
31. DATE FILED (Month, Day, Year)		932, REGISTRA	SIGNATU	RE	-		1		77-			0

132 REGISTRAN SIGNATURE UNA DAVIDSON-Handall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

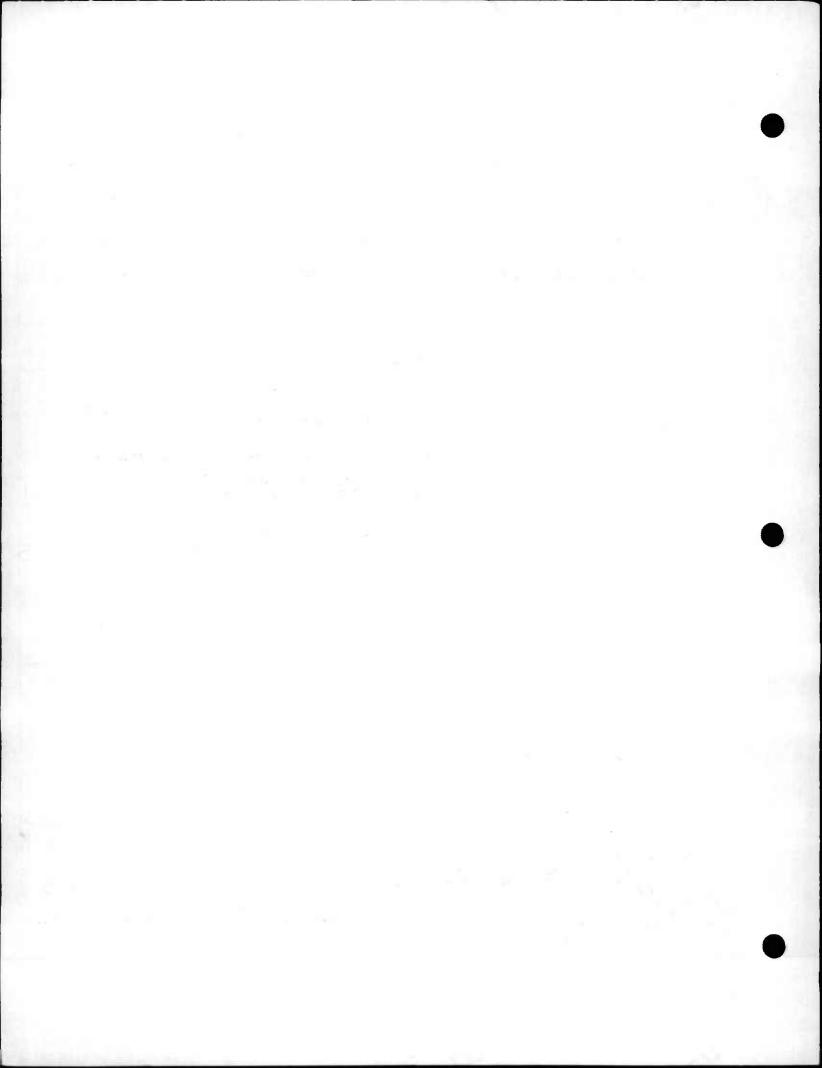
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

APR

1997



YEAR

935 Virginia 9c. COUNTY OF DEATH

1993

3. TIME OF DEATH

2, DATE OF DEATH DAY

20

11,1935

April

7. DATE OF BIRTH (Month, Day, Year)

4. SOCIAL SECURITY NUMBER

9a. FACILITY NAME (If not institution, give street and number)

217-34-0084

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN DR LOCATION DF DEATH

Andrew Harris Tucker

8. AGE (In yrs. last birthday)

5. SEX

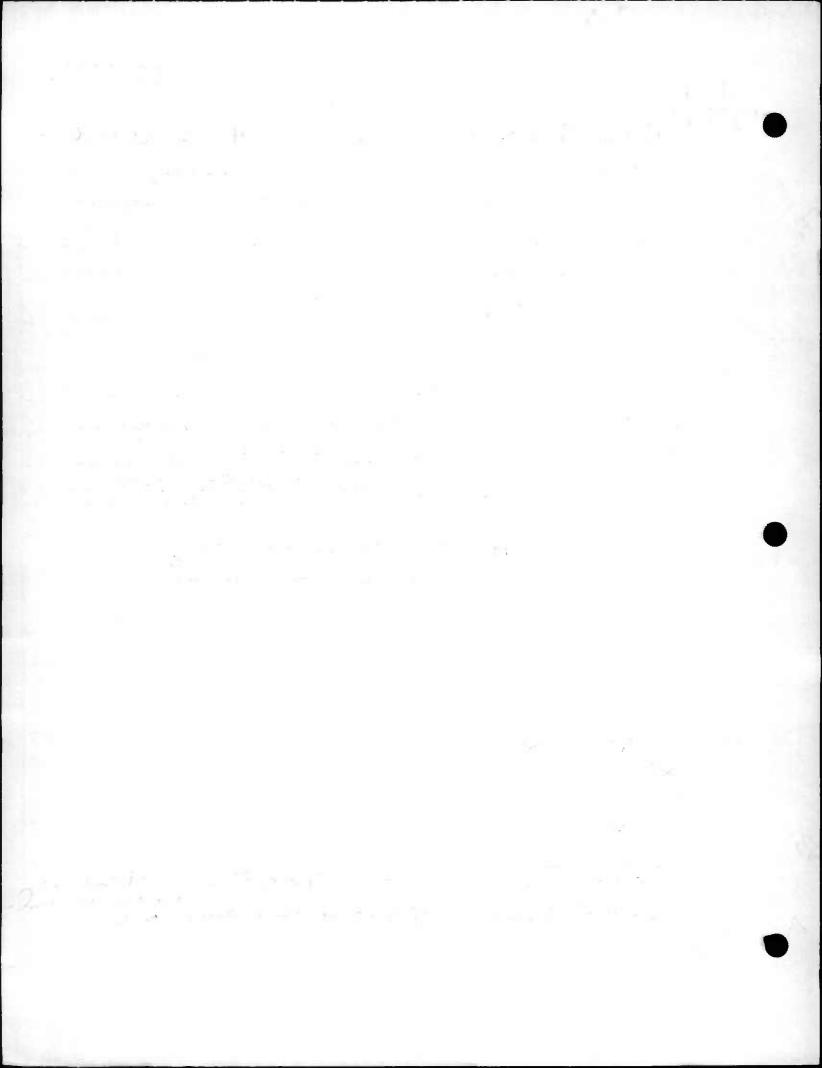
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		The state of the s
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit oval.
BALTIMORE,	ter death. Page 6 may be	the funeral director, page oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6 5	E I	Suburban Hospital			Dothoode			St. GOONTI OF BEATH				
Ð	RECTOR	Suburban Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CO			Bethesda			Montgomery				
e e	DIRE		10b. COUNT		10c. C	ITY, TOWN OR LOCATION			10	Id. INSIDE CITY LIMITS?		
the burial-transit permit. Pur		Maryland 100. STREET AND NUMBER		ntgomery			Bethes 101, ZIP CODE	sda				YES 2 NO
sit pe	ERAL			Chanat			12000 T. CV			10g. CITIZEN OF WHAT COUNTRY?		
I-tran	FUNE	11. MARITAL STATUS	4602 Chestnut Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			20814 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year			INT (Paretty Van	United States or No- 14. RACE — American Indian,		
buria		1 📉 Never Married 2 🗌		FDRCES? 1 X YES	YES 2 ND		If yes, specify Cuban, Mexican, Pus 1 YES 2 NO Specify:		uarto Rican, etc.)		Black, V	American Indian, fhile, atc.
as the	BY	3 Widowed 4 Divorced 1957-1959				Jesus Specify.					Specify:	White
	ETED		EDENT'S EDU y highest grade		16a. DECEDENT'	work done dun	IPATION ing most of working	16	5b. KIND OF BUS	INESS/IND		
d for	7	Elementary/Secondary (0-12) College (1-4 or 5+)			iffe. Do NDT use retired.)			B-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-1990-1-19				
detache	COMPL	1 COI							e Industry			
at o		The discount Manager Surrame)										
Duoid Fled	BE	19a. INFORMANT'S NAME (dariis iucke.		G ADDRESS /S	treet and Number or Rural		erite P			
5 should notified	2	Patricia A	Adams									20014
page t pe		20g, METHOD OF DISPOSITION			PLACE AND DATE	OF DISPOSITI	N/Name of	DA		Maryland 20814 CATION — City or Town, State		
must		1 LZ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from State	Fort T	other place)	pril 23,] Cemetery	1993				
ral di		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		23. NA	ME AND ADDRESS OF FA	ACILITY	L Euro	mal I	Ju. Ma	ryland
tuneral di I. examiner		> /	1	x //		Dec	nesua-unev	/y Cr	lase, L	nc.	/55/ W	isconsin
noval	\neg	23. PART i, Enter that	iseases, or	omplications that cause	M00335	AVE	nue Rether	a ha	Marulai	nd 20	101/-2	501
the attending physician and completely filled in by the funeral director, page 5 should be detached for use Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be notified at once.		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR ket CONSEDUENCE OF): Sequentially list conditions										
d com	z			C15	r by s	/r): - 1 9	4	Ĺ				
anding physician and c Hygiene prior to buria or other traumatic	CATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
e prio												
ygien ygien	RTIFI	that initieted events resulting in death) LAS	т	DUE TO (DR AS A	CDNSEQUENCE	OF):						
atten mtal +												
th and	DICAL	PART II. Other significa	nt condition	s contributing to deeth b	ut not resulting	in the unde	rlying ceuee given in	Pert i.	24a, WAS AN / PERFORI 1 YES 2	MED?	AM CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
shows	W.											DEATH?
as bee Dept. c	ä											
State D	SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C	heck only o	one)			
or I	KS	1 TYES 2 TO		1 inpatient 2 - ER/Outp		4 - Nursing	Home 5 - Residence	8 🗆 Oth	ner (Specify)			
R. After this car death with is marked,	ВУ РНУ	27. MANNED OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY	: INJURY AT WORK?	28d. DE	ESCRIBE HOW IN	JURY OCC	URED	
E # 8	<u>a</u>		Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number of City or Town, State)		or Rural Rout	B Number,				
L DIREC 2 hours 1 item	COMPLE	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of my know	ledge, death occur	red at the time	data and place, and du	a to the co	suse(a) and man	ner sa state	ed.	
NERA Hin 72	ŏ	(Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
HE FU	w I	29b. SIGNATURE AND TITLE OF CENTRIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										4-21-93		
									Ber N.			
		S NY	1 0	auber	8-	218	10 15	con	SIN	A	coe	
		31. DATE FILED (Month, Day,		32 REGISTRAR'S SIGN.								
L		APR 26	1993	Juna wavidson	n-Manage							
												OHMH-16 Rav 1/89

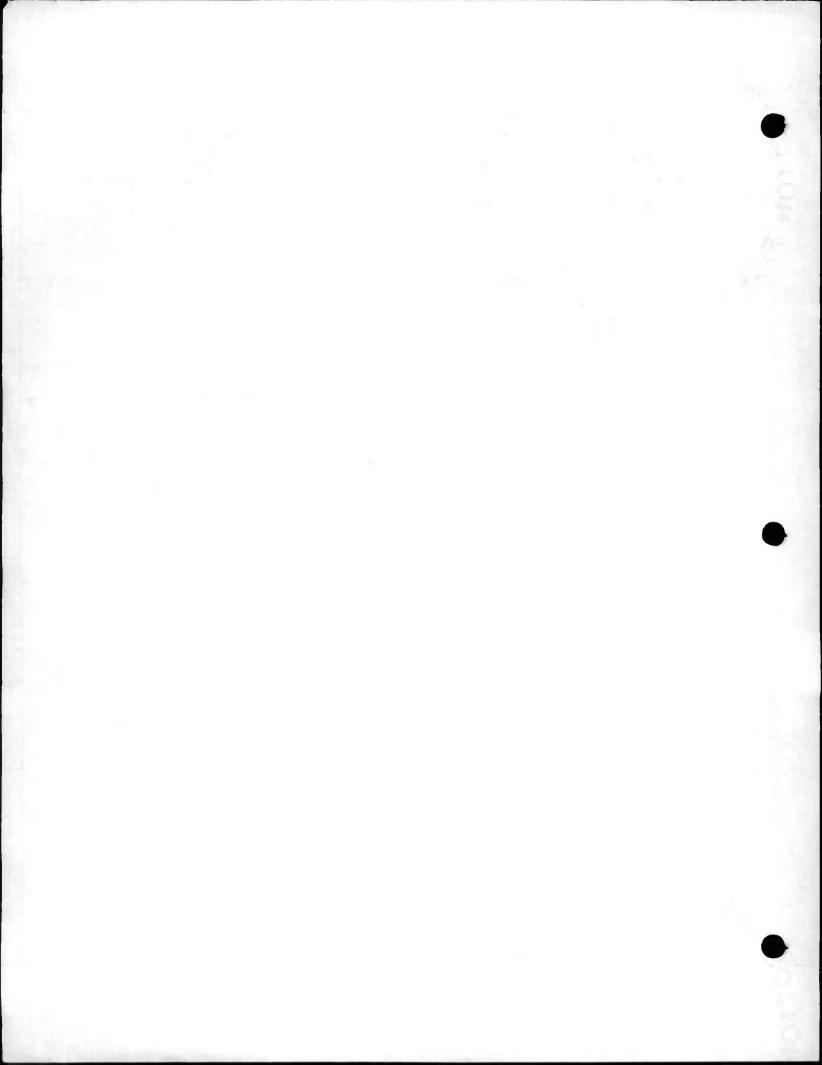


	1 - STATE REGISTRAR		STATE OF M			ICATI					IYGIENE			
1	1. DECEDENT'S NAME (First,	Middle, Last)	Rudy	ll	1	Hon	n As	5		2. DATE OF MONTH	DEATH DAY	93	3. TIME OF DEATH	>M
	4. SOCIAL SECURITY NUMB 2/7 / 12 2/ 9a. FACILITY NAME (If not ins	48	1 M 2 D F	6. AGE (In yrs. last	birthday) YRS.	MONTHS	DAYS	HOURS	MIN.			14	BIRTHPLACE (State or Foreign Country) MD.	
TOR	Frederick M	emorio	ll Hospit	al	96. CITY, TOWN OR LOCATION OF DEATH Frederick 9c. COUNTY OF DEATH Frederic							rederick		
DIRECTOR	10e. STATE MD.	10b. COUNTY	ederick			rede		ION					10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO	
FUNERAL	100. STREET AND NUMBER 800 Motter	Ave	Apt. 604				_	ZIP CODE		701		10g. CITIZEN	DF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 7 3 Widowed 4 Divo	Married	12. WAS DECEDENT	YES 2 N	AED O	- 1	WAS DECI If yes, spe 1 YES	city Cuba	F HISPAN	IIC ORIGIN? (S	pecify Yes on, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Black	
COMPLETED		DENT'S EDUC highest grade		(Gh	e kind of a Do NOT us	USUAL O work done se retired.)			ng .			uctio		
BE CON	17. FATHER'S NAME (First, MI WALTER H. 190. INFORMANT'S NAME (FI	Thomas						1	da	ME (First, Midd E. Pea	le, Maiden Si Ch	umame)		
٩	Evelyn Tho	mas		80	00 M	addres:	S (Street ar	2., 1	pt.	604,	Frede	rick.	Md. 21701	
3	20e. METHOD OF DISPOSITION 1 1 Disposition 1 Cremation 1 Donation 5 Disposition 2 Disp	Specify)		20b. PLACE A cometery, cren New N	netory or o	ther place)	mete	me of	4/	12/93	New	Marke	or Town, State t, Md.	
3	21. SIGNATURE OF FUHERAL	LA LIC	ENSEE	enne	er)		tauss			DVIII.	me, P	.0. B	ox 1819	
CERTIFICATION	23. PART i. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injuithat initiated events resulting in death) LAST	ona, liate	a. Prou	CRASA CONSEQUENCE AS A CONSEQUENCE OF AS A CON	UENCE O	f): f):	the moc	de of dy	ng, suc	h aa cardlac	or respira	tory arreat	Approximate interval Between Onset and De De De De De De De De De De De De De	ath
MEDICAL	Perin	ingo	yeart	failur		in the un		Ceuse (loch		E. WAS AN AN PERFORM	ED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
PHYSICIAN:	35. WAS CASE REFERRED TO EXAMINER? 1 ☐ YES 2 N NO	MEDICAL	HOSPITAL:	ER/Outpetient 3	DOA.	OTHER 4 Nur				8 Other (Sp	pecify)			_
ВУ РН		hending meatigation	26s. DATE OF II (Month, Dis)		28b, TIM	E OF JURY	28c. INJL WOF	JRY AT PK? ES 2] ND	28d. DESCRI	BE HOW IN	URY OCCUR	EO	
	3 Suicide 6 C	Could not be letermined	26e. PLACE OF building, e	INJURY — Al hori ic. (Specify)	ne, farm,	street, fact	ory, office			28f. LOCATIO City or To	ON (Street and own, State)	d Number or F	Rural Route Number,	
COMPLETED			CIAN: To the best of n										suse(a) and manner as stated.	
B	299- SIGNATURE AND TITLE	OF CENTIFIER		m	9			D	ISE NUM	63		D 4	GNED (Month, Day, Year)	
٩	SA NAME AND ADDRESS OF	M	SCOMPLETED CAUSE	801	To	U b	Hour	ze	Au	e F	redu	hell	Med 21701	
	31. DATE FILED (Month, Day, 1) APR 1	2 1993	32. REGISTRAR	S SIGNATURE	nd 00									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 5 felled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

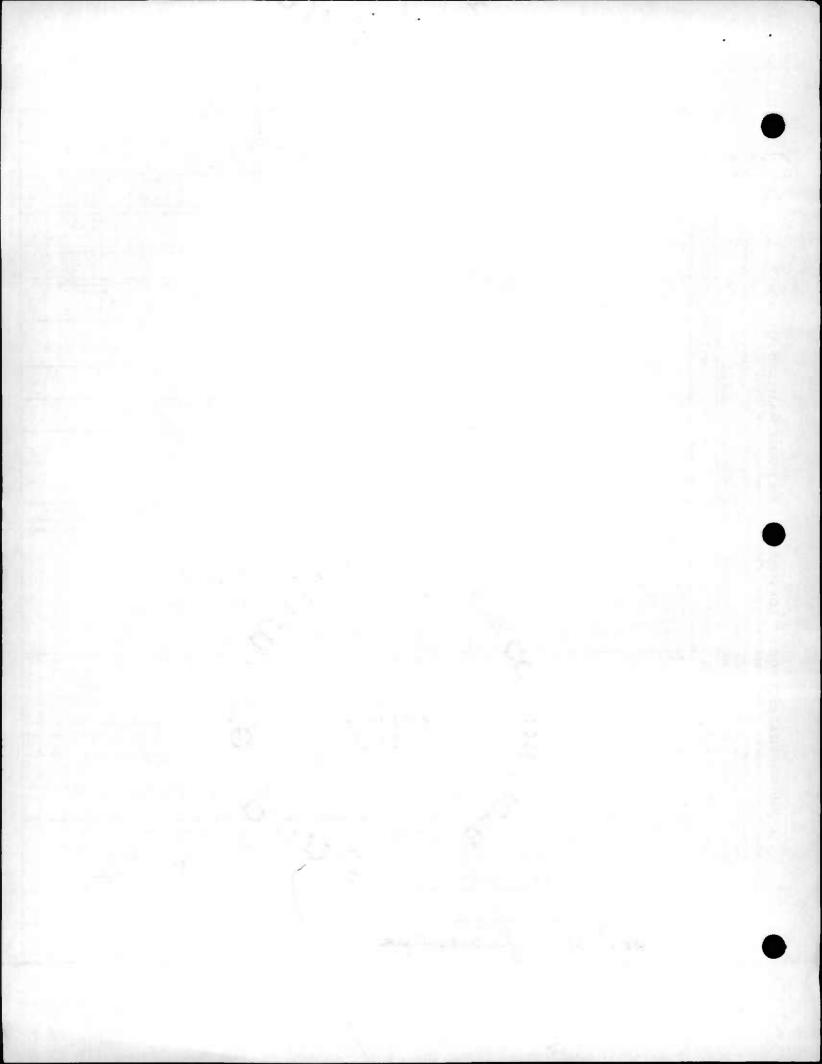
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

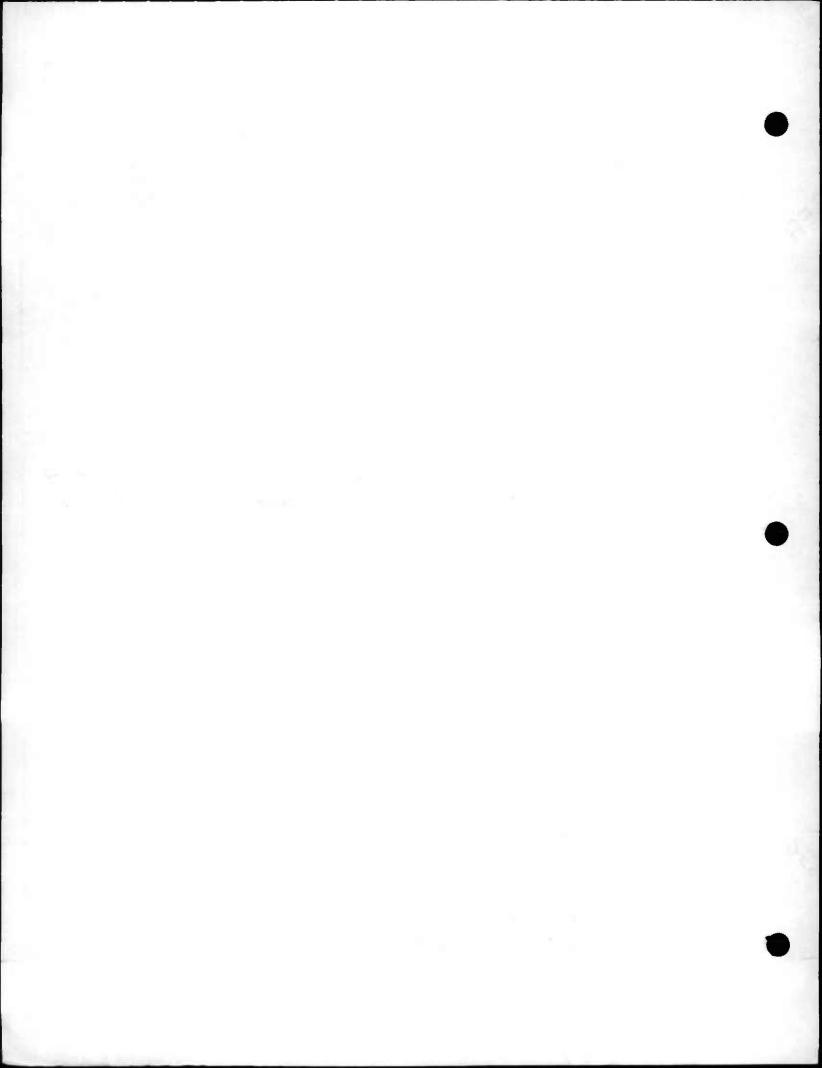
_	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO				
9	Albert (NMN) Tay/	or			2. DATE OF DEATH	5 9	3. TIME OF DEATH 3 1221 /		
	4. SOCIAL SECURITY NUMBER 215-32-5565	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-27-3	5	BIRTHPLACE (State or Foreig Country) MD		
TOR	90. FACILITY NAME (If not institution, give Fallston Ger RESIDENCE OF DECEDENT	eral Hospi	tal "	Fay	OR LOCATION OF D	DEATH	9c. COUNTY	of DEATH Ford		
DIRECTOR	10a. STATE 10b. COUNT			OWN OR LOC			10d. INSIDE CITY			
	MD HAR 100. STREET AND NUMBER	FORD	FO	REST	DI. ZIP CODE		10g. CITIZEN	1 OF WHAT COUNTRY?		
FUNERAL	BELFOREST NUR	SING HOME	ILC ADMED	1 42 400 00	21050		US			
BY	1 Never Married 2 Neverled 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	14.	RACE — American Indian, Black, White, etc. Specify: BLACK		
ETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during n	ION nost of working	16b. KIND OF BI				
COMPLET	11	College (14 or 5+)	JANIT	OR		FDUCA	TION	. BOARD OF		
E CO	17. FATHER'S NAME (First, Middle, Last) THOMAS ROBINS	ON			16. MOTHER'S N. ELIZ	AME (First, Middle, Maide ABETH TA	yLOR			
TO B	19a. INFORMANT'S NAME (Type/Print) VIRGINIA TAYL	OR	196. MAILING AE	DHARF	end Number or Rural ORD SQU	Acute Number, City or To JARE EDGE	wn, State, Zip Co	MD 21040		
	20a. METHOD OF DISPOSITION 1 Burlet 2 2 Cremation 3 Ren		PLACE AND OATE OF I		lame of	DATE 20c. L	OCATION — City	or Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SEMPICE L	GR	EZNMOUN	T CEM	ETERY		TIMOR	E, MD		
	·// LL//	Mul				RD FUNERA 88 HAVRE				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	Errel 1	tage	Ren Rellet	Gastrit	lene.			
MEDICAL C	PART II. Other algnificant condition	ns contributing to death bu	t not resulting in t	he underlyi	ng cause given in		PRMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL		2.41							
/SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:	THE S Residence	6 Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	– At home, ferm, stre	et, factory, off	ce	26t. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,		
COMPLI		ER: On the best of my knowle						euse(e) end manner ee state		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	worls	TH (ITEM 27) (Type. Pri	no)	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
	31. DATE FILED (Month, Day, Year) APR 26 '93	32. REGISTRAR'S SIGNA	TURE MANAGEMENT							



BALTIMORE, MARYLAND 21215-0020	Fhours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit perm
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	L OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Unit Further Unitable After this Centralized in Same Signed by the authorither and completely lilled in by the funetal director, page 5 should be detached for use as the burial-transit to first Vinturalization as been signed by the authorither than the primal properties of the primal properties	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	ATN
- 3	Ella		Tilghr	non				YEAR	4.15	73 14
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH		93	4:15 PLACE (State or I	P "
	216-18-8218	1 - M 2 - XF	92 yrs.	MONTHS DA		07/27/1		Country	y)	-oreign
	9a. FACILITY NAME (If not institution, give st		3 2 1116.						yland	
~				9b. CITY, TOV	N OR LOCATION OF DE	ATN	9c. COUNT	Y OF DE	EATH	
DIRECTOR	MEMORIAL HOSI	PITAL AT	EASTON	EAST	ON		TAL	вол	Γ	
ច្ឆ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY									
Ĕ			10c. CIT	Y, TOWN OR LO					10d. INSIDE CIT	ľ
		roline			Dento	on			1 YES E] NO
₹	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?	
<u> </u>	280 Camp RdW	esleyan	Health Ca	are	21629)	U	.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	DECENDENT OF NISPAN	IC ORIGIN? (Specify Yas	or No- 14	4. RACE	American Inc	tien.
	1 Never Married 2 Married	FORCES? 1 1 1	res 2/1_/140	If yes	apecity Cuban, Maxican res 2 XNO Specify:	, Puarto Rican, etc.)		Black,	American Inc.	
В	3 🔀 Widowed 4 🗌 Divorced		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	TEO E (E)ENO Specify.			Specin	Black	2
COMPLETED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDUS	STRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	most of working	21 70 30				
ᇫᅵ	Sixth	55.10ge (1-7 G1 5 7)	Domest	cic Wo	rker	House	кеер	ıng		- 1
8	17. FATHER'S NAME (First, Middle, Last)				44 MOTHERIC NA	NE (First, Middle, Maiden				
	Clarence Ros	S				Beulah R	-,			
BE	10e INCORNANTIO MARK CO- COLON									
임	19a. INFORMANT'S NAME (Type/Print) Mrs. Ivory M.	Corsey	19b. MAILING	ADDRESS (Sin	et and Number or Rural R	oute Number, City or Tow	n, State, Zip Co	ode)		
- 1			4401	Harmo	ny Rd.,	Preston,	MD 2	216	55	
	20a, METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo	wal from State	20b. PLACE AND DATE	F DISPOSITION	(Name of	DATE 20c. LO	CATION — CIT	y or Tow	vn, State	
	4 Donation 5 Other (Specify)	-	Eastern	Shore	Veteran	s_{5-1} Hur	lock,	, M	arylar	id i
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENGLE			AND ADDRESS OF FAC		_			7/
- 1	KOD HOLD	1 1		1	AMPTO	om-1	74010	1/	15/1	77.
	apriller !	Cur		11/1	N. Mi	UN ST.F	EOEL	241	SBURG	
1	23. PART I. Enter the diseases, or c shock, or heart failure. I	omplications that cause of	used the dasth. Do n	ot entar the	mode of dying, such	ss cardiac or respi	ratory srres	it,	Approxin	
i	IMMEDIATE CAUSE (Final	List Only Dila Cause o	A A						Interval E	
	disesse or condition	lba	it the	CIA	0					
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	h:					Jon	Y
<u> -</u>				•					1	3
CERTIFICATION	Sequantielly list conditions,	DUE TO (OR)	AS A CONSEQUENCE OF	3.						
4	If sny, leading to immediate cause. Enter UNDERLYING		A CONSCIOUNCE OF	,.						ı
윤	CAUSE (Disesse or Injury	DUE TO (OR	AS A CONSEQUENCE OF							
ĒI	that initiated events resulting in deeth) LAST	DOE 10 (OH)	AS A CONSCOUENCE OF):						- 1
	d									
	PART II. Other significant conditions	contributing to deat	h but not assulting i	n the underly	ing cause alven in E	hart I has been ass	ALLEMANA			
S S	Martin	Q. Da	1200	ii uid uiluari	ang cease given in r	Part I. 24a. WAS AN PERFOR		1 .	WERE AUTOPSY F AMILABLE PRIOR	TO OT
	Note: 1 Save	rac Car	mondo 4			1 [] YES 2	□ NO		COMPLETION OF OF DEATH?	CAUSE
Σ						_			1 YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF DEATH (Chec	ck only one)				
ž	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER:	ome 5 - Realdence 8	C 000				
⋛║	27. MANNER OF DEATH	28a. DATE OF INJU				28d. DESCRIBE NOW II	I IIIIV OCCUP	DED.		
	1 Natural 5 Pending	(Month, Day, Ye	INJI	JRY	WORK?	200. DEGOTIBE NOW II	WOONI OCCOP	TED		
À	2 Accident Investigation	28e PLACE OF IN I	URY — At home, farm, s							
G	3 Suicide 8 Could not be determined	building, atc. (Specify)	treet, rectory, o	Tice	28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Ro	oute Number,	
	2 11 12 12 12 12 12 12 12 12 12 12 12 12									
Z	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurre	d at the time, d	eta and place, and due t	o the cause(a) and man	per an eteted			
COMPLE	one) 2 MEDICAL EXAMINER	: On the beals of axamin	ation and/or investigation	n, in my opinio	, death occured at the ti	me, data and place, an	due to the c	oursels)	and manner ea	1000
	296. SIGNATURE AND TITLE OF CERTIFIER	X \	11 0							
۳ ا			MILLE	9	29c. LICENSE NUME	SER -	29d. DATE S	IGNED (Month, Day, Year)	
2	y steet	Joans	Tuo		1 21 145	5 (OL	128	395	
-	30. NAME AND ADDRESS OF PERSON WHO	1 (1)	DEATN (ITEM 27) (Type,		011	1 1	0)	-211	601
H	IN ACLIE HILL WOO	10 10 -00	os MD -503 Dutchmans Lang, Easton Ma						1	
Į.	Choc Love									
	31. DATE HILED (Mohr), Day War)			رياد	Dec 16161161	N 3 Kaus	1 200	7,0	1 101	
	31. DATE HILED (Bolds, Odd War)	32. REGISTMAR'S S			Descention	N KONG	1 Ca	7,0	1	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	:KIIF	CATE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					-	2. DATE OF MONTH	DEATH DAY		YEAR	3. TIME OF DEATH
		をしてる			rms	TEAD	4-	-26	-9	3	0621 11
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. less		IF UNDER 1 YE		7. DATE OF (Month, D			8. BIRTHI	PLACE (State or Foreign
	218-24-6638	1 X M 2 D F	62	March							
~	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					TY OF DE	HTA
0	Holy Cross Hospit	:a1		Silver Spring Montg					gom	ery	
E C	10a, STATE 10b, COUNT	Y		10c. CITY	, TOWN OR L	CATION					10d. INSIDE CITY
DIRECTOR	Maryland Monte	omery							LIMITS?		
	10e. STREET AND NUMBER	Omery		Kensington 10f. ZIP CODE					10a CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	3512 Decatur Ave.			20895					U.S.		THE STATE OF THE S
3	11. MARITAL STATUS	12. WAS DECEDENT I	VER IN U.S. ARI	MED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN?	Specify Ves o	-		American Indian.
	1 Never Married 2 Married	FORCES? 1 FYES, GIVE WAR	YES 2 N	0	If yo	yes 2 NO Spe	can, Puerto Rice			Black Specif	, White, etc.
B	3 Widowed 4 Divorced	1948-1952				X. T	····y.			ореси	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(GI	ve kind of w	USUAL OCCU	PATION a most of working	16b. KJ	ND OF BUSIN	NESS/INDU	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT us	e retired.)		- I				
₹ I	8		Main	tena	nce Wo			lf Cou			
8	17. FATHER'S NAME (First, Middle, Last)						IAME (First, Mide		urname)		
BE	Leslie Charles Um	stead			_	Dorothy					
2	19s. INFORMANT'S NAME (Type/Print)					set and Number or Run	il Route Number,	City or Town,	State, Zip (Code)	
	Betty A. Umstead				as #10						
	1 💹 Buriel 2 🗆 Cremation 3 🗆 Rem	oval from State	cemetery, crei	natory or of	F DISPOSITIO her place)		DATE		ATION — C		
	4 Donation 5 Other (Specify)	ENSEE	Gate	of He		Cemetery		Silve	er Sp	ring	g, MD
i		N)D				ol Funera					
	X.C.	Jak						. Gait	thers	burg	g, MD 20877
	23. PART I. Enter the diseases, or mock, or heart failure, immediate CAUSE remail	complications that c List only one cause	on each line.	nth. Do n	ot enter the	mode of dying, su	ich as cardiad	or respira	tory arre	st,	Approximata Interval Between
-	disease or condition		/ 1 -	-0-	2122	soular		50	- 0		Onset and Death
-	resulting in death)	aDUE TO (OI	R AS A CONSEC			2 cercar	3		Suce		9
z											i I
CERTIFICATION	Sequentieity ilst conditions, if any, leading to immediate	DUE TO (OI	R AS A CONSEC	UENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
E	that initiated events	DUE TO (DI	R AS A CONSEQ	UENCE OF):						
H	resulting in death) LAST	d,									
	PART II. Other significant condition	s contributing to de	eath but not re	suiting is	n the under	ving cause given i	n Part i 24	a. WAS AN AL	meev	745	WERE AUTOPSY FINDINGS
EDICAL	0				- 120	,,		PERFORM	ED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
							— ¹	TES 2	Он 🖸		OF DEATH?
Σ							- 1				1 YES 2 NO
¥	25. WAS CASE BEFERRED TO MEDICAL				2	S. PLACE OF DEATH (back only one)	_			
Sic	EXAMINET?	HOSPITAL:	D/Outrettent 1	_ pos	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE DF IN.		28b. TIME		Home 5 Residence	_	BE HOW INJ	ILIBY OCCU	IDED	
	Natural 5 Pending	(Month, Day,	Ybar)	INJU	JRY	WORK?			5555	, iii	
ĕ I	Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At hor	ne, farm, si			281, LOCATIO	ON (Street and	d Number o	r Rumi R	oute Number
COMPLETED	4 Homicide B Could not be	building, etc	. (Specify)				City or 7	own, State)			
9	29s. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	done de de la de-						_		
ž		R: On the besis of exam									
						_					
ᆱ	296. SIGNATURE AND TITLE OF CERTIFIE	0	Day.	0		29c. LICENSE N	PAGENT.	46 "	D. C.	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE	OF DEATH (ITEM	27) /Smc	Drine)	1-00	81	.0	-	-2	6 3
	24	TOM CENTED CAUSE	S. DENIR (IIEM	arjinype,	,	(8 Le	1.6 -		Se.	CO	Dan Crall
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		2>2	00	اري د	ころう	(0	ن	Non
			Ca								
	ADD 20 1003 \$	who Davidson	- Handell	-							

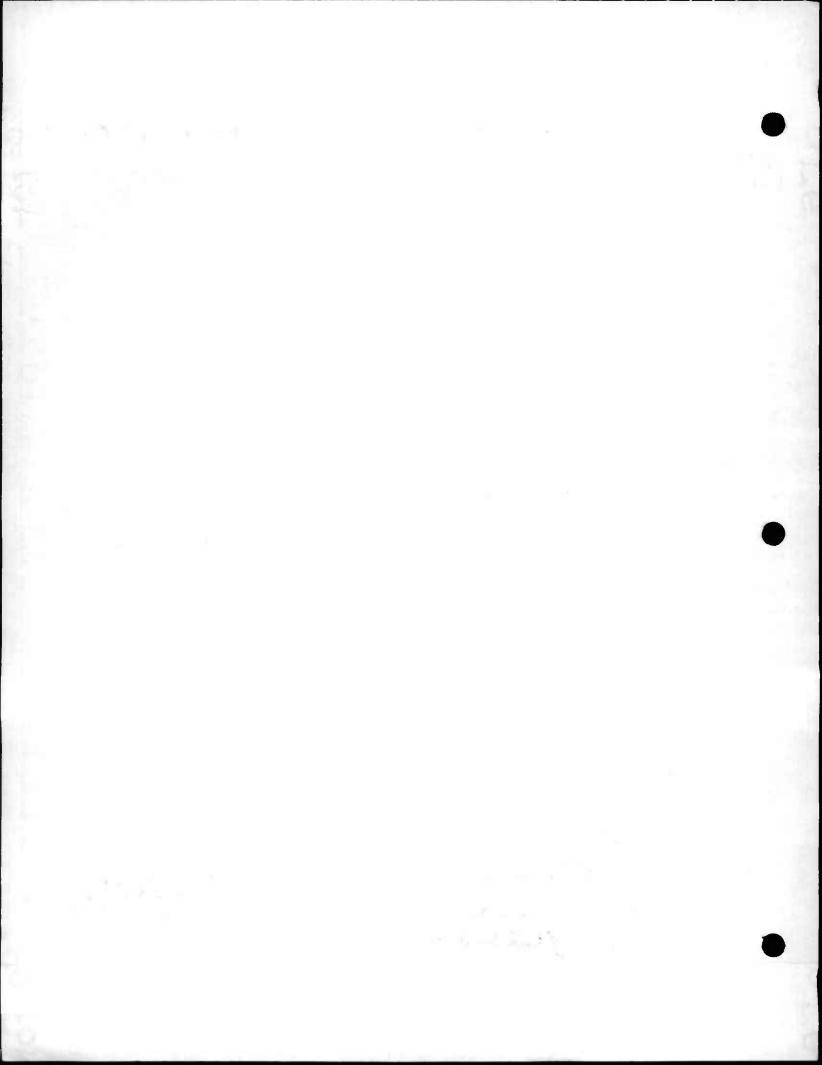
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

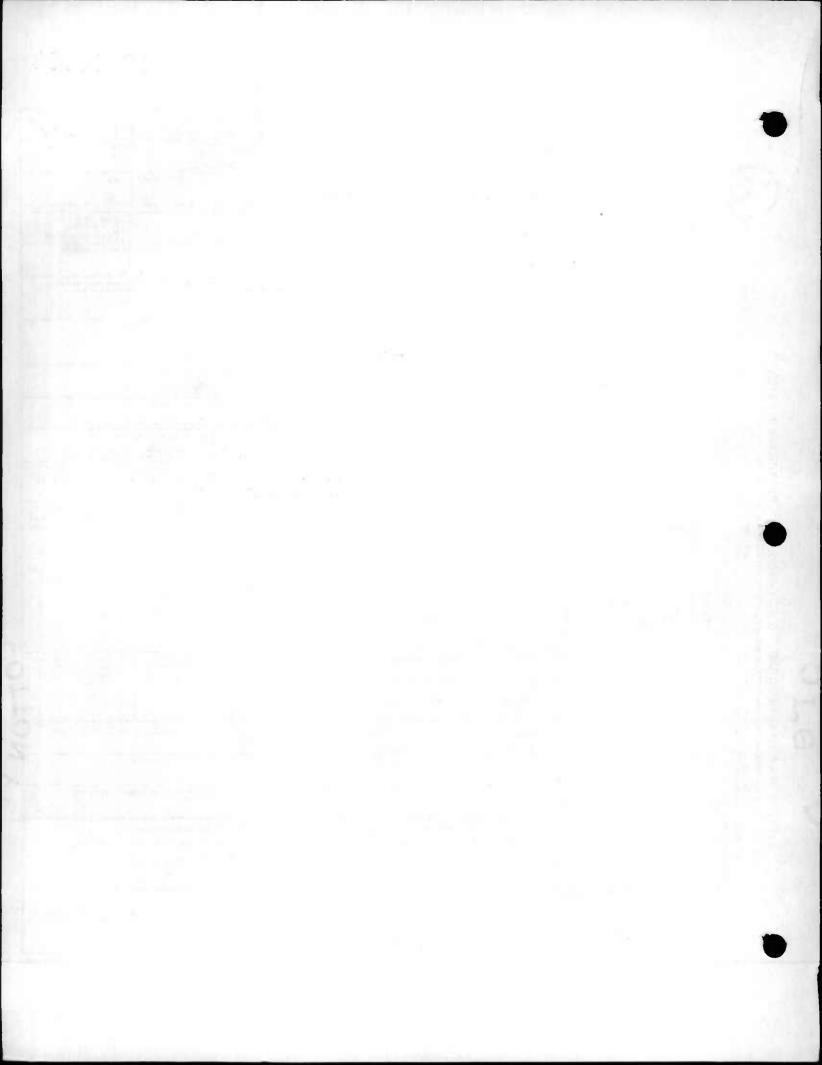
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

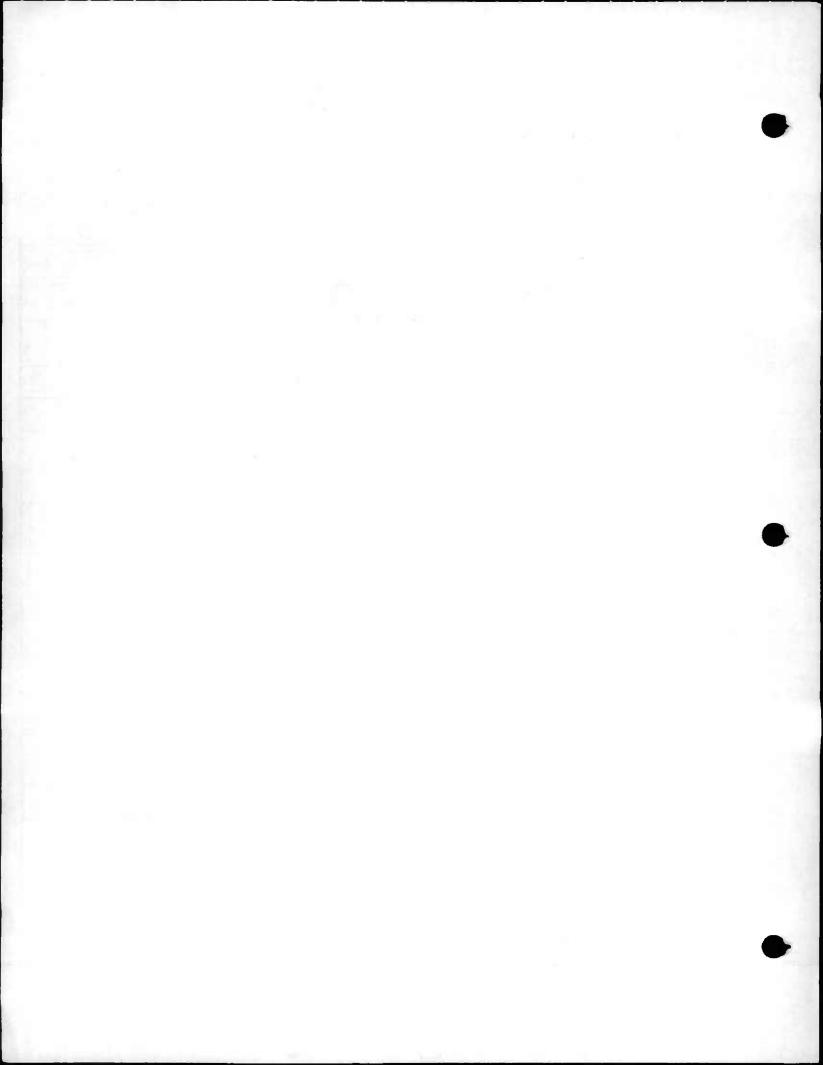
BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE OF MAR		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH	1 0
- 3	ALICE MARIE	WELCH UNGER		MONTH DAY	93 215	5 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A		DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Fore	
	218-38-1973 1□ M 2 💢 F	52 YRS. MONTH	B DAYS HOURS MIN.	(Month, Day, Year) 12-14-194	0 Maryland	
	6s. FACILITY NAME (If not institution, give street and number)	9b. C	TY, TOWN OR LOCATION OF DE		Sc. COUNTY OF DEATH	
BO	Frederick Memorial Hospita	1 F ₁	rederick		Frederick	
5	RESIDENCE OF DECEDENT				TEGETICK	
DIRECTOR			N OR LOCATION		10d. INSIDE CITY LIMITS?	
	Maryland Frederick	Thurmo			1 - YES 2 X N	40
FUNERAL			10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?	
	13258 Catoctin Furnace Roa		21788		U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ES 2 ND	13. WAS DECENOENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	14. RACE — American Indian Black, White, etc. Specify: White	n,
COMPLETED	15. DECEDENT'S EQUICATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSIN		
ᆸ	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work do	ne during most of working 1.)			
릴	9 years	Homemaker				
Š	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NA	ME (First, Middle, Maiden Su	mame)	
BE C	Francis William Welch Sr.		Charlos	tte Marie Fu	100	
	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRI	ESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
2	Ruth Ann Unger	1 Windwa	rd Lane Thur	mont, Maryla	and 21788	
	20e, METHOD OF DISPOSITION VA. Surial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF DISP	OSITION (Name of		TION — City or Town, State	
	4 Donation 5 Other (Specify)	Blue Ridge C	emetery	4/8 Thurn	mont, Maryland	
- 1	21. SIGNATURE OF FUNDRAL SURVICE LICENSEE	/	2. NAME AND ADDRESS OF FA	CBITY		
- 1	* Antital Contract				UNERAL HOMES, P.	Α.
\dashv	22 PART Four the delication of the last		15 EAST MAIN	STREET THUF	RMONT, MD 21788	
		AS A CONSEQUENCE OF):	1 obst	ree tros	Onset and	tween
S	Sequentially hat conditions,	AS A CONSEQUENCE OF:	(2)-0140	3000 al Co 51	5 / 200	2
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):				
윤	CAUSE (Disease or Injury C.	AS A CONSEDUENCE OF):				
E	resulting in death) LAST					
8	- d.					
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to dear	th but not resulting in the	underlying cause given in	Part I. 24a, WAS AN AU PERFORMI 1 YES 2	ED? AMAILABLE PRIOR TO COMPLETION OF CA	O WSE
AN	25. WAS CASE REFERRED TO MEDICAL					
2	EXAMINER? HOSPITAL:	ОТН				-
448	27. MANNER OF DEATH 28s. DATE DF INJU		fursing Home 5 Residence			
	Natural 5 Pending (Month, Day, 16		28c. INJURY AT WORK?	28d. DEŞCRIBE NOW INJI	JRY OCCURED	
B	2 Accident Investigation	URY — At home, farm, street, f	1 VES 2 NO			
COMPLETED	3 Suicide 8 Could not be determined 28s. PLACE OF INJ building, etc. (Specify)	actory, omica	City or Town, State)	I Number or Rural Route Number,	
9	29s. CERTIFIER (Check only Inc.) CERTIFYING PNYSICIAN: To the best of my Inc.	nowledge death occurred at th	a time data and place and due			
M	(Check only one) 2 MEDICAL EXAMINER: On the basis of sxamin					
	29b. SIGNATURE AND TITLE OF CERTIFIER					
B	S P1 > 1		29c. LICENSE NUI		ed. DATE SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRÉSS OF PERSON WHO COMPLETED CAUSE OF	DEATH STEW ON CO.	1140	26	4/4/93	
	7				المالية المالية	
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S		57074 (4 5	- Lesola	ce 110 217	0/
		illion-Randell				
	1000 Januaren	I TOTOL - NOW INCOME.				



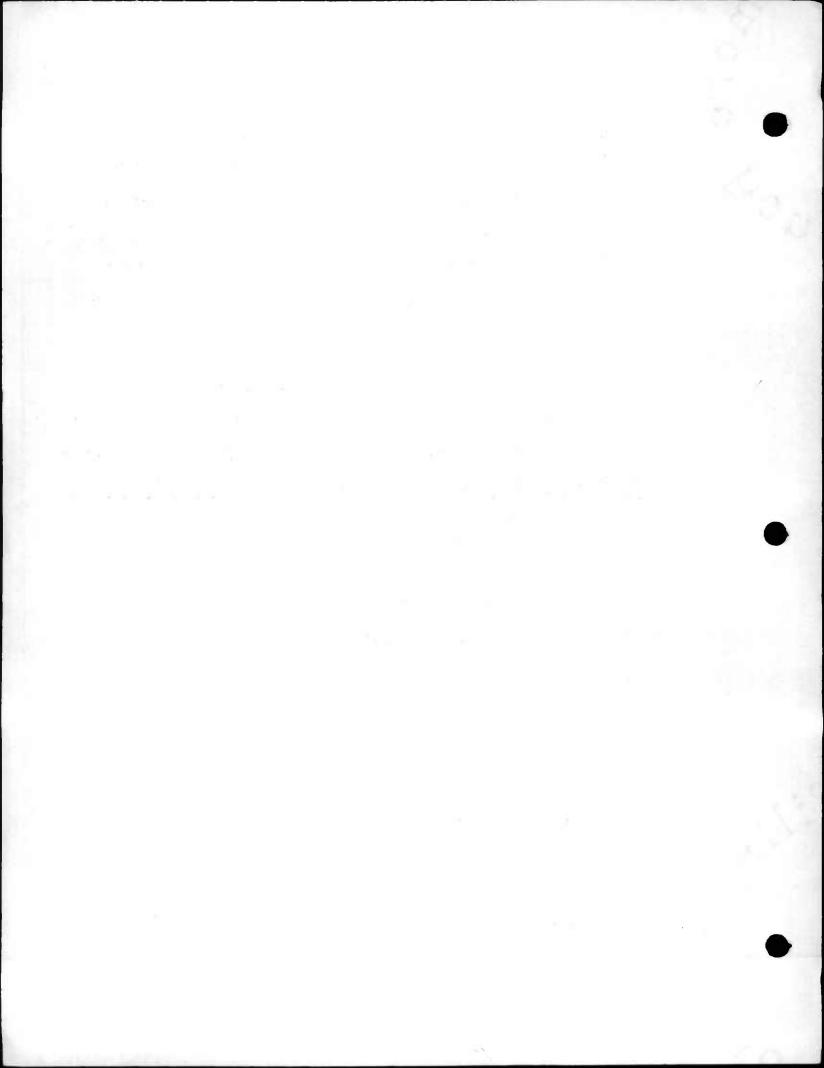
TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	TO THE CONTROLL DIRECTORS After this communicate has been signed by the areanoung president and compressly intend in the united by the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.
of use of the state of the state of the nost	TO THE MOOFING ON ALLENDING FILL SHOUND. HE INTO INTERPRETATION OF USE WASHINGTON ON CASCULATION OF THE PROPERTY OF THE PROPER
Special Charles of second by the best of	TO THE LICENTIAL DEVICEDIBLE DEVICED AND THE FORM that death and finds his second subtle Of house about death Date & second to the beautiful t

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last			MENT OF HEALTH AND CATE OF DEATH	PEG. NO.		1022			
		uline	11156			6 93				
	4. SOCIAL SECURITY NUMBER 263-43-3710	5. SEX 6. AG		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	MA: D. 14 .	6.8	HRTHPLACE (State or Foreign ountry)			
	9a. FACILITY NAME (If not institution, give		,	DE. CITY, TOWN OR LOCATION OF		9c. COUNTY				
OR	Frederick Memoria	al Hospital	100	Frederick		Frede	rick			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
F	MD. Free	derick	F	rederick			LIMITS?			
MA	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	Brooklawn Apts			21701		USA				
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spe	ican, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTI	RY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during most of working retired.)						
MP	17. FATHER'S NAME (First, Middle, Last)		homemak		n/a					
E CC	Frank Park Cam	ohell			NAME (First, Middle, Maider					
0	19a. INFORMANT'S NAME (Type/Print)	Joen .	19b. MAILING A	DDRESS (Street and Number or Run	ie Mae Shur al Aoute Number, City or Ton		9)			
5	Jack Ulsh			ansey Drive, F						
	20a. METHOD OF DISPOSITION 1 C Burlel 2 Cremation 3 Rei	moval from State	ON PLACEANDDATEOE	DISPOSITION (Name of	DATE 200 1/	CATION CIN	ne Town State			
	4 Donation 5 Other (Specify)		Resthaven	Memorial Garde	ns 4/9/93	Freder	ick. Md.			
	22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home, P.O. Box 1819 Frederick, Maryland 21702 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
NOI	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. Caro Due to (on as Due to (on as	My OC B A CONSEQUENCE OF): MATY G A CONSEQUENCE OF):	ardial In	rfarcter	~	Onset and Deat			
TIFICAT	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C	A CONSEQUENCE OF):							
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS				I AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	cDUE TO (OR AS		the underlying cause given i	in Part I. 24a. WAS AI PERFO	I AUTOPSY RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO (OR AS	but not resulting in	the underlying cause given in the un	in Part I. 24a. WAS APPERFO 1 □ YES	I AUTOPSY RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	c. DUE TO (OR AS d	but not resulting in	28. PLACE OF DEATH (IN NURSING HORSE) NURSING HORSE 5 Residence PROPERTY AT	in Part I. 24a. WAS APPERFO 1 □ YES	I AUTOPSY RMED? 2 SA.NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	c. DUE TO (OR AS d. DOS Contributing to deeth HOSPITAL: 1 Inpetient 2 ER/O 260. DATE OF INJUR (Month, Day, Year	but not resulting in	28. PLACE OF DEATH (IN NURSING HORSE) NURSING HORSE 5 Residence PROPERTY AT	in Part i. 24a. WAS APPERFO 1 YES Check only one)	I AUTOPSY RMED? 2 SA.NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
TED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 5 NO 27. MANNER OF DEATH	DUE TO (OR AS d. DOES CONTributing to deeth HOSPITAL: 1 Inpetient 2 ER/On 28e. DATE OF INJUR (Month, Day, Year)	but not resulting in utpatient 3 DOA 4 Y 28b. TIME INJUR	26. PLACE OF DEATH (1) 26. PLACE OF DEATH (1) THER: Nursing Home 5 Residence OF 26c. INJURY AT WORK? WORK? 1 YES 2 NO	in Part i. 24a. WAS APPERFO 1 YES Check only one)	I AUTOPSY RMED? 2 \$4.40 INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 S NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHY:	DUE TO (OR AS d	utpatient 3 DOA 4 Y 28b. TIME (INJURY — At home, farm, atnoecity)	26. PLACE OF DEATH (1) 26. PLACE OF DEATH (1) THER: Nursing Home 5 Residence OF 26c. INJURY AT WORK? WORK? 1 YES 2 NO	Check only one) 6 Other (Specity) 28d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State)	I AUTOPSY RMED? 2 (A.NO INJURY OCCURE and Number or Ri	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 S NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHY:	DUE TO (OR AS d. DOS CONTributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ox 28e. DATE OF INJUR (Month, Day, Year, (Month, Day, Year, building, etc. (Sy) SICIAN: To the best of my knote ER: On the best of examinat	utpatient 3 DOA 4 Y 28b. TIME INJUR RY — At home, farm, stroccify) owiedge, death occurred tion and/or investigation,	28. PLACE OF DEATH (I) 28. PLACE OF DEATH (I) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? I YES 2 NO ret, factory, office at the firme, date and place, and din my opinion, death occurred at ti	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) ue to the cause(e) and mathe time, date and place, as	I AUTOPSY RMED? 2 54.00 INJURY OCCURE and Number or Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D			
E COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d. DOS CONTributing to deeth HOSPITAL: 1 Inpetient 2 ER/Ox 28e. DATE OF INJUR (Month, Day, Year, (Month, Day, Year, building, etc. (Sy) SICIAN: To the best of my knote ER: On the best of examinat	utpatient 3 DOA 4 Y 28b. TIME INJUR RY — At home, farm, stroccify) owiedge, death occurred tion and/or investigation,	28. PLACE OF DEATH (I) 28. PLACE OF DEATH (I) THER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? I YES 2 NO ret, factory, office at the firme, date and place, and din my opinion, death occurred at ti	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Rown, State) ue to the cause(e) and mathe time, date and place, as	I AUTOPSY RMED? 2 54.00 INJURY OCCURE and Number or Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. OTHE FUNEFAL DIRECTOR, After this certificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page 16 filed within 72 hours after death with the State Opel, of health and Mental Hygiene prior to burial, cremation, or removed.
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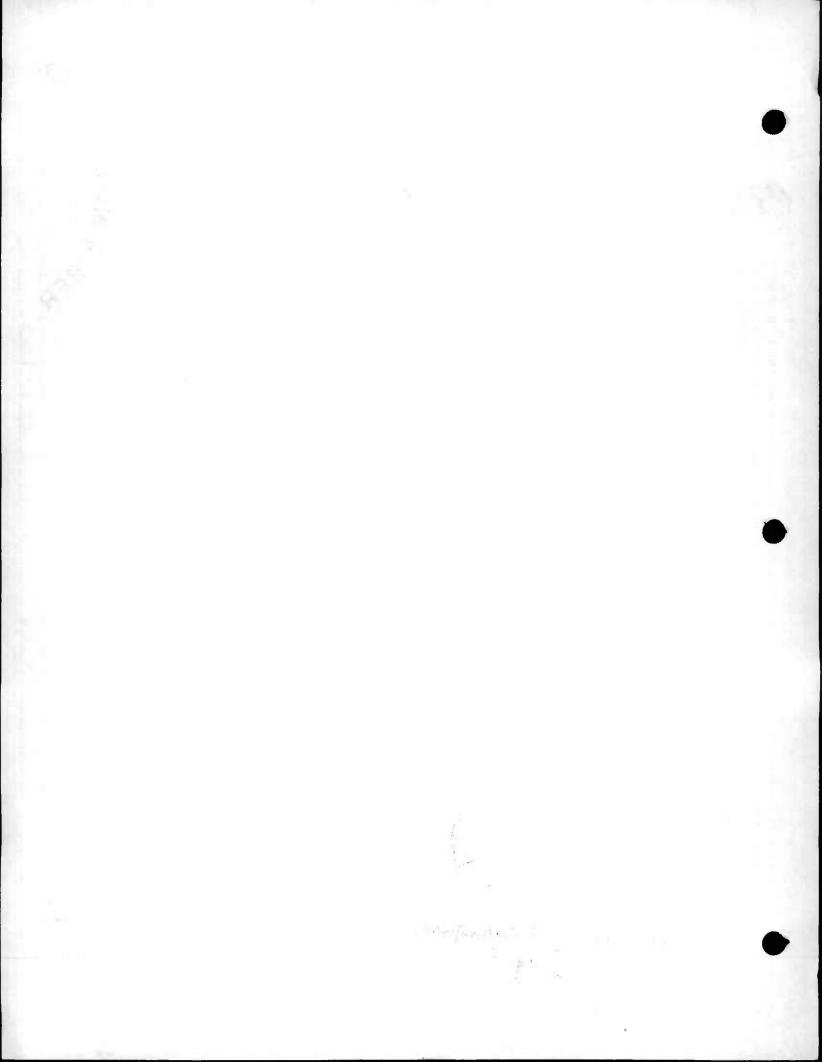
13	1. DECEDENT'S NAME (First, MI	liddle, Last)								2. DATE O				3. TIME OF DEATH	
- 2	JAMES				VES	Τ		JI	R.	04	09	AY }	93	10:30AM	M
	4. SOCIAL SECURITY NUMBER 578-78-8859	3	5. SEX	6. AGE (In yrs. las		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	E BIRTH		S. BIRTH	PLACE (State or Foreign	_
- 1			13€ M 2 □ F	3.	5 YRS.	MONTHS	DAYS	HOURS	MIN.	June	29,	1957	Virg	ginia	
~	9a. FACILITY NAME (If not institu					9b. CITY	, TOWN	OR LOCATIO	ON OF DE			9c. COU	NTY OF D	EATH	_
0	PRINCE GEOR	≀GE'S	HOSPITAL	CENTER			CHEV	ERLY				PR	INCE	GEORGE 'S	
DIRECTOR		IOB. COUNTY			10c. CI7	IGC. CITY, TOWN OR LOCATION 10						10d, INSIDE CITY	_		
PIE	Maryland P	rince	George'	S			Capitol H				LIMITES			LIMITS?	
AL	10e. STREET AND NUMBER						100	f. ZIP CODE	F				LZENLOF Y	WHAT COUNTRY?	
E I	6982 Walker I	MILLI	Kd. Apt.	#10-2	#0-2				207	/43			J. S. E	١.	
FUNERAL	11. MARITAL STATUS 1. Never Married 2 Ma	-1959	12. WAS DECEDEN FORCES? 1	IT EVER IN U.S. AR	MED	13.	WAS DEC	CENDENT O	F HISPAN	IIC ORIGIN? n, Puerto Ric	(Specify Yes	or No-	14. RACE	E American Indian, k, White, atc.	
BY	3 Widowed 4 Divorce		IF YES, GIVE W								san, andj		Speci	y. Black	
	15. DECED	ENT'S EDUC	ATION	16e, DE	CEDENT'S	USUAL O	CCUPATIO	ON		146.1	KIND OF BUS	1			_
ET	(Specify only his	ighest grade o	completed) College (1-4 or 5 +	(Gi	ive kind of a	work done	during mo	ost of workin	g						
Ā	10th grade (0-12)	"_L_	Consider (1 4 of C .	" Pa	ainte	er				Se	elf-E	w bro?	<i>y</i> ed		
COMPLETED	17. FATHER'S NAME (First, Middle							18. MOTH	IER'S NAM	ME (First, Mic	ddle, Maiden	Surname)			
BE (James Vest,							Ma	iry (Cabel:	1				
2	190. INFORMANT'S NAME (Type) Mary Thompson	(Mot	her)	69	982"	NA LKE	S (Street	and Number	or Rural P	Oute Number	#Cly or Tow	Stete Zir	200° F	lghts., Md.	_
	20s. METHOD OF DISPOSITION		,			_								20743	_
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 4 Donation 5 Other Sp	3 - Ramo	vel from State	20b. PLACEA Cometeny col Hazinon	matory Pro	OF DISPOS	ITION (Ne	ome of	,	DATE		CATION —			
	21. SIGNATURE OF FUNERAL SE		ENSE	Пахию	lly I're								ær,	Maryland	
	1726	5-	Tal	eles.	>						ome,				
-	On DARK I Franchis dis-	\sim	/-	0							N.E.			C. 20019	
	23. PART I. Enter the disea ahock, or hear	rt fallure. L	omplications that list only one cau	t coused the de use on each line	mth. Do r	not enter	the mo	de of dyl	ng, such	1 as cardle	c or reapi	retory arr	reat,	Approximata interval Batween	n
1	IMMEDIATE CAUSE (Final disease or condition		4	1	0			1	1					Onset and Deat	
H	reaulting in death)		DUE TO	OR AS A CONSEC	O TIENCE O		EN	od_	ST	410	2				
2			5	eps	15	r):-			(
5	Sequentially list conditions if any, leading to immediate		DUE TO	(OR/AS A CONSEC	DUENCE O	F):									_
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	G	N.	retal	talolic acidos and & h"										
TIF	that initiated events resulting in death) LAST		DUE TO		AS A CONSEQUENCE OF):							_			
CERTIFICATION	resulting in death, EAS.	d.		292001	Stemic C.M. U, CAVRehuits										
7	PART II. Other algnificant	conditions	contributing to	death but not n							t 1. 24s. WAS AN AUTOPSY 24b			WERE AUTOPSY FINDINGS	_
MEDICAL	AIDS	5	Waist	4						PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	AID	5	Dent	12)	D. Penjanal y ces					10	1 TYES 2	X NO		OF DEATH?	
		444	luc.	Rena	elig		1/min	cass	/					1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	_	HOSPITAL					ACE OF DE	EATH (Che	ock only one)					_
YSI	1 YES 2 NO		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4 I Num		ie 5 🗆 Ra	sidence (a 🗆 Other (Specify)				
F	27. MANNER OF DEATH 1 Natural 5 Pen	ding	28a. DATE OF (Month, Da		28b. TIM INJ	IE OF JURY	28c. INJI WO	URY AT		28d. DESCI	RIBE HOW II	NJURY OCC	CURED		_
À	2 Accident Inve	estigation	D. D. 100 0			М		YES 2							
		uld not be armined	28a. PLACE Of building,	F INJURY — At hor atc. (Specify)	me, farm, s	street, fact	ory, office			28f. LOCAT City or	IDN (Street a Town, State)	ind Number	or Rural R	loute Number,	
COMPLETED	00- 00000000														_
MP	(Check only	ING PHYSICI	CIAN: To the best of	my knowledge, dea	eth occurr	ed at the ti	me, data	and place,	and due t	to the cause	(s) and man	iner as state	ed,		
			: Of the bears of an	iamination and/or ii	riveatigatio	∩, in my o	pinion, di	eath occure	ed at the t	ilme, data ar	nd place, sn	d due lo th	a cause(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LICE	NSE NUME	BER (2//2		29d. DATE	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PE	FRSON WHO	COMPLETED CALL	DE DE DEATH /ITEA	270 / Time	Out-of	/	98.0	61-	カブン	9	P 9	1.12	. 93	
	Mo howman	19	. 5	4MAR	127) (type,	P.6	h	03/	o, fa	el	Chev	uly	17	1)	
	31. DATE FILED (MONTH POR 2	0 199	32. REGISTRAI	ma Daydson	n- Par	dell									



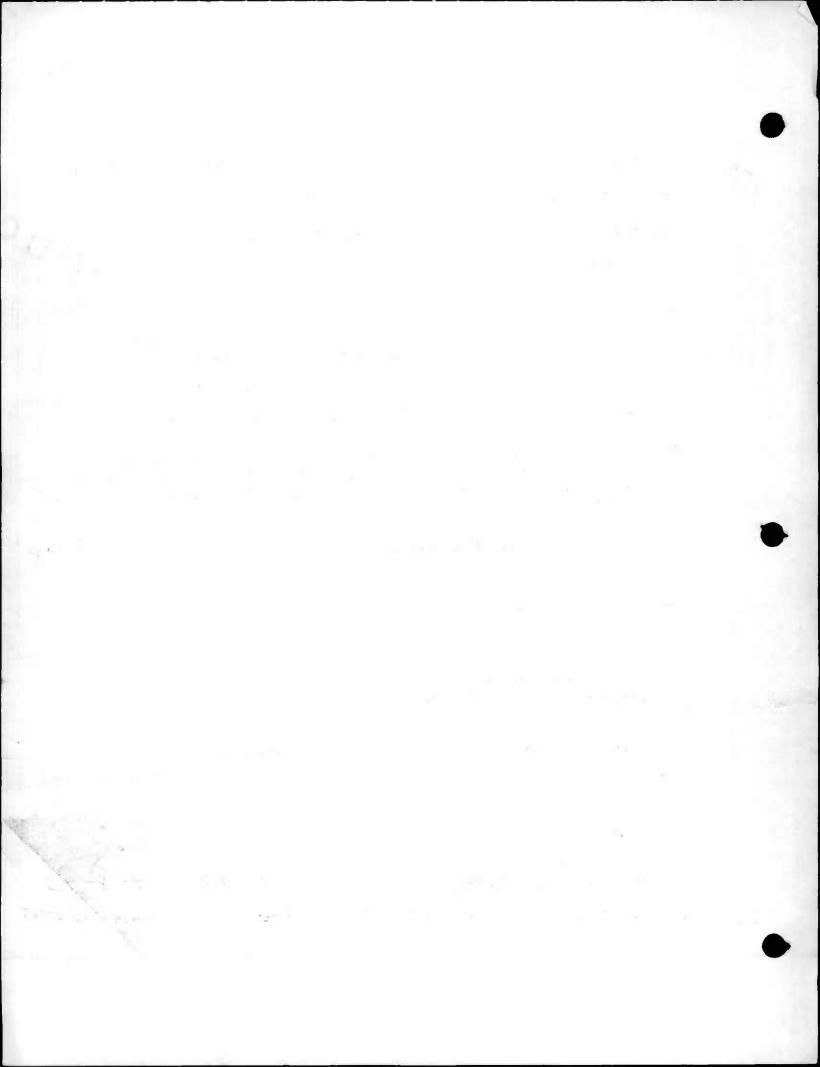
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATEO	F DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-					2. DATE OF	DEATH		3. TIME OF DEATH
- 4	Dana W.	Van Duy	me				MONTH	DAY	YEAR	9:05 2
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	hirthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	April		1993	IPLACE (State or Foreign
			Proc (III yra. mat		ONTHS DAYS		(Month, De	ly, Ybar)	Count	ry)
- 3	563-04-8630	1 🔀 M 2 🗆 F	36	THS.			July	26, 19	56 Ca.	lifornia
- 8	9a. FACILITY NAME (If not institution, give at	treet and number)		1	b. CITY, TOW	OR LOCATION OF D	EATH	90	COUNTY OF	DEATH
E	3305 Lowell Land	۵			Tia	msville			Frede	mi ale
K	RESIDENCE OF DECEDENT				ıjα	MSVIIIE			rrede	TICK
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
5	Maryland Fro	ederick		r÷	amsvil	1.0				LIMITS?
3	10s. STREET AND NUMBER	EGGLICK		т ј.		IOF. ZIP CODE		1.0		- 71
*	TOUR OTTILL PARTY (COMOLITY				- 1	IUT. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
Ü	3305 Lowell Lane	9				21754			Unite	d_States
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	ED		ECENDENT OF HISPA			10- 14. RAC	E — American Indian.
	1 Never Married 2 X Married	FORCES? 1 [OR DATES)		specify Cuban, Mexic ES 2 🗭 NO Speci		n, etc.)	Spec	k, White, etc.
B	3 Widowed 4 Divorced					LO LA MO GOOD	· ·		3,000	White
	15, DECEDENT'S EDUC	CATION	16a, DEC	EDENT'S U	BUAL OCCUPA	TION	16b KB	ID OF BUSINES	ee/MOUSTRY	MILLE
E I	(Specify only highest grade		(GIV	e kind of wor	k done during	most of working	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is or soonic.	00/1110	
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)			ourou.y					
E		2		Mana	ger			Used C	ars	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd	le, Maiden Surn	ame)	
	Ned S.	Van Duvne	2			Col14	een	C	Maur	or
B	19a. INFORMANT'S NAME (Type/Print)	Juli Dujiio		MAJLINO A	DORESS (Street	and Number or Rural				er
2	Allege Avenue Jesus III ne a									
	Mary D. Van Duyne	9				Lane, Ija	msvill			
- 1	20a. METHOD OF DISPOSITION 1 🔀 Burlet 2 🗆 Cremetion 3 🗀 Reme	wel from State	20b. PLACE All cemetery, crem			Name of	DATE	20c. LOCATI	ON — City or T	own, State
- 1	4 Donation 5 Other (Specify)		Gate o	of He	n piace) Broken C	emetery /	/29/93	Cilvo	r Chri	ng.Marvland
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M00831		22. NAME	AND ADDRESS OF F	KCILITY		_	-
	FI am	m. 111 .			Robe	rt A. Pun	phrey	Funera	1 Home	/
- 1	Laroury 111	1/wellen	Lown.	ence	ROCK	ville, Ir ue, Rocky	ic. 30	U West	Montg	omery
	23. PART I. Enter the diseases, or o	omplications that c	aused the dea	th. Do no	enter the n	node of dving, suc	h as cardiac	or respirato	ry arrest.	Approximate
	shock, or heart fallure.	List only one cause	on each line.					or roopiiato	Ty arrest,	Interval Between
- [IMMEDIATE CAUSE (Final									Onset and Death
- 4	disease or condition resulting in death)	Metasta	tic Car	cinor	ma of	Unknown F	rimary	Site		
- 1		DUE TO (OI	R AS A CONSEC	JENCE OF):						1
- I	_									
CERTIFICATION	Sequentially list conditions,	DUE TO (OF	R AS A CONSEQU	JENCE OF:						
A I	If any, leading to immediate cause. Enter UNDERLYING	,								j
ပ္က	CAUSE (Disesse or Injury	C								
ĖΙ	that initiated events resulting in death) LAST	DOE 10 (O	R AS A CONSEQU	JENGE OF):						
监	resulting in destin Exst	d								
	DARK II OIL III III III				2.15 - 2.415 - 1					
4	PART II. Other significant condition	s contributing to de	esth but not re	sulting in	the underly	ing cause given in	Part I. 24	PERFORMED		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	<u> Hepatic Failure</u>	9					1.	YES 2 🔯		COMPLETION OF CAUSE
	Cirrhosis						— II.	_ 123 Z M		OF DEATH?
Σ										1 YES 2 NO
ijΙ										
5 !						PLACE OF DEATH (C	heck only one)			
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITA			THER:			pec/fv)		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3			ome 5 V Residence	6 Other /S			
HYSICIAN	EXAMINER?			DOA 4	☐ Nursing H	ome 5 X Residence	,	-	RY OCCURED	
PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I E	JURY		Nursing H	NJURY AT YORK?	,	BE HOW INJUR	RY OCCURED	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 E	JURY Year)	26b. TIME	DF 28c. I	NJURY AT VORK? YES 2 NO	,	-	RY OCCURED	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	1 Inpatient 2 I E	JURY Year) NJURY — At hon	26b. TIME	DF 28c. I	NJURY AT VORK? YES 2 NO	28d. DESCRI	BE HOW INJUR	RY OCCURED	Route Number,
B	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 E 26a. DATE OF IN. (Month, Day, 26a. PLACE OF II	JURY Year) NJURY — At hon	26b. TIME	DF 28c. I	NJURY AT VORK? YES 2 NO	28d. DESCRI	BE HOW INJUR		Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	1 Inpetient 2 Inpe	JURY Year) NJURY — At hom :. (Specify)	26b. TIME (INJUI)	OF 28c. I	NJURY AT VORK? YES 2 NO	28d. DESCRI 28f. LOCATIC City or R	BE HOW INJUF DN (Street and A own, State)	Number or Rural	Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	1 Inpetient 2 I E 28a. DATE OF IN. (Month. Dey. 26a. PLACE OF II building, etc.	JURY Year) NJURY — At hon . (Specify)	DOA 4 26b. TIME (INJUI) 10, farm, stri	OF 28c. If Y M 1 Det, factory, of at the time, da	NJURY AT VORK?] YES 2 NO lice	28d. DESCRI	DN (Street and A own, State)	Number or Rural	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING DAYS:	1 Inpetient 2 I E 28a. DATE OF IN. (Month. Dey. 26a. PLACE OF II building, etc.	JURY Year) NJURY — At hon . (Specify)	DOA 4 26b. TIME (INJUI) 10, farm, stri	OF 28c. If Y M 1 Det, factory, of at the time, da	NJURY AT VORK?] YES 2 NO lice	28d. DESCRI	DN (Street and A own, State)	Number or Rural	
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	1 Inpetient 2 In Element 2 In E	JURY Year) NJURY — At hon . (Specify)	DOA 4 26b. TIME (INJUI) 10, farm, stri	OF 28c. If Y M 1 Det, factory, of at the time, da	NJURY AT VORK?] YES 2 NO lice te and place, and du, death occured at the	28f. LOCATIC City or R	DN (Street and A own, State)	number or Rural as stated.	e) end manner as stated,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpetient 2 In Element 2 In E	JURY Year) NJURY — At hon . (Specify)	DOA 4 26b. TIME (INJUI) 10, farm, stri	OF 28c. If Y M 1 Det, factory, of at the time, da	NJURY AT VORK?] YES 2 NO lice	28f. LOCATIC City or R	DN (Street and A own, State)	number or Rural as stated.	
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b SIGNATURE AND TITLE OF CERTIFIER	1 □ Inpetient 2 □ E 28a. DATE OF IN. (Month, Day.) 26a. PLACE OF III building, etc. CIAN: To the best of my. R: On the basic of axam.	JURY Year) NJURY — At hom .: (Specify) y knowledge, dee	DOA 4 26b. TIME (NJUF te, farm, stri	Nursing Hope PF 28c. I Y M 1	NJURY AT VORK?] YES 2 NO lice te and place, and du, death occured at the	28f. LOCATIC City or R	DN (Street and A own, State)	number or Rural as stated.	e) end manner as stated,
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHERAL Ph Boccia, M.	1 Inpetient 2 I E 28a. DATE OF IN. (Month, Dey. 26a. PLACE OF it building, etc. CIAN: To the best of my R: On the basic of axam COMPLETED CAUSE D. 14808	UNITY Year) NJURY — At hom C. (Specify) y knowledge, dee ninetion end/or in OF DEATH (ITEM Physic	DOA 4 26b. TIME INJUS in, farm, str. th occurred exestigation, 27) (Type, P	Nursing Hope Per 28c. I 1 Deet, factory, of at the time, do	NJURY AT VORK?] YES 2 NO lice whe and place, and due, death occured at the	28d. DESCRI	DN (Street and Awn, State) a) and manner it place, and du	number or Rural as stated.	e) end manner as stated,
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IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 8



		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAN	ND / DEPAR	RTMENT O	F HEALTH	AND M			93	13998
		DECEDENT'S NAME (First, Middle, Last	ROY	VE	EATC.		JF DEA		2. DATE OF DE	EATH DAY	92	YEAR 12:07 AN
A		4. SOCIAL SECURITY NUMBER 579-42-3180	5. SEX 1	6. AGE (In y	yrs. last birthday) YRS.		YB HOURS	MIN.	7. DATE OF BI (Month, Day, 1/12	BTH	. 8.	BIRTHPLACE (State or Foreign Country) Oregon
	HOT	so. FACILITY NAME (If not institution, give Suburban Hospita RESIDENCE OF DECEDENT					thesda		хтн			rofdeath tgomery
mit. Page.	L DIRE	10e. STATE Wash. DC.	TY			y, town on L Strict	of Col		a			10d. INSIDE CITY LIMITS? 1 A YES 2 NO
ian. transit per	FUNERAL	5425 Western Ave						0015				U.S.A.
21215-0020 I or atending physician. for use as the burial-transit permit, P.	D BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES :	2 ANO	It ye	DECENDENT Cos, specify Cube	ın, Mexican,	Puerto Ricen,	ecify Yee or atc.)	No- 14	MacE — American Indian, Black, White, etc. Specify: White
21 21 20 c	ETE	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	College (1-4 or 5+	·)	Sm. DECEDENT'S (Give kind of life. Do NOT us LSSIST.I	work done durin se retired.)	g most of working		Sta	of Busin te De	epart	ment
2 8 4 K	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Marion Veatch					l l	Myrt1	e (First, Middle, e Ost	rande	er	
	10	199. INFORMANT'S NAME (Type/Print) Sue Lansman		196. MAILING 5425	196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5425 Western Ave. N.W. Wash. DC. 20015							
ALTIMORE death. Page 6 may funeral director, pag		20e METHOD OF DISPOSITION 1.0 Burtel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	1	cemeter	ACEANDDATE ry, cremetory or o ISET CE	metey	4-2			She1	bv. 1	V. C.
- 0		21. SIGNATURE OF FUNERAL SERVICE L	Muale	h		shi	ce Ave.	., Si	lver S	pring	g, Ma	ryland 20904
hin 24 hours af tely filled in by mation, or rem t, the medic		snock, or heart feilure. List only one cause on each line.										Interval Between Onset and Death
SOX 68, ite be execute ysician and copior to buria	CERTIFICATION	Sequantisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c		ONSEQUENCE OF			Ave. N.W. Wash. DC. 20015 DATE 20c. LOCATION — City or Town, State 4-23-93 Shelby, N.C. DADRESS OF FACILITY Rinaldi Funeral Home, 11800 New H Ave., Silver Spring, Maryland 209 de of dying, such as cardiac or reepiratory arreat, Interval Be Onset and 3 22 Course given in Part I. 24a. WAS AN AUTOPSY PREFORMED? Course given in Part I. 24a. WAS AN AUTOPSY PREFORMED?				
RECORD: v requires that the been signed by the t. of Health and M shows any Inju	MEDICAL	hypopot	cinemi							MED? AVAILABLE PRIOR TO		
T He He	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	6. PLACE OF D			c/h/l		1
OF PHYSIC this cer with th	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY	28b. TIM	E OF 280	INJURY AT WORK?	:	28d. DESCRIBE		JRY OCCUP	RED
ISIC TTEND TOR: A after d	TEO	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — etc. (Specify)	Al home, term,	street, factory.	office	1	28t. LOCATION City or Tow	(Street and in, State)	Number or	Rural Route Number,
東京日	COMPLE	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS										:euse(e) end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Brodsh	in			29c. LICE	ENSE NUMB	Z97		9d. DATE S	1GNED (Month, Day, Year) 1-8-9-3
2			odsky m	W	4701		rd A	ve	Ch	e~y	Cha	1e MD 20815
		31. DATE FILED (Morith, Day, Year) APR 2.7 1993	Julia Davidso	R'S SIGNATU	LECC.							

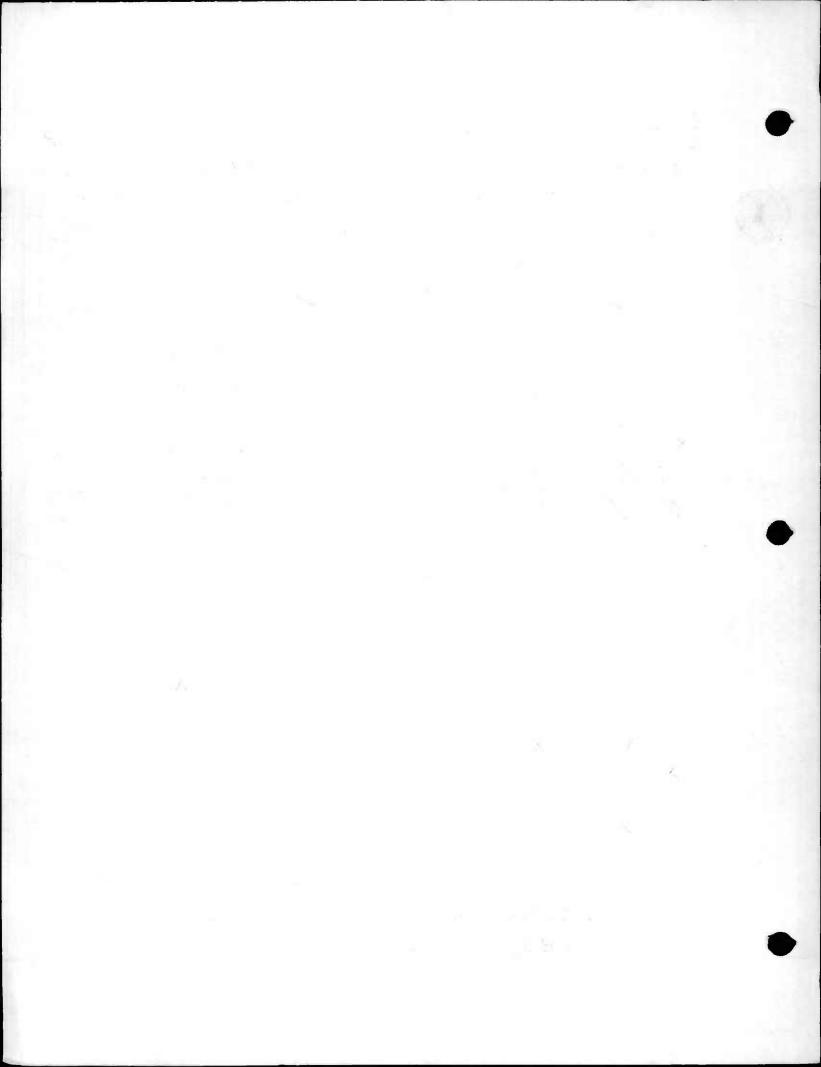


IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

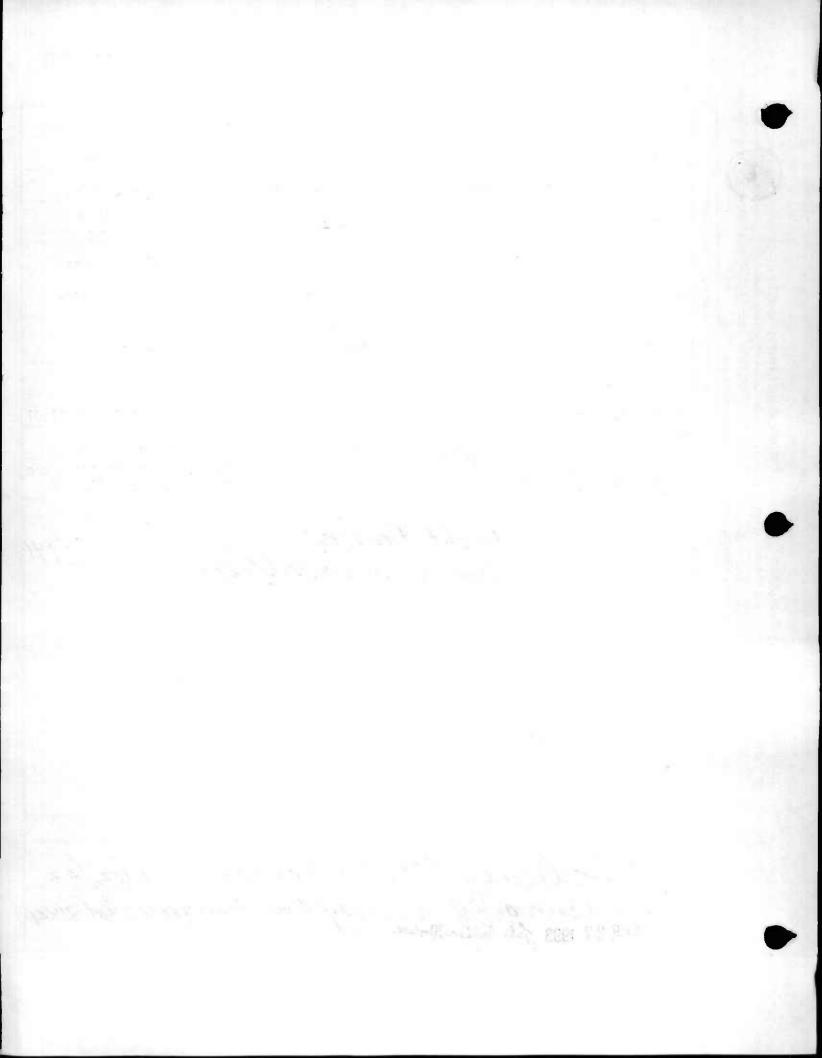
1	-	FOR STATE REGISTR	AR
1	. D	ECEDENT'S	NAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCITAL

	1 - STATE REGISTRAR		CE			F DEATH	MENIAL I	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3	. TIME OF OEATH
	Edith Jean Phil	lips Walk	204				MONTH 64	DA	3	43	10:30 R H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH				ACE (State or Foreign
	416-50-5238	1 - M 2 / F	73	73 YRS. MONTHE DAYS HOL			06/19			Country)	ngham, Ala
	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOW	N OR LOCATION OF D		/ 17		TY OF DEA	
DIRECTOR	Anne Arundel Med	ical Cen	ter			ipolis				2 Arui	
띮	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10	Dd. INSIDE CITY
E		Arundel		An	napolis						LIMITS?
ĭ.	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
剪	1078 Poplar Tree	Drive				21401			US		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS (ECENDENT OF HISPA specify Cuben, Maxic	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian, Vhita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W				ES 2 NO Speci		1, etc.)		Specify:	White
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE:	CEDENT'S	USUAL OCCUP/	TION most of working	16b. KIN	D OF BUS	NESS/INDU		write
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	Do NOT u	se retired.)						
₽		3	C	lerk	Typisa		Ci	ty G	overn	ment	
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
BE	Eden Taylor Phill 19a. INFORMANT'S NAME (Type/Print)	<u>ips</u>				Annie 1					
2						et and Number or Rural					
	Judith W. Susler					Ln, Santo					
	1 Burial 2 Cremation 3 Ramo	val from State	cametary, crer	natory or q	of disposition ther place) Cemete	(Name of	DATE			ity or Town,	
	4 Donation 5 Other (Specify)	wed /	1 Ekm	<u>wood</u>		NO ADDRESS OF FA	4/28	Bir	ningh	iam, 1	Alabama
	Jeffry 8.7	aylo			Joh	in M. Tayl Duke of	lor Fun				oali ND
	23/BART I. Enter the diseases, or o	mplications that	caused tha dea	ath. Do r	not antar tha	noda of dying, suc	th as cardiac	or respir	atory arre	AVIVICE.	Approximate
- 1	shock or heart fallure. L	lst only ona caus	se on aach lina.		1			от тоор	,		Intarval Batween
		ac. do.	Musca	1	00.	biction					Onset and Death
ı	resulting in death)					arction	_				
Z	Sequantially list conditions,	and	Cardio OR AS A, CONSEO	221	ni O	Shock					
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	OUE TO	OR AS A CONSEC	WENCE OF	F):	0 0.0	n)		1 ~		
5	CAUSE (Disease or Injury	7660	OR AS A CONSE	1	una	l fail	ul	and	lon	na	
Ē	that initiated eventa resulting in death) LAST	005 10 (OH AS A CONSE	DENCE OF	rg:	0					
崽											
7	PART II. Other algnificant conditions	contributing to	death but not re	sulting	In the underly	ing cause given in	Part I. 24a	. WAS AN A			ERE AUTOPSY FINDINGS
DICAL								PERFORM		CC	AILABLE PRIOR TO OMPLETION OF CAUSE
							' '	163 20	N NO		DEATH?
÷							_			1 "	YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)		-		
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 Raeldence		no/h/\			
PHYSICIAN: ME	27. MANNER OF DEATH	26a. DATE OF	NJURY	28b. TIM	E OF 28c. I	NJURY AT	28d. DESCRIE		JURY OCCI	JRED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Tear)	INJ		YES 2 NO					
	3 Suicide 6 Could not be	28a, PLACE OF	INJURY — At hor	na, farm, s	street, factory, of	fica	261. LOCATIO		d Number o	r Rural Rout	e Number,
COMPLETED	4 Homicide determined	ounding, a	нс. (эрвспу)				City or Tox	wn, State)			
١١٣	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of a	my knowledge des	th occum	d at the time d	ite and place, and due	to the courseful				
3	(Check only one) 2 MEDICAL EXAMINER										d manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		7	_							
띪	Elin-Apr Ky	n. Kima	alon.	m.N		D 22					onth, Day, Year)
유	30. NAME AND ADMRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITEM	27) /Non	Print)	7 12	, 0 /		7 4	-77-	13
			1			Alazaman);, un	0110	1		1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	S SIGNATURE	or S	1. #222	. Annapol	is MU	2140	<u> </u>		
- 1	APR 27 1	obs dulio	. Davidson	Bind	202						



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Michine, Last) Emma Li. (I).				2. DATE OF DEATH MONTH ADTIL 22	ion-s	3. TIME OF DEATH 11:45P M			
	4. BOCIAL SECURITY NUMBER 051-26-3630 BB. FACILITY NAME (If not institution, gave	1 □ M 2 双X 8	33 YRS. WOR	ANDER 1 YEAR # UNDER 24 HRS. THE DAYS HOURS MIN.	Aug 23 1	909	New York			
DIRECTOR	Anne Arundel Med	ical Center		Annapolis			Anne Arundel			
	MD AVINI 10s. STATE 10s. COUNT AVINI 10s. STATE 10s. COUNT	e Arundel		unapolés			10d. INSIDE CITY LIMITS? 1 ∑X*ES 2 □ NO			
FUNERAL	T2 1065 No/tmaj	The state of the s		101. ZIP COBE 214		Unit	United States			
B	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 V 40	13. WAS DECEMBENT OF HISPA If yea, specify Cuban, Music 1 YES 2 KM Spec	cen, Puerto Ricen, etc.)	Specify Yes or No.— 14. RACE — American Black, White, etc. Specify: White				
COMPLETED	16. DECEDENT'S EDI (Specify anly highest grade Elementary/Secondary (0-12) 12	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USU IGNO HIND OF WORK 16a. DO NOT WE NO CLETK TYK	done sturing most of working red.)			renesembustry			
BE COM	17. PATHER'S NAME (FIRST, MICHIN, LIBE) Albert Gallusser		16. MOTHER'S N	unknow	ten Sumamui L					
10	196. MAILING ADDRESS (Street and Mumber of Fluid Flowin Number City or Fluid, Epic Code) Samuel J. Brown 221 Duke of Gloucester Street Annapoli									
	20s. METHOD OF DISPOSITION X. Burtal 2 Cremation 2 Permoval from State 20s. PLACE AND DATE DISPOSITION / Name of DATE DATE DATE DATE DATE DATE DATE DATE									
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in death) LAST	a. DUE TO (OR AS A	A CONSEQUENCE OF):	inter the mode of dying, su	In a mode of dying, such as cardiac or respiratory arrest, and in the cardiac or respiratory arrest, and the cardiac or respiratory arrest					
MEDICAL	PART II. Other algnificant condition	ne contributing to death b	out not resulting in th	e underlying cause given le		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			1			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 26d, DESCRIBE HOW	V INJURY OCCUI	RED			
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET				the time, date end place, and du my opinion, death occured at th						
TO BE O	PRO SIGNATURE AND TITLE OF CONTINUE WASHINGTON OF THE PROPERTY OF THE PROPERT	шеси	ATH (ITEM 27) (Typg, Buff)	29c. LICENSE NU	IMBER 197	29d. OATE S	IGNEO (Month, Day, floer)			
	APR 27 199	AMON WIN 32 REGISTRAR'S SIGN 3 Julia Davidoor	ATUBE AMARA	riay Ave	, Anu	apeli	5, Red 2140			



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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
5	OR
	SPITAL

												9	3	13822
_		1 - STATE REGISTRAR		STATE OF 1	MARYLAND C		ICATE			MENT	AL HYGIENI REG. NO.	E		
		1. DECEDENT'S NAME (First,	, Middle, Last)							2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
		Marvin Thom		oss							ril 26.	1993		10:17 P. M
		4. SOCIAL SECURITY NUMB	BER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DAT	E OF BIRTH	177	8. BIRTHP	LACE (State or Foreign
		236-74-1050)	1 🔯 M 2 🗆 F	45	YRS.	MONTHS D	WS HOURS	MIN.	08	th, Day, Year)	7	West	Virginia
		9a. FACILITY NAME (If not in	nstitution, give si	reet and number)			9b. CITY, TO	WN OR LOCA	TION OF DI	EATH	2//	_	TY OF DE	
12	٣ ا	Shady Grove	e Adve	ntist Ho	spital			Rock	ville				Mont	gomery
Ιį	DIRECTOR	RESIDENCE OF DEC											110110	-gomery
1 8	뿐	10e. STATE	10b. COUNTY				Y, TOWN OR I							10d. INSIDE CITY LIMITS?
		Maryland		tgomery		1 '	Saithe	rsburg	J					1 TES 2 NO
13	FUNERAL	10e. STREET AND NUMBER						101. ZIP CC	DOE			10g. CITIZ	ZEN OF WI	HAT COUNTRY?
	9	11325 Dun	leith	Place				208	378			Uni	ted :	States
	בָּן בָּ	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS	DECENDENT s, specify Cu	OF HISPAI	NIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
	8	1 Never Married 2 🔀 3 Widowed 4 Divo			MAR OR DATES	NO		YES 2 XN			Hican, etc.)		Specify	711111111111111111111111111111111111111
			-150		tnam									White
		15, DEC (Specify only	EDENT'S EDUC ly highest grade	CATION completed)	(1	Give kind of	USUAL OCCU	PATION og most of wo	rking	16	b. KIND OF BUS	INESS/IND	USTRY	
	ا ٿ	Elementary/Secondary (0 1.2	J-12)	College (1-4 or 5	+)	Owne					Flor	ci at		
	COMPLETED	17. FATHER'S NAME (First, M.	Meletta di anni			OWIIC								
		Claude W.						18. MC			Middle, Maiden : Puffir		or	
	₩ .	19a. INFORMANT'S NAME (7)												
	임	Elina N. G									mber, City or Town			1 1 20070
		20a. METHOD OF DISPOSITI					_							land 20878
		1 Durial 2 X Crematio	on 3 🗆 Ramo	oval from State	cemetery, pr	and DATE	of DISPOSITIO	N (Name of 2	1/30/	93 DA		CATION —		
		4 Donation 5 Other		ENSEE	Mone	gome		ME AND ADD			Beti	iesaa	, Ma	ryland
	- 1	0.	1	1	/		Rob	ert A.	Pum	phre	y Funer	al H	ome/I	Rockville,
_	4	Nau	70	ans		0198	Ro	ckvill	.e, Ma	aryl	and 20	0850-	2805	Inc.
3		23. PART I. Enter the di shock, or he	iséeses, or c	complications the	it caused the d	eath. Do	not enter the	mode of	lying, suc	h aa ce	rdlec or reapli	ratory arre	est,	Approximate Interval Between
	- 1	IMMEDIATE CAUSE (Fin												
-		disease or condition	→	// / / / /		A								
				MYBC	ARD/I	76	IN	FARC	TIO	N				
	z II	1	,	DUE TO	ARD/	TL.	IN.	FARC	TIO	N		1		
	⊃ II	Sequentially list conditi	lons C	DUE TO	ARDII (OR AS A CONSE RTEN	The Equence of	N	FARC	TIO	1860	ILAK	Du	BU	
	9	Sequentially list conditi	diete	MYDC DUE TO DUE TO	(OR AS A CONSE	SUENCE O	N	FARC	TIO	1860	HAK	Duc	AC	
TACI	CATIO	If any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Inju	diete ING	±	(0.1.10.1.001.00	OULIVOE O		FARC	TIO	1860	VAK	Duc	BE	
TICIOATI	II IFICATIO	if any, leading to immed cause. Enter UNDERLYI	diete ING Iry	±	(OR AS A CONSE	OULIVOE O		FARO	TIO	1860	HAK	Dus	BC	
TEDTICIO AT	CERTIFICATION	if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injusthat Initiated events)	diete ING Iry	±	(0.1.10.1.001.00	OULIVOE O		FARC	TIO	BECO	HAK	Du	BE	
: I	~ II	if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injusthat Initiated events)	ing in a second	DUE TO	(OR AS A CONSE	OUENCE O	F):				24a. WAS AN	AUTOPSY		
: I	~ II	if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS:	ing in a second	DUE TO	(OR AS A CONSE	OUENCE O	F):				24a. WAS AN	AUTOPSY MED?	246.)	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
: I	~ II	if any, leading to immedicause. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS:	ing in a second	DUE TO	(OR AS A CONSE	OUENCE O	F):				24a. WAS AN	AUTOPSY MED?	24b.)	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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: I	~ II	if any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat initieted events resulting in death) LAS' PART II. Other significants. 25. WAS CASE REFERRED TO	int condition	DUE TO	(OR AS A CONSE	OUENCE O	F):	lying ceuse	e given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.)	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: I	~ II	if airy, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significant	int condition	DUE TO	(OR AS A CONSE	OUENCE O	In the under	tying cous	e given in	Part I.	24e. WAS AN PERFOR	AUTOPSY MED?	24b.)	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: I	~ II	If any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAST PART II. Other significant significan	int condition	DUE TO S	(OR AS A CONSE	resulting	OTHER:	8. PLACE OF	e given in	Part I.	24e. WAS AN PERFOR 1 VES 2	AUTOPSY MED? YNO	24b. 1	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BUVEICIAN: MEDICAL	PHYSICIAN: MEDICAL C	If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS' PART II. Other significations. 25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH Netural 5 Netural	int condition: O MEDICAL Pending	DUE TO	(OR AS A CONSE	resulting	OTHER: 4 Nursing	tying ceuse B. PLACE OF Home 5 B. NJURY A WORK?	DEATH (Ch	Part I.	24e. WAS AN PERFOR	AUTOPSY MED? YNO	24b. 1	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DV DUVEICIAM: MEDICAL	BY PHYSICIAN: MEDICAL C	If any, leading to immercause. Enter UNDERLYI CAUSE (Disease or Inju that initieted events resulting in death) LAS' PART II. Other signification 25. WAS CASE REFERRED TO EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident	ent condition: O MEDICAL Pending investigation	DUE TO S. B. Contributing to HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month), Description of the patient	death but not FR/Outpatient: FNJURY Joy, Year) Joy FI INJURY — At the	resulting	OTHER: 4 \(\text{Nursing} \) E OF URY 0 \(\text{MIT} \)	tying couse 8. PLACE OF Home 5 . NJURY AT WORK? YES 2	e given in	Part I.	24a. WAS AN. PERFOR 1 YES 2 One) Per (Specify) ESCRIBE HOW IN	AUTOPSY MED? NO JUHY OCC	24b.)	Onset and Death RUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
ED BY BUXEICIAN: MEDICAL	ED BY PHYSICIAN: MEDICAL C	If any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated events resulting in death) LAS' PART II. Other significant in the significant in	int condition: O MEDICAL Pending	DUE TO S. B. Contributing to HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month), Description of the patient	(OR AS A CONSE	resulting	OTHER: 4 \(\text{Nursing} \) E OF URY 0 \(\text{MIT} \)	tying couse 8. PLACE OF Home 5 . NJURY AT WORK? YES 2	DEATH (Ch	Part I. Seck only c 6 Oth 28d. Di 26t. LO	24e. WAS AN PERFOR 1 VES 2	AUTOPSY MED? NO JUHY OCC	24b.)	Onset and Death ACUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY BUXEICIAN: MEDICAL	ED BY PHYSICIAN: MEDICAL C	## any, leading to immercause. Enter UNDERLY CAUSE (Disease or Inju that Initiated events resulting in death) LAS' PART II. Other significant in the initiated events resulting in death) LAS' PART II. Other significant in the initiate in the initiate events in the initiate in the initiate events	on MEDICAL Pending investigation Could not be determined	DUE TO S. B. Contributing to B. HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D. Additional Contributions)	death but not death but not ER/Outpatient: INJURY Pay, Year) Pay, Year) Pay, Year, Y	resulting 3 DOA 26b. Till IN. 20me, farm,	OTHER: 4 Nursing E OF 28- IURY 1	8. PLACE OF Home 5 MJURY AT WORK? YES 2	DEATH (Ch	Part I.	24a. WAS AN. PERFORE 1 YES 2 Per (Specify) ESCRIBE HOW IN CATION (Street a y or Town, State)	AUTOPSY MED? NO JURY OCC AND AND AND AND AND AND AND A	24b. 1	Onset and Death RUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
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ED BY BUXEICIAN: MEDICAL	COMPLETED BY PHYSICIAN: MEDICAL O	If airy, leading to immercause. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS' PART II. Other significations are significated by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the significant of the significant of the signification of the significant of th	Pending Investigation Could not be determined	DUE TO DUE TO	death but not ER/Outpatient ER/Outpatient FINJURY At hetc. (Specify)	resulting Topic of the control of t	OTHER: 4 Nursing E OF 28- UNRY 1 street, factory,	8. PLACE OF Home 5 ANJURY AT WORK? YES 2 deta and pla	DEATH (Ch Residence	Part I. 6 Oth 28d. Di 28t. LO Ch	24e. WAS AN. PERFORE 1 YES 2 lef (Specify) ESCRIBE HOW IN CATION (Street at yor Town, State)	AUTOPSY MED? NO JURY OCC AUTOPO AUT	24b.)	Onset and Death RUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? I YES 2 NO HAME Une Number, and mennar as steled.
COMPLETED BY DUXICIAN. MCDION.	COMPLETED BY PHYSICIAN: MEDICAL O	If any, leading to immercause. Enter UNDERLY! CAUSE (Disease or Injuthat Initiated events resulting in death) LAS' PART II. Other significant in the significant in	Pending Investigation Could not be determined	DUE TO DUE TO	death but not ER/Outpatient ER/Outpatient FINJURY At hetc. (Specify)	resulting Topic of the control of t	OTHER: 4 Nursing E OF 28- UNRY 1 street, factory,	8. PLACE OF Home 5 ANJURY AT WORK? YES 2 deta and pla	DEATH (Ch	Part I. 6 Oth 28d. Di 26t. LO City to the c. time, dat	24e. WAS AN. PERFORE 1 YES 2 lef (Specify) ESCRIBE HOW IN CATION (Street at yor Town, State)	AUTOPSY MED? NO JURY OCC AND Number AN	24b.) Or Rural Ao or Rural Ao e cause(a) .: SIGNED (i	Onset and Death RUTE WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? I YES 2 NO

Mayle, M.D. 10215 Fernwood Road, #301 Bethesda, Maryland 20817

32. REGISTRAR'S SIGNATURE

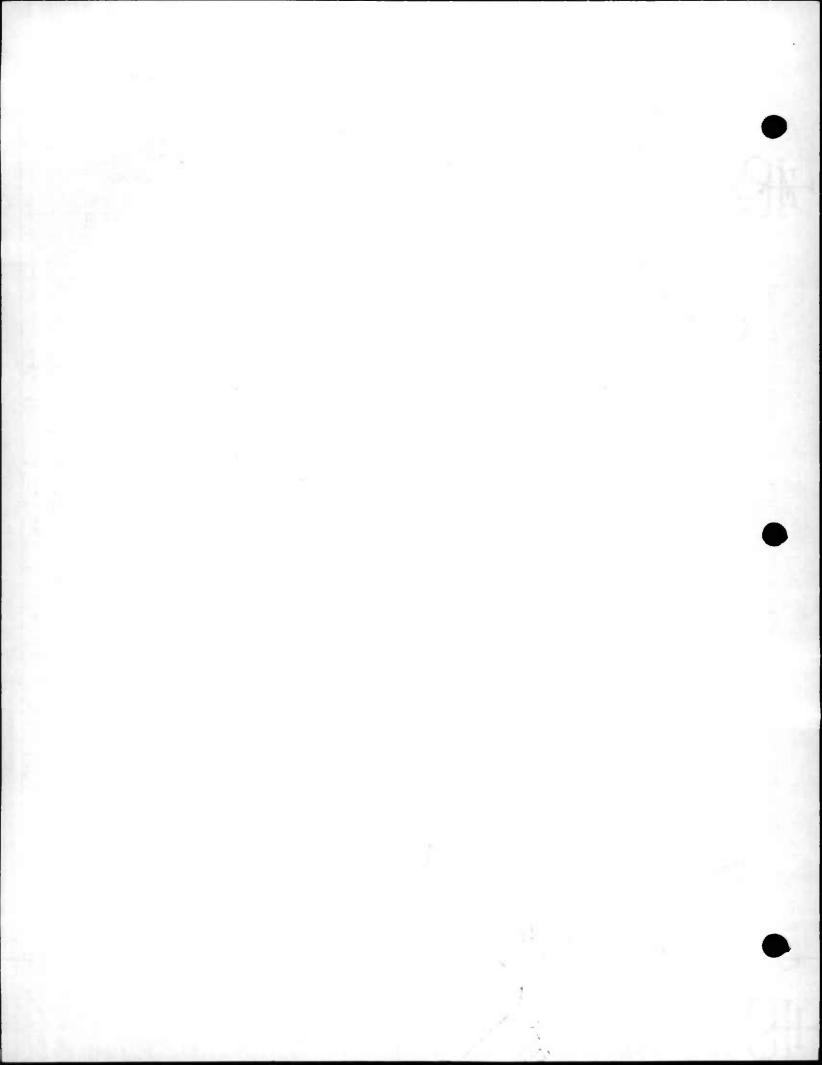


Francis C.

31. DATE FILED (Month, Day, Year)

APR 29

1993



ITEMS: 23 PART I. 27, 28a-f. PER MEO G-699 5/14/93 + +

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH DE AT	AND I	MENTAL			3	13/59					
	1. DECEDENT'S NAME (First, Middle, Last)	RAY		-11111	ICATI				2. DATE OF	REG. NO.		YEAR	3. TIME OF DEATH					
	JIMMIE (JIMMY) 4. SOCIAL SECURITY NUMBER						LLIN	15	04	2		93	7:20 PM.					
	216-80-5209	5. SEX 1	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, I	Day, Year)		8. BIRTHP Country	PLACE (State or Foreign					
	90. FACILITY NAME (If not institution, give s	n -	25	TRS.	Oh CITY	TOWN C	OR LOCATI	011 05 05		29/67			T:20 PM. PLACE (State or Foreign ETYLAND ATH COUNTY Tod. Inside city Limits? Told Inside city Limits? Told Inside city Limits? Told Inside city Limits? Told Inside city Limits? Told Inside city Limits? Told Inside city Limits? American Indian, White, sic. White Told Add Approximate Interval Between Onset and Death Told Approximate Interval Between Onset and Death Told Approximate Interval Between Onset and Death Told Approximate I					
۳.	3772 SAINT PAU		m						AIH			NTY OF DE						
5	RESIDENCE OF DECEDENT			ELLICOT CITY HOWAI						ARD	COUNTY							
DIRECTOR				Y, TOWN C							10d. INSIDE CITY LIMITS?							
-	Maryland Howard 100. STREET AND NUMBER				lico		ity	-			40 000		1 YES 2 NO					
FUNERAL	3776 St. Paul Street					""	210						HAT COUNTRY?					
N S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yea	or No –	S.A.	- American Indian					
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 217	ю	- 1 '	if yes, sp	2 X NO	n, Mexicar	1, Puerlo Ric	en, etc.}		Black, Specify	White, aic.					
Ä	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of	USUAL O	CCUPATIO	ON st of workin	197	16b. K	IND OF BUS	INESS/IND	USTRY						
COMPLETED	Elementary/Secondary (0-12)	*	Do NOT us															
WO	17. FATHER'S NAME (First, Middle, Last)			oncr	ete [Work		HED'S NA	ME (First, Mid	Floor		Co.						
BEC	James H. Collins								Mise		sumame)							
9 0	19a. INFORMANT'S NAME (Type/Print) James H. Coll	-	198	. MAILING	ADDRESS	Street a					, State, Zip	Code)						
٦		Litg		35. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3776 St. Paul St., Ellicott City, Md. 21043									1043					
	20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Rem	MODATE	OF DISPOS	ITION /Ma	mont		0.75	20- 100	DATION	014	200							
	1 X Burial 2 Cremation 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									e, Md.								
	· Harry 7	d. Wit	The		H.A	ARRY	H. V	VITZI	KE FUN				ts Md 210/2					
	23. PART i. Enter the diseases, or shock, pr heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	n. PHENCYCL	iae dh aach lina	COCA	INE IN				aa cerdlad	c or reapli	ratory arm	eat,	Interval Between					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.																	
PHYSICIAN: MEDICAL (PART ii. Other significant conditions contributing to death but not resulting in the und							erlying cause given in Part I. 24a. WAPE				MED? AMAILABLE PRIOR TO						
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DE	EATH (Che	ck only one)									
S	1 A YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t: ling Home	5 X Re	sidence 8	Other (S	(pecify)								
E	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM		28c. INJU	JRY AT	T	28d. DESCR		JURY OCC	URED						
₽	1 Natural 5 Pending 2 Accident Investigation	4/26/93		UNK.	М	1 🗌 Y	ES 2	NO	UNKI	NOWN								
- 11	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, larm, building, etc. (Specify) HOME					streel, factory, office 28f				28f. LOCATION (Street and Number or Rural Route Number. City or Town, State) 3772 St. Paul St.								
	4 Homicide determined		HOME	<u></u>					29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.									
OMPLET	4 Homicide determined 29a. CERTIFIER (Check only		my knowledge, des					and due t	the cause(a) and men	nor sa state	ed.						
E COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only	R: On the basis of a	my knowledge, dec camination and/or i				eth occur	and due t	to the cause(a) and men	ner se state	ed. 1 cause(e) (
ᇤ	29a. CERTIFIER (Check only one) X MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	night 1	my knowledge, dec camination and/or in	rvestigstio	n, in my o		29c. LICE	and due t	to the cause(ime, data and BER	a) and men	ner as state due to the 29d. DATE	ed. n cause(e) (and manner as stated.					
	29a. CERTIFIER (Check only one) 2XX MEDICAL EXAMINE	night 1	my knowledge, decementation and/or in	rvestigstio	Print)	pinion, da	29c. LICE	end due to ed at the to NSE NUME. M . F	to the cause(ime, data and BER	a) and meni	I due to the	ed. scause(e) (SIGNED (A	end manner as stated. Wonth, Day, Year) 1993					

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who Devidson - Pandall

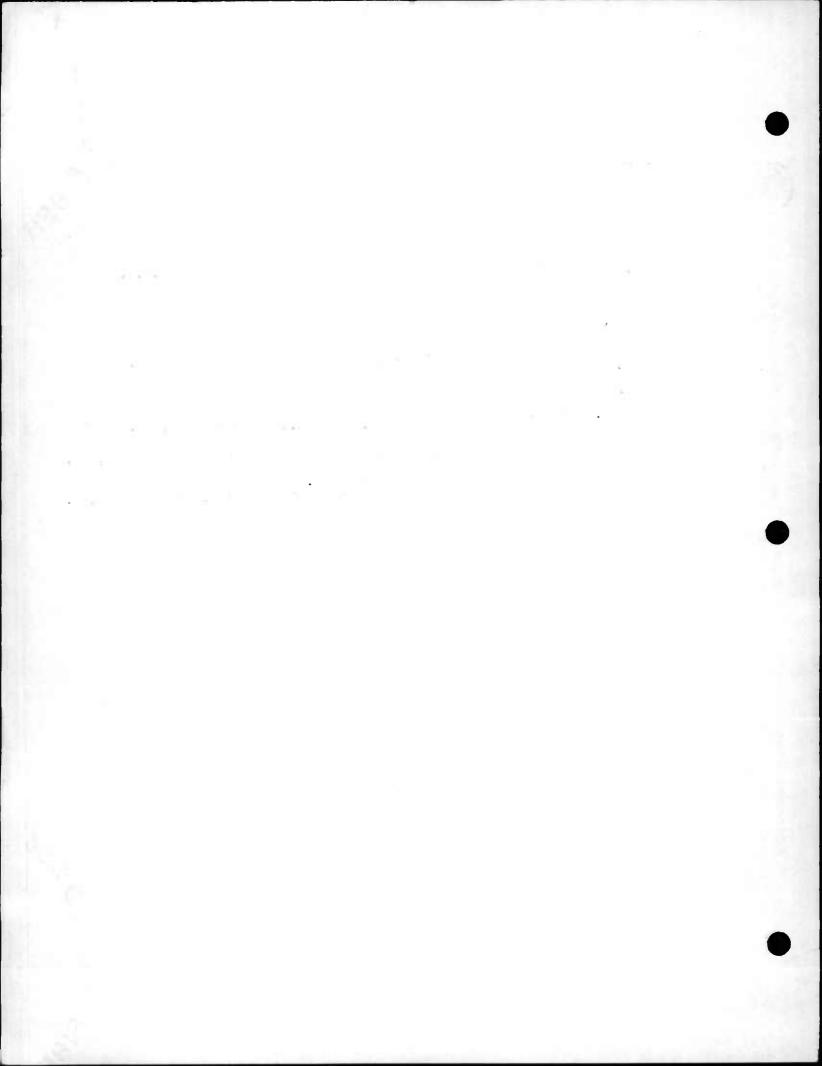
DHMH-16 Rev 1/89

TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



STATE OF MARYLAND / DEPARTMENT OF USALTU AND MENTAL UNCLENE

FOR STATE REGISTRAR	STATE OF MA				OF DEATH	MENTAI	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, L						2. DATE	OF DEATH	YE	3. T	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	Mary Creega	AGE (In yrs. les		UNDER 1 Y			il 27,			12:25	
215-36-5433	215-36-5433 1□M2¬F				EAR IF UNDER 24 HRS. MYS HOURS MIN.				BIRTHPLACE (State or Foreign Country) MARYLAND		
Se. FACILITY NAME (If not institution, g	ive street end number)		9b.	CITY, TO	OWN OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	1	
NATIONAL NAVA		ENTER			BETHESDA			MOI	NTGON	MERY	
MARYLAND 10b. CO					ESDA				INSIDE CITY LIMITS? YES 2 X NO		
10e. STREET AND NUMBER					101. ZIP CODE	_		10g. CITIZEN	OF WHAT	COUNTRY?	
5602 POLLARD R	COAD				208	16-12	255	UN	TED	TED STATES	
11. MARITAL STATUS 1 Never Married 2 X Married	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 N VES 2 FORCES TO THE PROPERTY TO THE PR					ANIC ORIGIN? (Specify Yes or No— 14. RACE Black,				American Indian, lite, etc.	
3 Widowed 4 Divorced	1941 -	1955			- A				opcoy.	WHITE	
15. DECEDENT'S (Specify only highest (EDUCATION	14 DE	CEDENT'S USU ive kind of work Do NOT use ret	done dun	JPATION ing most of working	16b.	KIND OF BUSI	NESS/INDUST	RY		
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)					Ur	nited S	tates	Army	7	
17. FATHER'S NAME (First, Middle, Last)		istere		18. MOTHER'S NA	AME (First, A	fiddle, Mairien S	umame)			
MICHAEL JO	HN CREEGAN	N CREEGAN E1						1			
19a, INFORMANT'S NAME (Type/Print)		191	b. MAILING ADD	RESS (S	treet end Number or Rural	Route Numb	er, City or Town,	State, Zip Cod	do)		
Richard G. Poko	rski		5602	POL	LARD ROAD.	BETH	ESDA.	MD 208	816-1	255	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify)	cemetary, cre	ACE AND DATE OF DISPOSITION (Name of $4-28-93$ DATE 20c. LOCATION — City or Town, y, crematory or other place)									
21. SIGNATURE OF FUNERAL SERVICE	<u>I Montg</u>	omery	Crei	matorium.]	Inc.	Bet	nesda,	Mar	yland		
> May	MO	0689	Hom	me and adoress of FA e, Bethesda sconsin Ave	-Che	vy Chas	se, In	c. 7	557		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	disease or condition resulting in death) PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): CHRONIC INTERSTITIAL LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF):									Onset and Dec	
that initiated events resulting in death) LAST											
PART II. Other algorificant cond	tiona contributing to d	eath but not r	esulting in th	e unde	rlying cause given in	Pert I. 24e. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA	L				26. PLACE OF DEATH (CA	neck only on	9)				
EXAMINER? 1 YES 2 7NO	HOSPITAL: 1 ₩ Inpatient 2 □ E	R/Outpatient 3		HER:	Home 5 Residence	6 C Other	(Specific)				
27. MANNER OF DEATH 1 Netural 5 Pending	27. MANNER OF DEATH 26s. DATE OF INJ (Month, Day.)			26	c. INJURY AT WORK?			W INJURY OCCURED			
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF I	INJURY — At ho c. (Specify)	M 1 VES 2 NO At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	HYSICIAN: To the best of m								use(s) and	manner as stated.	
246. SIGNATURE AND ETTLE OF CENT				_	29c. LICENSE NU			29d. DATE SK		A set of the second	
	γ ,,	Μ,			430106	0921	(MI)	104	1/2	7/93	
30, NAME AND ADDRESS OF RESTROY			M 27) (Type, Prin	")	NATIONA				CENTE	ER	
31, DATE FILED (Month, Day, Year)	I.T. MC. IISN				BETHESD	A MD	20889-	5600			

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DHMH-16 Rev 1/89

